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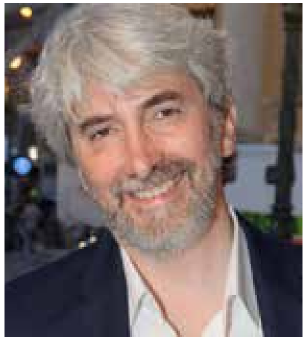

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Stefano Cobello

Inclusive education for children with disabilities in the relational perspective

delmiglio editore

Prof. Ph.D Sociology
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This book is dedicated to my father,
Aleardo Cobello who would have been proud of me.

My personal thanks to:

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Index

Chapter 1 - The sociological approaches to disability: the medical and the social models

Introduction

The reason of writing this book derives from the need to give a different perspective to the social dimension of inclusion of children with disability in education, in order to look at this social challenge called "inclusion" as a natural process of the social and human evolution and consequently to consider It as the most valuable way to respect a natural social and human dimension which is still, in some realities, seen as differentiation, as a category and not just as an important part of every society. Inclusion is a right, is a must of being part of any cultural evolute society and it mainly means to pay attention to everyone in every context of the life in the same way. But more than that inclusion cannot exists without everyone awareness of all the human life phases and the capability to look deeply into the human needs of relationship and the common need to be accepted and beloved.

Therefore in relation to inclusive education of children with disabilities, one of the most significant aspects I have tried to define in this work, is the relational paradigm with all its implications and effects pertaining the medical, social, cultural, human, and collective balances that concretize its reality in the disability life processes.

The current book is centered on the extensive approach of the inclusive education models for children with disabilities in a society based on relations, with its various perspectives regarding all the aspects of any kind of "disability", like Goffman previously did, trying the see the world from different angles and from any possible perspective. I have also tired to outline a possible development of the sociological theory of disability in order to overcome the limits of contemporary approaches, and to develop the implications that derive from the existing theory in terms of social and human policies.

The book takes its roots from the approach on "Relational Sociology" proposed by Donati in the early 1980s. His approach, among many others, was different not only from other sociological ones, known as "relational", but above all, from the theories that treat social relationships as "sociological non-concepts" (Luhmann, 1984, It. transl. 1990) or as sociological concepts derived from other institutions, individuals or social structures (the overwhelming majority of all other authors).

Donati's Relational Sociology is characterized by those main concepts:

- Society is itself social relations; a unique reality. It is not accidental, secondary, or derived from other sources (individuals or systems). The identity of each and every one is affected by the relations with others: a complex, multidimensional network of relations.
- As a matter of fact, relational epistemology reads society as a network of relations. These are simple, recognizable units with clear boundaries, but they are not isolated, because each of them interacts with other relations, drawing a complex network of connections that extends in space and time. Pragmatically, the operational implication is that the interventions must be focused on the whole network: in both social policies and social services, one cannot carry out effective actions if individuals are considered isolated subjects instead of part of a relational network, and if the relation between the observer and the observed is disregarded.
- Social communication is a complex relationship among individuals in a specific culture and in which the biological aspect must be taken into account as an environment.
- The concept of a "Register of Time" is necessary to define the temporal structure in which relationships are lived.
- Regarding the sociological meaning of the distinction human / non-human, "a social structure is considered human when its social relations are shaped by subjects who affect each other on the basis of a supra-functional sense".

The methodology to be used is the "relational analysis", which provides a series of steps that can be summarized into two main concepts:

1 The social fact must be treated as a relationship.

2 The social fact must be observed like a black-box effect, where the reflexivity of the different subjects, and their inner conversations, connects to form a specific combination of elements through which the context is determined.

In this perspective, disability consists in a network of relations created by the reciprocal interaction between the symbolic, perceived or not perceived, values codes, the resources in the relationship (functional limitations and technological aids), the will, desires, expectations of the subjects considered, and the modalities of regulation of these relationships.

Seeing disability in terms of social relationships helps to explain the changes that occur in time. For instance, the fact that an increasing number of people affected by disabilities have acted in order to achieve goals that the society had considered to be beyond their possibilities, has clearly demonstrated their compatibility with functional limitations. Due to the emerging of these phenomena (people affected by disabilities attending schools, starting a family, working, etc.), the concept of disability has evolved. Now, it is not a dominant status associated to social expectations dictated by norms from stereotypes found in the common believes. Therefore, a change in the structural normative can follow, as from the Italian example, with the passage from institutionalization and segregation (special classes in educational institutions) to the logic of real integration and inclusion.

The outcome, however, cannot be taken for granted, as it mainly depends on the type of relation established within the values and the laws already existing in a certain culture. The culture of some relational systems, such as families and school systems, are more open to the required social changes, while, on the contrary, in other systems, there could be reactions of resistance, both by inertia or due to a precise intentionality.

This "new" structural normativity may cause or provoke a redefinition (through the differentiation) of the symbolic codes of disability that exist at a cultural level.

These new codes, free of stigmatizing meanings and their generalization, could also enhance a process of new or remotivations to all the people with disability, but not just them, who, living their condition as a "personal tragedy", have never even tried to pursue any scholastic or occupational objectives.

The evolution of the social representations of disability and its symbolization at cultural level, can, in time, undermine the legitimacy of some existing social normative guidelines and principles. Especially those based on stereotypes, often rooted in the common consciousness, or social unconsciousness, provoked or willingly instilled, are unfortunately associated to negative meanings of disability.

With work and involvement into the social system, anyone can alter the context in which they live. These changes occur in a circular dynamic manner, where the all the interacting systems constantly influence each other. However, it must be taken into account that the identity of each one is also affected by the relationships with others, so, it is necessary to analyze the social network, circles, groups and the many other social subjects, tightly linked and able to provide a strong direct or indirect support, since they are interconnected in a mutual way in every aspect of the life. The result of this perspective will be a system of relations, a blending of differences, that continuously influence and interact: family, school, social services, voluntary service, religious community, associations, sports and leisure, work and media.

The person with disability, coming into contact with these subjects, can enjoy all of their contribution and positive influence. They are the recipient of the educational and social interventions offered by the network, but at the same time also a builder and part of that network as a significant element, even if, sometimes, their contribution is undervalued and underestimated.

The social network acquires an educational value and transforms the environment into an educating community especially in regard to the person affected by disabilities.

The innovative aspect of this research consists in highlighting how people affected by disabilities, in a relational approach, are not left "alone", but are helped to face their condition within a wider community and society, instead of reducing any

intervention only at an assistance or medical level.

The first part of this book illustrates the various approaches towards disability, and how disability is a multidimensional problem. Disability is an intrinsic element of one's condition and this condition has not only a recognized psychophysical aspect, but also the personal experience in relation to the bio-psychic condition, together with the representations given by the people involved in this social problem. I will then analyze the evolution of the Italian legislation regarding disabilities.

The second part of this book analyses the aspect of socialization for people affected by disabilities. This is a relevant issue, if we take into account the reasons behind the social inclusion strategies that the governments of Western societies pursue. We will try to identify and understand the factors and processes that operate in contemporary societies, factors from which the participation of people affected by disabilities in social life depends on. Then, the main sociological approaches to socialization will be examined, highlighting both positive and critical aspects. Since socialization is a process necessarily linked to the interaction of the subjects involved, the different approaches will be analyzed from a relational perspective. To accomplish this, we will focus on how the relational context in which the person moves is represented, together with the function of the various socialization agencies.

The third part aims at presenting the school as agency of socialization and inclusion of the students with disabilities. I will examine three scholastic models, those of USA, Britain, and Italy. In particular, the Italian system is analyzed in depth, due to its thirty years of experience in including disabled students in the mainstream education, which makes it an excellent example of good practice.

The annex provides a deeper analysis of the laws that allows the social inclusion of the persons with disability in Italy.

By proposing these paradigmatic cases, the study aims to draw attention to:

- the relevance of the relational dimension in the decision-making areas that accompany the different phases of planning and implementing social policy interventions, using and enhancing the analysis of social networks;
- the influence that can be exercised by the actions of the actors and the contexts in which they are inserted, both positive and negative, on the creation and success of the networks;
- how the recognition of the unique identity of the subject affected by disabilities is important. This identity, based on the inner self, which is common to all and beyond the category of normalization, allows them to count more, to become protagonist in the social network. They do not only receive welcome, help, and cures, but can also offer their resources to all those involved in the social network;
- how networking operates in a new way, where every single actor (individual, institution or organization) contributes in a synergic and subsidiary way, sharing common objectives, values, and actions, in order to solve the problems deriving from disability in a welfare state currently in crisis.

The analysis may sometimes appear not homogeneous because the suggested "good practices" derive from different projects. Nevertheless, the whole is closely connected in an interaction that forms an integrated educational and social system. It is an attempt to spread and socialize the operational paths towards the inclusion of people with disabilities in today's society, without establishing precise boundaries, and therefore susceptible of further progress.

My greatest thanks are due to:

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This book is dedicated to all the disable children's families

Part one

Sociological introduction

Chapter 1

The sociological approaches to disability: the medical and the social models

The path hereafter proposed within the sociological thought starts from the definition of a specific role, the "sick role", and ends analyzing, through the proponents of the social model of disability, the role of the environment in determining the condition of disability.

1 The Medical Model

The general category "disability" was created in relatively recent times, whereas in the past it referred to specific disabling conditions, such as blindness or lameness or mental illness. The word was coined in the Nineteenth century to design individuals with particular physical or mental conditions in a specifically characterized group. This grouping was needed administratively to face the distributive problem of the *Welfare State,* which imposed, together with the *work-based* system, the *need-based* system, which includes disability. As a matter of fact, in pre-modern societies, the modes of production were still flexible and allowed people with disabilities to adapt and therefore have an active role in the economic system (Oliver 1990: 27). The impact of industrialization and urbanization on the lives of disabled people, radically changed the scenario. The spreading of Fordistic-Tayloristic organization models of work, required very standardized performances that people with disabilities were not able to provide, thus determining their exclusion from the production system (Ryan and Thomas 1980: 101).

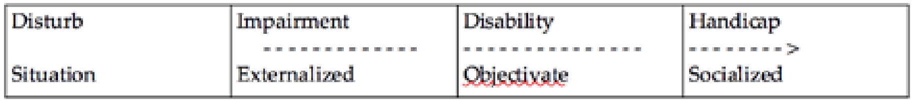
With the increased prominence of differentiation processes, work becomes one of the main factors of social stratification and, consequently, of the forming of an individual's social identity. Physical suitability becomes what differentiates abled from disabled people. At the same time, the word handicapped starts spreading to indicate those who start from a point of disadvantage in the collective competition, in which the production system plays a fundamental role for social success. This is a very effective representation of the cultural transformations which take place in industrial societies based on social Darwinism. The term "handicapped" evokes the image of a blind or crippled beggar and becomes the distinctive feature of their social identity.

During the Eighteenth Century, institutionalization represents the generalized response of modern society towards disability, blurring the line between social assistance and social control (Piven and Cloward 1977: 308-330), a control necessary to promote compliance with moral values on which the social system is based. Due to the exclusion from the economic system, people with disabilities are included as recipients of benefits in the new social protection systems.

The history of the subsequent reception of the concept is marked by a constant interaction between the legal and the medical spheres. For most of the Twentieth century the term is used to denote the incapacity or lack of a legal qualification to perform certain acts. This results in a limitation to social participation, often - but not always - originated from a supposed physical or mental inadequacy. From here the concept migrates into the medical sector, where it covers the psycho-physical limitations derived from illnesses or accidents and it eventually refers to the biological condition of the individuals. At this point, in the legal sphere, the concept becomes an umbrella term covering a wide variety of disorders, both physical and mental, that gives right to a compensation because of their relevant impact on a social (especially work) point of view. The main issue of the political-administrative system becomes that of finding a way to validate the disabled status, avoiding all possible scams. The relation between the political-administrative and the medical systems therefore assumes a key role: it is possible to distinguish between true and false disabilities using the objective criteria of medicine.

In recent decades, the term "handicapped" has been replaced by the word "disabled", which appears more neutral in terms of value judgment. From the etymological point of view "abled" is the person who "can hold" something. More generally, the term "disabled" indicates the lack of skills that allows you to carry out a given task acquiring, therefore, a functional meaning. It is no coincidence that the abled / disabled distinction spreads in highly differentiated societies and is applied as a guideline for the attribution to the various social subsystems. This distinction often represents the general model used by the functionally specialized social subsystems to decide on inclusion/exclusion schemes and, in a systemic perspective, the meaning of this distinction comes to vary according to the various subsystems.

As we can see, the medical categories have played a central role in the semantic development of the concept of disability. One of the most important definitions that medicine has given to disability, whose meaning has become part of common knowledge, is the one adopted by the World Health Organization at the beginning of the 1980s: the International Classification of Impairments, Disabilities and Handicaps (ICDIH). This classification (see Fig.1) has been translated into various languages and, in addition, has been used to conduct statistical surveys on the population, to codify information on the state of health of people, and as a reference point for the organization of social policies. The merit of this classification consists in distinguishing and defining, from the point of view of health, terms that until then had been used indifferently, interchangeably, therefore creating a lot of confusion.



Disturb	Impairment	Disability	Handicap
	-------------	---------------	-------->
Situation	Externalized	Objectivate	Socialized

Figure 1 - ICIDH model (elaborated from Masala e Petretto, 2008 p. 52)

The first detectable problem consists in defining the deviation threshold beyond which we can speak of disability: we need to statistically know the central tendency of the reference population and these data were not available in every Country.

According to the ICDIH, handicap is the discrepancy between the state of the subjects and their efficiency, and the expectations both personal and of the group to which they belong. Disadvantage occurs when a person fails to conform to the expectations and norms of the world around him (WHO, 1980:17).

This classification aims to be both a cultural and an operational tool to promote an acceptable registration and an effective confirmation of the impairments, and of the consequent disability and disadvantaged conditions.

The evaluation is based on three criteria:

- presence or absence of impairments;
- level of difficulty registered by the person in carrying out an activity;
- quality of intervention necessary to improve that capability (Soresi 2015: 41-62).

Disability is then measured on an eight-level scale (from the absence of disability to complete disability). In summary, this model suggests that the disease causes an impairment that, in turn, can cause disability, which is a limitation of the person's skills compared to the standard. This, in turn, can generate the handicap; a social disadvantage (Luongo and Malafina 2007: 22).

The ICIDH, has some merits that make it an interesting tool:

- it recognizes handicap as a social phenomenon and underlines the difference between deficit and handicap
- it indicates the opportunity to use a shared and specific terminology in the evaluation of the different consequences of disability, and it establishes the existence of different areas that must be analyzed;
- in order to describe the experience of people with chronic conditions, it provides a clear conceptual framework, meant as a dynamic approach to disability, that includes the relations between the various components and the changes that may occur over time;
- it is based on the environmental elements that characterize the experience of people living a pathology, and, in this way, it

is possible to gather a greater number of information on people who access the services;

- it shifts the attention to the consequences of pathologies, moving the analysis from the medical to the potential spheres

Among the weaknesses, it can be noted that, even if the classification means to offer a non-medical model of disability (it does not include the medical causes that produce the malformation or the dysfunction of the organism caused by a disease, a trauma, or a chronic illness), and although the definition of disability recognizes the role of the social environment in producing a situation of disadvantage, and despite the fact that "disability is a social phenomenon" and many words are spent describing the complexity of existing relations among the three levels of impairment, disability and handicap, nevertheless the final impression is that the handicap is produced by impairment and disability. The acceptance of this idea means that the causes of the disadvantage are to be identified in factors of an organic nature linked to the individual.

This impression is confirmed by the examples contained in the document: the disadvantaged situation of people with disability in mobility depends on the fact that their disability restricts their possibility to bypass obstacles; the disadvantage from the employment point of view derives from the fact that they are "unable" to work. Moreover, according to some scholars, the model *"contains no reference in the classification of the handicap to characteristics of the social world that create these circumstances. [...] Who uses it can detect changes in the personal level of ability, but would have no way of knowing whether this is the result of changes in the person (rehabilitation), or changes in the physical and social environment (adaptation)."(Bickenbach et al., 1999:1175)* The role of social factors in determining the handicap remains substantially implicit in the model. Its use by the medical staff focused on the condition of the individual and on his changes, while the environmental factors have been assumed as unchangeable. Finally, each of the three concepts of impairment, disability and handicap is defined with reference to the notion of normality. As can be seen, it is the word "handicap" which is used to describe the specific "social" dimension of the phenomenon.

In fact, while the impairment refers to the biological organism and the disability concerns the carrying out of activities that do not necessarily configure the interaction with other subjects, the handicap is the "emerging" disadvantage in the fulfillment of social roles.

1.1 The Structural-Functionalist Approach: disability as involuntary deviation

From the sociological point of view, the study of disability begins in the late Fourties and continues in later years, although it does not assume a systematic model. Despite its diffusion, the medical model of disability has never been formulated in a systematic way.

Among the many scholars, T. Parsons made a particularly significant contribution. Although he did not elaborate a specific approach to disability, he was among the firsts in the 1950s to conceptualize the disease in sociological terms (Parsons, 1951, It. transl. 1996).

Parsons defines the disease as a state of alteration of the "normal" functioning of the individual as a whole, including "*both the state of the organism as a biological system and its personal and social adaptations*" (Parsons, 1996: 440). Parsons defines the concept of illness in three dimensions:

1 the first dimension (*disease)* is the biological one, that regards the body and can be observed and described according to medical categories which detect the possible deviations of the biological organism and its functionality from the normal standards;

2 the second dimension *(illness*) depicts the experience of the disease from the subject's point of view. It includes all the diversified complex of perceptions of the subject as a result of the changes in their organism and the anticipation of the consequences they could have on social functions;

3 the third dimension (*sickness*) refers to the failure of the subject to fulfill the activities connected with their social role (Twaddle and Hessler, 1977: 111-ff).

Therefore, there are three levels of illness which are correlated: the possibility to distinguish the deviation from the norm at a biological level, the experience of the person, and the impossibility to cover the roles expected by the society. This last aspect is essential, because it is precisely through social roles that society tries to preserve its order, establishing rules, norms, and sanctions (Bertolazzi, 2004: 55).

The concept of role takes its origin from the Theatre, because in ancient times the actors read their parts from a sheet of rolled paper, "rotulus" in Latin. The analysis of the roles makes it possible to understand the "part" that each person plays on the scene of society, in comparison both with the established rules and with the expected behavioural models, the obligations and expectations that society has towards them (Depolo,1998: 42). Besides the social sphere, the role is an indicator also at a personal level, since the individuals see themselves also through the opinions of the other members of their social group (Mead, G., 1934, It. Transl. 1966:156)

The reference frame of reflection on social roles is indicated by Durkheim, who introduces the distinction between normal and pathological. According to the author there are two orders of social factors: those that "are as they should be" (normal) and those which are "different" (pathological). Every social phenomenon can be healthy (normal) or sick (pathological) and the boundary between the two is linked to the fact that the phenomenon is in the norm (in most cases) or it is not (a minority of cases) (Durkheim, 1995: 65).

In the role, the motivation of social actors is integrated with the social norms that regulate the systems of action. The more each individual conforms to their roles and fulfills the social obligations that are connected to them, the more the system will be integrated.

Parsons' model shows how health is represented as a state of full capability, which enables an individual to fulfill the tasks and roles for which they have been socialized. Society works only if each person adequately performs their roles, otherwise we have a deviation from the institutional role and from the related social expectations. Disease is a disturbance in the "normal" functioning of the individual as a whole, not only at

their biological but also at their social level (Parsons, 1972: 440), as it is not simply an "external" danger from which the social system must guard itself from but, as a source of disruption of the social order, the disease represents a particular form of deviance. However, this is a form of institutionalized deviance, for which society has a specific role: the sick role.

The *sick role* has specific characteristics, to which the individual must conform by assuming the duties imposed by that role, namely:

- recognize one's condition as unwanted and commit to seeking competent help to restore the correct functioning;
- cooperate with the therapeutic agencies for one's recovery.

Like any role, besides the obligations there are also rights, namely:

- the exemption from having to respond to social roles (and therefore also those related to employment);
- the recognition of the non-responsibility of the person who is in this condition.

What in particular distinguishes the sick from the deviant (namely who voluntarily places oneself outside the norm) is intentionality: the sick person, who does not know what must be done, relies on the doctors, who, thanks to their training and experience, are qualified to help (Parsons, 1996: 456). Health and illness are thus framed as an integral part of the social system, and of the roles and expectations connected to it.

The Parsonian approach received criticism on three different points:

- theoretical reductionism, which does not take into account the variety of contents of pathological forms and possible cultural or economic differences;
- the centrality essentially attributed to the doctor and to the professional decisions of the health workers;
- the exclusive focus on acute diseases at the expense of chronic diseases (Maturo, 2004: 60).

This last point represents a substantial limitation when we consider people with disabilities, who have a chronic condition, without possibility of improvement. The later models were born in order to overcome this limit (Barnes, Mercer and Shakespeare, 1999).

1.2 The approach to chronicity: disability as an "Impaired Role"

Andrew M. Gordon develops his model in response to Parsons'. He notes how the sick role is applicable to individuals with acute illnesses and injuries, but it is much less useful when it is applied to chronic, long-term illnesses. In his view, a more appropriate role for those with a "chronic" disease is the "altered" role (Gordon, 1966: 77, 79) that best responds to the characters and needs of those with chronic illnesses.

Gordon identified the behaviours, responses, and expectations of different socioeconomic groups to diseases that differed in both severity and duration. He found, among all the groups, that the prognosis was the most important factor in defining someone as "sick" and that, once someone was so defined, their behaviours were consistent with the Parsons' model. While the definition of the sick status changed according to the various socio-economic groups (and the components of lower socioeconomic groups interpreted diseases as functional inability), in the event of a worsening of the prognosis, all groups encouraged greater exemption from social responsibility.

Gordon has therefore identified two types of roles related to the disease. The first is the sick role, as previously defined by Parsons, in use when the prognosis is serious and uncertain. The second type of role, which Gordon calls "impaired role", is considered appropriate to define the conditions of subjects whose prognosis is known and not serious.

Therefore, in the *Impaired Role* theorized by Gordon:

- The individual has a permanent restriction;
- The individual does not give up normal role responsibilities, but is required to maintain a normal behaviour within the limits of their health conditions. A change in their everyday lives can be made necessary by the disability.
- The individual is not required to "want to feel good", but rather is encouraged to make the most of their remaining capacities.

Linked to the impaired role there can be, in the patient, the attitude that prevents them from managing their own care, since behaviours proper to the role of a sick person are maintained. However, once the "compromised role" (the impaired role) is accepted, all activities that help to keep the condition under control, to prevent complications, to lead to the recovery of role responsibilities, and to lead to the full realization of one's surviving potential become acceptable. The impaired role, sometimes called "at risk role", incorporates the concepts of rehabilitation and maximization of well-being, and is seen as a transitional state, in which individuals make changes in the variety of role-playing behaviours they engaged in before the disease.

This role implies certain obligations, such as the implementation of a medical regime, but involves a much lower reduction in other social roles than the sick role (Gordon, 1966). An important distinction between the two roles is that the impaired role is associated with a greater uncertainty than the sick role.

1.3 The approach to chronicity: disability as adaptation

Chronicity can be defined as a pathological condition that can only worsen and we can only talk about how individuals can manage to adapt to it (Saviola and De Tanti, 2009: 137).

Chronic illness poses a matter of particular connotation, because:

- it is not restricted temporally, as in the case of an acute pathology, but extends over time and intertwines with different moments of one's personal biography;
- it can present symptoms which can be more or less intense according to the stage, for instance if it's the onset or in a more advanced phase.

The image with which the chronic patient is represented refers in this sense both to the condition of patient and to that of a sufferer. The first image is the one which emerges from the interaction of the individual with the medical reality, while the second concerns the relations with the context.

Chronic disease has distinctive features that cause a variety of situations that, in turn, influence the modalities of adaptation to the disease and are a relevant factor for its understanding.

This perspective makes it possible to observe the patient's experience from within, taking the perspective of the subject who is "*living with a disease in a world of health*" (Radley, 1994: 157). The concept of *sick role* has proved unsuitable to describe and fully explain this condition, both because chronic patients can continue to fulfill most of their social roles (contrary to the Parsonian role expectations), and because, observing the disease from the outside, from the doctor's perspective, does not consider the different experiences that influence the relations with other people and that are so important in the case of chronic patients. As a matter of fact, physical and biological factors do not only have the "medical" meaning ascribed to them by the formulated diagnosis, they are also sociologically relevant, as observed by Kelly and Field (1996: 241-257), because

- they influence the self
- they provide signals on the basis of which one proceeds to the reconstruction of one's own identity
- they are factors that limit social interaction.

The chronic patient can therefore take an active role, both in relation to society and in relation to the disease itself.

The author describes four possible adaptation strategies:

- *accommodation*: the individual tries to integrate the disease into the life sphere, changing their objectives;
- *secondary gain*: when the phases of inactivity justified by the disease allow the pursuit of other occupations that are rewarding for the individual;
- *active denial*: the person tries to fight their condition by maintaining social activities and minimizing the symptoms or implications of their condition;
- *resignation*: loss of social activities and sense of being strongly conditioned by the course of the disease (Radley, 1994: 8-15).

Adaptation styles include both the ability to passively accept the definition of one's identity given by society, and to modify it through a proactive style. Whether one possibility or the other occurs depends on the importance of the objectives for the person who pursues them, and on the degree to which the disease affects

everyday life according to the opportunities, available resources, and roles covered (Ferrucci, 2004: 44).

The cognitive contribution of Radley's approach to chronicity is based on several elements:

- the understanding of disability is linked to the subjective meaning attributed by the disabled person to the condition;
- different styles of adaptation can be activated depending on the meaning attributed to their condition by the person affected by disability. The differences are not only determined by the cultural system, but also based on personal experience;
- the perception of disability in relation to one's body and its organic dimension, which leads to a variety of forms of adaptation more contingent in respect to the other approaches (Radley, 1994: 84-87).

However, this perspective also poses a critical question: is the attribution of meaning always possible in all circumstances and with all forms of disability? (Ferrucci, 2004: 44-45)

1.4 The Interactionist Approach: disability as a stigma

As described in the previous paragraphs, the deviance connected to the disability is interpreted by the medical approach as an individual attribute, whereas for the Structural-Functionalist Approach this deviance is considered as involuntary. The Interactionist approach focuses on the social role of the person with a disability and on the relational process of "labelling" individuals whose behaviour diverges from the shared social norms (Lemert, 1962: 2-19).Therefore, the behaviour is not deviant in itself but it becomes so in reference to a certain cultural and normative order.

Whereas the "sick role" approach uses the medical perspective to interpret the social consequences of the disability, the Interactionist Approach focuses on the social identity of the disabled persons, offering a more articulated framework for a sociological analysis.

Goffman's essays on stigma (1963) and on "total institutions" (1961) can be read from one point of view as the application of the Interactionist approach on disability.

According to Goffman, stigma is a particular kind of relationship between the individual and the stereotype, which discredits those who bear it. Goffman identifies three main types of stigma: physical deformations, psychological (aspects of the character), other cultural forms of stigma attributed to race, nation and religion, which can be passed on from generation to generation (Goffman, 1963, It. transl. 2003: 4-5).

According to Goffman's definition, disability is a stigmatized social identity that influences the face to face relationships (intersubjective relationships) in different ways.

Goffman takes into consideration the categorization process implemented by the society that interprets physical and psychological impairments in the light of its own cultural system.

Disability influences interpersonal relationships and the social identity of a person can be stigmatized in different ways. In the stigmatization process, the "normal" people have the conviction that the disabled persons with their "unwanted diversity" should not be considered completely humans. On the other hand, the stigmatized is presented with a problem of "acceptance" when *"those who deal with him do not grant him the respect and consideration that the intact coordinates of his social identity had led them to anticipate and that he had previously believed he should receive.*" (Goffman, 2003: 9)

The stigma brings uncertainty in the interactions and it *"does not arise only from the fact that the stigmatized person does not know to which of the different categories he will be assigned, but also where the assignment is favorable, from the fact that he knows that others, in their innermost self, could define him on the basis of his stigma.*" (Goffman, 2003: 14)

The categories and the stigmas are established by society. Society can be defined as a group of individuals sharing the same values, adhering to common social norms and that consequently determine their behaviours. The stigmatized persons are those who deviate from these shared values (Goffman,1970: 213). The stigma is attributed on the basis of an *a priori* judgment, based on the visible characteristics of the person and not on their abilities (Di Santo, 2013: 28). Therefore, the visibility of the "deviance" influences the situation: if it is visible, the stigmatized person will act as discredited, if, instead, it is invisible, the stigmatized will act as discreditable.

The stigmatized person bears two identities and manages them according to the reactions of the relational contexts the person lives in (family, friendship, neighborhood, work, occasional relations, etc.). The person can struggle with strategies for managing these two identities, for example when he has to decide whether to *"show or not; to say or not to say; let it pass or do not let it pass; lying or not and, in any case, to whom, how, when and where." (Di Santo, 2013: 45).* The concept of "personal identity" is thus introduced by the Interactionist approach to analyze his social behaviour and the intentionality of this behaviour.

The interactionist approach has identified the "phantom interaction" to describe the avoidant behaviour of the stigmatized person in situations of façade acceptance. The stigmatized person recognize the hypocrisy of those persons that verbally simulate acceptance while asking them to joyfully accept the disability and claiming that the disabled people are like everyone else (Goffman, 2003: 132). This ostensible equality is sometimes legally true, but on the social level it has to deal with the paradoxical message that society sends to disabled people: on the one hand they are recognized as human beings equal to others, on the other, their differences are continually reaffirmed (Ferrucci, 2004: 39).

The identity of stigmatized disabled persons is a social construction in which bio-physiological factors are affected by elements of the cultural system. The negative meaning of the stigma let the expectations of the Parsonian sick role reappear, creating a fracture in the social identity of the disabled person.

The interactionist approach makes the social definition of disability more contingent, as it is connected to the dynamics of social relationships implemented by the discredited / discreditable. The interaction between stigmatized and normal person is based on the internalization of norms and also on the uses of the *normalizing power of social interactions (Mistzal, 2001: 312-324).* Goffman provides an important contribution to the understanding of the social order. The macrostructures of society are based on micro-social realities constructed with the contributions of the social control agencies and the institutions that hold power and authority together with the normalizing social interactions.

We can identify two critical aspects of the interactionist approach. From the methodological point of view this approach focuses on micro-social interaction neglecting the social structures at the macro-level conditioning. The second substantial point concerns Goffman's assumption that the normative criteria that identify the "normal" are shared. If so, to conceptualize disability in terms of adaptation would be to passively accept the values and normative standards imposed by the social system. In this normative system of shared values, the phenomenon of politicization of disabled people would be impossible to understand. The stigmatized is struggling with a process of fluctuating identification that constantly re-proposes the alternative between affiliation or separation from those who share the same stigma.

1.5 The Roles Theory approach: disability as a dominant status

The Roles Theory can be used to describe the mechanisms by which societies "build" disability (Barnartt and Altman, 2001). It defines the disability as a *"social status assigned by society to people who may have physical or mental deficits that are visible or known." (Barnartt and Altman, 2001: 57)*

Generally, people hold a role within the society, but the status of disabled people is a dominant one (master status) and it influences the assignment of other roles, making difficult for these persons to be considered in any alternative way *(Barnartt and Altman, 2001: 57)*. Therefore, this approach poses the problem of understanding the conditions for which disability becomes a dominant status, and the mechanism through which personal characteristics, emotions, cognitive processes and attitudes that identify disabled status are built and become the basis on which the social interactions of other people develop towards him.

According to the Roles Theory, the predominance of the disabled status is an allocative mechanism that acts through:

- denial: exclusion from certain social roles;
- addition: attribution of new roles;
- distribution: assignment of similar roles.

These can be considered the foundation of the stereotypes,

prejudices and discriminations that often arise towards disabled people.

Gender and ethnicity are other dominant statuses, however, they differ from disability under many important aspects such as, for example, the beginning of the status (disability can occur at any moment of life), its stability (it is possible to recover from certain disabilities) and the different models of socialization (the disabled persons are often separated from the mainstream). In this regard, it should be noted that the differences related to socialization models are particularly important. Disabled children are socialized in a different way compared to the others. First of all, they do not have role models with which to identify themselves; secondly, socialization to the status of disabled also continues in secondary socialization.

We must consider the factors that influence the way in which the disability is perceived by the individual and by society. These factors are greatly variable due to the different impairments produced by the disability, the age at which it occurs, its severity and to the probability of improvement *(Barnartt and Altman, 2001: 67)*. The fact that disability becomes a dominant status depends on two crucial dimensions:

- the visibility or non-visibility of the deficit
- the revelation or non-disclosure of the disability condition

Starting from these dimensions, Barnartt elaborates a scheme that identifies four situations:

- Disability is declared and is visible: it is fully manifest and has a dominant status;
- Disability is not visible, but is declared: the role of disabled person prevails over that of social acceptability;
- Disability is visible, but it is not declared: the role of social acceptability prevails over that of disabled people;
- Disability is not visible and is not declared: disability remains hidden *(Barnartt and Altman, 2001: 67)*.

The Roles Theory has the merit of defining the disability as a social phenomenon emerging from the relationship between two different perspectives: the internal and the external observation. This theory proposes an articulated framework that is closer to the reality of the phenomenon. As with the previous approaches it considers the various form of adaptation to the disability, but it does not consider the conflictual situation as being necessarily deviant, allowing the contemplation of another point of view. The situation described by this theory in which the disability is a dominant status has similarities with the condition of discreditation described by Goffman or with the adaptation styles defined as "*accommodation*" and "*secondary gain*". Conceptualizing disability as a dominant status can help to understand why it has increasingly gained public attention *(Barnartt and Altman, 2001: 69)*. On the other hand, the condition of the discredit is similar to the situation in which disability does not constitute a dominant status.

The main criticism to the Roles Theory is its staticity. The theory classifies the possible situations regarding the disability, but it does not provide the description of the transition from one status to the other and the factors that influence it. The second limitation of this theory is that it defines the dominance status of the disability according to the disclosure or not of the impairment, but it does not provide an explanation about the reasons why, in certain situations, the deficit is communicated and in others not.

2 The social model of disability

In modern society the able/disabled distinction is a specific form of the more general biomedical matrix distinction between normal/pathological, used by functionally differentiated social subsystems. Sociological approaches to disability can be distinguished according to the acceptance or non-acceptance of these criteria and their consequences. The approaches presented in the previous paragraphs progressively detach themselves from the medical/individual model by thinking of disability in terms of social construction, without however questioning its initial biomedical assumptions (Armstrong et al., 1987: 735-741). Nevertheless, these have contributed to the emergence of a new model of disability, the so-called social model (Barnes, Mercer and Shakespeare, 1999).

The Fundamental Principles of Disability Charter developed by the Union of the Physically Impaired Against Segregation (UPIAS) defines the points of discontinuity with the medical model. In this manifesto, associations for disabled people, led by non-disabled experts, are strongly criticized for their inability to address the causes of the exclusion of disabled people from social and economic life. The manifesto clearly identifies how society itself disables people with impairments: *"the disadvantage or limitation produced by the current social organisation which takes little or no account of people with physical deficits, and in doing so excludes them from participation in the main social activities." (UPIAS, 1976: 14)* According to the medical model applied so far, disability is an individual problem and the economic and social structures do not penalize the disabled person. The conceptual shift that takes place in the social model is not the denial of the condition of psycho-physical disadvantage, but it is bringing attention to the social barriers that make a person disabled.

"Disability - it affirmed in the UPIAS document - is something imposed on our disabilities, in such a way as to isolate us and exclude us, uselessly from full participation in society." (UPIAS, 1976: 14)

The social model proposes an alternative classification to ICIDH based on two concepts:

- impairment: defined as "individual functional limitation caused by physical, mental or sensory deficits";
- disability: defined as *"the loss or limitation of opportunities to take part in the normal life of the community on a level equal to that of others deriving from physical and social barriers"* (Disabled People's International, 1982)

The Disabled People's International classification:

- combines in the concept of impairment both the deficits of the organism and the resulting functional limitations;
- abolishes the term "handicap" because of its stigmatizing character, transferring its content to the concept of disability;
- modifies the causal link between physical damage and disability.

The various approaches that can be traced back to the epistemological assumption of the social model, lead us to wonder whether this can be identified as a new paradigm of disability. The multiple existing versions of the social model give us back the image of a paradigm that is far from homogeneous, characterized within it by dialectical tensions. Each approach proposes a different perspective of disabling social factors and proposes specific interventions according to its own values and practices reflecting specific ideological orientations (Tregaskis, 2002: 457-470): the English model, the minority group model, the impairment model, the independent living model, Shakespeare and Watson's post-modern de-constructionism, the continuum model, the discrimination model (Pfeiffer, 2002: 3-5). In the following paragraphs we will go deeper into the main perspectives, describing here only the distinctive features of these different interpretations:

- the English version of the social model: takes its inspiration from Marxist theory and identifies the origin of the experience of discrimination of disabled people in the social organization. In particular, the organization of the means of production, based on the assumption of ability, prevents the full participation in society in terms of employment and active citizenship of some sections of the population, including people with disabilities, who for this very reason are called "disabled people". The term "disabled" is provocative as it underlines the fact that people are "made disabled" by the society in which they live and are not born with a disability. Disability therefore has nothing to do with the person and it is consequently necessary to intervene at a structural level to allow disabled people to get out of the position of marginality and dependence to which they are relegated.
- The minority group: the American version of the social model combines Marxist analysis with a political perspective based on civil and constitutional rights (Medeghini, 2006: 21). This version focuses on social roles and attitudes that lead to failure in accepting people with disabilities. The minority group approach therefore theorizes that it is necessary to change attitudes (Marra, 2009: 94), starting from language and referring to "people with disability". Putting the emphasis on the person rather than on disability, however, increases the risk of confusing disability with impairment.

The social model is not a theory, although it is the foundation for the development of an all-encompassing practical approach, as explained in Mike Oliver's work. It is not the impairment that creates disability and the impairment in itself is not disability, in other words it is not the difficulty of individual functioning related to physical sensory or intellectual impairments that generates the problem of disability, but disability is the result of a social organization that works to restrict the activities of people with impairments by placing social barriers on their way (Ferrucci, 2004: 64-65). Pfeiffer (2001) argues that the common denominator of different versions of the social model is discrimination. This observation stems from the fact that the action of the disabled person is conditioned more by discrimination from outside than by his own impairment. From this point of view, disability is not a medical problem, but a political one.

The social model of disability highlights and analyses several dichotomies.

The first to be addressed is the dichotomy between impairment (considered as individual and private) and disability (seen as structural and public). Although medicine searches for a remedy to the impairment, the priority must be the acceptance of this individual aspect and the removal of the disability caused by society. A parallelism emerges between disability and gender, both of which must be considered a culturally and historically specific phenomenon, rather than a universally immutable essence (Shakespeare and Watson, 2002: 9-28).

This first dichotomy is linked to a second aspect highlighted by the social model, concerning the distinction with the medical model. The latter defines disability as an individual deficit and aims at solving the complex problems of the disabled person through prevention, treatment and rehabilitation. The social model aims at removing barriers, adopting anti-discrimination legislation, supporting independent living and other responses against oppression, because it identifies disability as a social construction.

The social model approaches disability by focusing the analysis on the processes and social forces that make people with evident impairments become disabled. Considering disability as a form of oppression, the third dichotomy that the social model expresses is that between disabled and non-disabled people. The latter, together with professional and charity organisations, are considered participants or direct causes of such oppression. Civil laws are therefore the main means to solve the problem of disability (Shakespeare and Watson, 2002: 13).

It is important to correctly identify the structural forces and material relationships of strength that affect the social inclusion/exclusion of the disabled person. With regard to the labour market, it is particularly evident that the division and the factory-based business economy have excluded a number of people from participation in paid work. A second structural force that we can identify is the role of culture and ideas in building labels of disability and social roles. Other authors agree that both cultural forces and material aspects play an important role in establishing the collective social experience of disability (Marra, 2009: 95).

Disability therefore emerges from all those obstacles that impose restrictions on those who are classified as people with disabilities: individual prejudice, institutional discrimination, inadequate disability benefits, inaccessible buildings, unusable transport systems, separate education systems, communication and IT systems, exclusionary employment solutions, discriminatory health and social solidarity services and the negative image that devalues people with disabilities conveyed by the media. The cost of this failure of society not only falls on individuals, but institutionalised social discrimination falls systematically on the whole category of disabled people (Marra, 2009: 82).

The perspective inspired by the social model does not deny the importance or the value of appropriate interventions in the lives of people with disabilities based on the individual condition of the subject, whether based on medicine, rehabilitation, education or work, but directs attention to the limits of those interventions, aimed at favoring inclusion in a society built by "non-disabled persons" for "non-disabled persons". The social model aims to shift the focus from the functional limitations of disabled individuals (which is typical of the medical approach) to the problems caused by disabling environments, barriers and cultures that make people disabled. Through the approach of the social model, it is therefore possible to unmask the "disabling" trends of modern society, in order to generate policies and practices capable of accelerating their eradication.

This model promotes a change in the common view that the main problems of the disabled person arise from impairment. According to this common view, disability is a personal tragedy and the disabled person receives pity and compassion. The goal of every disabled person should be rehabilitation to achieve functioning as close to normal as possible in order to overcome limitation and dependence. In the common understanding, it is therefore the disabled individuals who have to find a way to adapt to society with their limitations. A key concept of the social model of disability considers attitudes towards people with disabilities as culturally, historically and socially determined and therefore subject to change (Ferrucci, 2004: 79). The social model therefore promotes a radical change at the cultural and political level, understanding disability as a result of the capitalist and oppressive economic structure, aiming at the removal of social barriers, promoting respect for the person and his abilities and skills, recognising the condition of discrimination and lack of equal opportunities experienced by people with disabilities. The key words of this model are: social inclusion, mainstreaming policies, support for autonomous, self-determined, independent and interdependent life, accessibility, full participation. The social model of disability is in fact based on the recognition of human diversity, the empowerment of people with disabilities and the mobilization and involvement of institutions and society as a whole, not only the medical world or volunteering. Addressing disability as a problem of discrimination requires political action to claim the civil rights of disabled people (Ferrucci, 2004: 15) as some intervention policies lead to "self-inflicted" disability (Liachowitz, 1988, cited in Ferrucci, 2004: 57).

Shakespeare (2006: 30; 36) highlights the advantages of the social model of disability in three main areas. First, the political area, allowing the establishment of the social movement of people with disabilities. This model proposes a clear agenda for social change, it can be easily understood and it allows to quickly identify to which approach refer the organizations and institutions dealing with disability (social or medical).

Secondly, the social model identifies social barriers and promotes their removal, it contributes to the liberation of people with disabilities, by putting moral responsibility on society. The problems of disabled people come, according to the social model, from oppression and exclusion. Once these are removed through political and social action, individuals can be considered beyond their individual deficits. The social model shows that the problems of disabled people are the result of oppression and social exclusion, instead of their individual deficits. In England, participants in awareness campaigns on the conditions of disabled people used the philosophy of the social model to obtain the Disability Discrimination Act in 1995. From the following decade onwards, services, construction and public transport were required to be accessible to people with disabilities and the majority of registered and voluntary organisations adopted the social model approach.

The third field in which the social model has brought benefits is in the individual and group psychology of people with disabilities. The model changes the perception of the person, improving their self-esteem and building a positive sense of collective identity. Regarding the third area, the social model of disability is psychologically effective, improving the self-esteem of people with disabilities. The focus of change also shifts from the individual to society and its barriers (Shakespeare, 2006: 31-40). Individuals with disabilities therefore become more aware of their rights, placing their condition in a wider context, within a world that does not take due account of the diversity that inhabits it (Benadusi et al., 2009).

A further merit of the social model of disability is the recognition of disability as a complex phenomenon, requiring different levels of analysis and intervention, from medical to socio-political, moving away from the reductionism that has characterized the medical model of disability. According to the social approach, health is a state of well-being that includes physical, mental and social aspects and interaction with the environment. Impairment and deficit are therefore linked to these factors and influence them in a complex relationship that can explain the short-term impact and long-term effects of a disability (Medeghini and Valtellina, 2006: 44).

Oliver (2004: 18-31) puts the social model approach into a broader view by identifying disability as a universal experience of humanity that can affect anyone and not only people with a disability.

2.1 The English social model

The English Disability Movement has called the social model of disability *"the great idea" (Hasler, 1993: 278-283)*. This idea, born in the 1970s by activists of the Union of the Physically Impaired Against Segregation (UPIAS), received academic credibility through the work of Vic Finkelstein, Colin Barnes and in particular, Mike Oliver.

The medical model of disability does not take into account economic and social structures, considering disability as a problem affecting the individual alone (Ferrucci, 2004: 58). According to the English social model, however, disability is the product of a society that does not tolerate any form of biological imperfection. The responsibility for the disadvantage experienced by people with disabilities is shifted from the disabled individual to the organizations and institutions of contemporary society (Marra, 2009: 89). The key elements of the English social model are the identification of disabled people as an oppressed social group and the distinction between impairment and social oppression linked to it. This model defines disability as a social oppression, not a form of impairment. The social model is therefore used by movements of people with disabilities to identify progressive organisations, policies, laws and ideas and to distinguish them from inadequate ones (Shakespeare and Watson, 2002: 11). The main criticism of the English social model comes from the theoretical matrix of historical materialism.

Moving from the consideration of how sociology has never adequately studied the study of disability, Oliver highlights the presence of the implicit theory of disability as "personal tragedy" which characterizes this human experience. It has been left up to the disabled people to criticize this implicit theory and to elaborate appropriate alternatives. The "theory of disability as social oppression" emerges from these premises (Medeghini and Valtellina, 2006: 67).

Oliver identifies how society also contributes to the construction of disability. In fact, disability is determined by the individual meanings attributed to particular physical and mental impairments. It can therefore be said, according to Oliver, that the definitions related to disability are more socially constructed than rationally determined. Disabilities are defined as social problems through successful efforts of powerful groups to market their own interests. Consequently, the so-called "objective" criteria of disability reflect the prejudices, interests and moral evaluations of those people in an influential political position (Albrecht and Levy, 1981: 11-32).

According to Oliver, the capitalist system promotes a prototype of a physically fit individual that supports the normal functioning of society. From this concept two dynamics emerge that ideologically favour the social exclusion of disabled people: the tendency towards individualisation and the medicalisation of social control mechanisms. Disability is therefore a problem because *"society is unable to provide appropriate services and adequately ensure that the needs of disabled people are fully taken into account by their social organisation." (Oliver, 1995: 32)* In his analysis, Oliver defines disability as a public policy and a process of social construction that results from policies towards disability. The policy itself defines disability according to the problem or disadvantage it involves or the compensatory or improving action it requires. It does not seek to specify whether the problem is located in the individual or in the environment, nor does it attempt to identify the basic rationale for measures that are taken in response to a perceived disadvantage (Oliver, 1990: 78-94). This social construction favours the spread of the concept of disability as a disadvantage to which society is obliged to respond through public or private agencies and through the development of appropriate social policies. Disability is therefore seen as a problem of individual disadvantage. Ideology has developed into common sense and has been integrated so much into social awareness that it has become a fact. Disability is therefore seen as a personal tragedy that afflicts people with physical or mental impairments. Since society has to take care of these people, the policies that have been implemented over the years have foreseen the construction of residential houses, special schools and kindergartens in which disabled people were segregated and excluded from social and economic life. The theory of personal tragedy has therefore ensured that policies were implemented on behalf of people with disabilities, instead of facilitating their autonomy (Oliver, 1990: 128).

In many countries based on the capitalist model, the problem of disability and many other social problems are reconstructed through the idea of dependency. Instead of being seen as individuals, people were categorized into groups and labeled for their dependent status, defined as unemployed or handicapped and encouraged to see themselves as victims of circumstances. In this way, their self-confidence was undermined, and they learned to think that the government's action could affect their lives. This idea of natural dependence is opposed by Oliver who argues that dependence is due to the application of particular social policies, to a range of economic, political, social, technological and ideological forces (Oliver, 1990: 78-94).

The very acceptance of the sick role by people with disabilities and the intrusion of medicine into education create social dependence and lead the disabled to see themselves as victims of a personal tragedy. Psychologically, people's commitment to the social model was based on the fact that it would transform their self-esteem (Shakespeare and Watson, 2002: 14).

The social model has been extremely important for the English disability movement for two reasons. First, the model proposes a political strategy to remove the disabling barriers created by society. This action should become a priority to promote the inclusion of people with impairments. Instead of pursuing a strategy of medical care, or rehabilitation, it would be better to follow a strategy of social change, perhaps even the total transformation of society (Shakespeare and Watson, 2002: 13).

Secondly, the English social model has also an impact on disabled people themselves. Going beyond the traditional medical view that links disability to mere physical disorders, this model allows disabled people to become aware of social oppression and the fact that they do not have to adapt to be included, but that society itself should provide them with the opportunity to become active members.

Part of the effectiveness of this model comes from its simplicity, which could be reduced to the slogan "disabled by society, not by the body". This also allows for a quick assessment of the organisations and policies that are put in place: if they focus on removing barriers they refer to the social model, if they consider medical intervention and rehabilitation to be central, they refer to the medical model (Shakespeare, 2006: 107).

2.2 Minority group model

The American social model known as minority groups is based on the assumption that disabled people are subject to the same forms of prejudice, discrimination and segregation imposed on other oppressed groups, differentiated from the rest of the population on the basis of characteristics such as ethnicity, gender or age (Medeghini and Valtellina, 2006: 72). These characteristics are used to legitimize the oppression suffered by social minorities through biological justifications. A parallelism can therefore be drawn between the two approaches, although in the case of disability the use of the biological element relies on a factual basis. Despite this, the conditions of exclusion and poverty depend on social relations and cultural representations that see disability and the social identity of the disabled person as "abnormal" (Abberley,1987: 5-19). Disability, as well as gender and ethnicity, is subject to discrimination and prejudice that does not allow full inclusion in society. According to the minority group, the fight for equal rights and protection before the law is therefore fundamental. Social movements and political struggle are fundamental to the construction of the identity of the disabled person.

Following the reasoning proposed by Goffman referring to

stigma, even in the case of disability deviance derived from social labelling which sees deficit, lack of skills, inability to assume social roles and responsibilities as discriminatory attributes, the social identity of disabled people is based on the visible characteristics that deviate most from the common norm, without considering all the other personal characteristics. The stigma therefore arises from the social, from that set of norms and attributes through which the categories and the belonging to one of them are defined (Medeghini and Valtellina, 2006: 63).

The perspective of minority groups sees disability as neither belonging to the external environment nor as a consequence of some personal deficit. The socio-institutional practices of dominant professional groups are considered the origin of social oppression. From this idea therefore comes the emphasis on legal rights that links disabled people to other marginalized groups in society. Several elements lead to the exclusion of disabled citizens from the common social, economic and political life: architectural barriers, transport, public facilities, "special" or separated schools or even complete exclusion from the educational path. Disabled people have been subject not only to stereotypes, but also to stigmatization, making them the target of aversion and ostracism.

An important contribution to the American social model has been developed by the Independent Living Movement (ILM) which fights for equal rights, equal opportunities, self-respect and self-determination. The movement bases its philosophy on the affirmation of the right of choice of the disabled person and the consequent refusal to conform to the expectations connected with the social role of the sick person. The movement highlights how, in order to allow disabled people to live an independent life, it is necessary to consider the conditioning exerted by environmental factors on the abilities of the individual. Disabled people must therefore act self-protecting, fighting for the elimination of existing barriers and freedom of personal choice. Focal concepts of this group are deinstitutionalisation, demedicalisation and self-help (Ferrucci, 2004: 52).

2.3 *The criticalities of the social model*

The social model of disability has several political advantages such as slogans and ideology, but it also has theoretical limitations (Shakespeare and Watson, 2002: 19-21). The simplicity that has characterized this model is also its main weakness. Several considerations highlight the fragility of this approach: the elements that identify disabled people as an oppressed minority define the experience of specific groups of disabled individuals, but do not capture the heterogeneity that characterizes the universe of people with disabilities.

The first to be aware of its limits are the authors themselves, who specify that the model has a limited heuristic scope. In fact, it is intended to provide an interpretative key of the disadvantage condition that characterizes disabled people, it does not claim to explain disability as such. It appears, however, that some interpretations of the model tend to exclude certain categories of disabled people according to the type of disability they have (Ferrucci, 2004: 55). In the process of distancing itself from the medical approach, the social model risks to completely neglect the aspects related to disability. Other socio-political perspectives of disability have developed the important intuition that disabled people are disabled by society as well as by their body. The nature of impairment influences the way the individual perceives disability. Disability due to static impairments (which neither degenerate nor cause medical complications) is more easily attributed to society, while in the case of impairments subject to degeneration, which could cause premature death or some condition that creates pain and discomfort, the medical aspect has a negative impact that is difficult to ignore. The bodily aspects related to the experience of disability have been partly underestimated by the social model with the aim of dissociate itself from the approach of "personal tragedy" supported by the medical model and the public opinion (Bencivenga, 2007: 27-28). The social model avoids addressing the issue of the body and the subjective experience of disability *(Medeghini, 2006: 21)*. Williams G. (2001: 123-144) emphasizes that it is limiting to theorize disability exclusively from the perspective of social oppression because it has the character of condition (potentially anyone can

be disabled because being able-bodied is placed in temporariness) and of experience (because it also concerns the perception of the body and the existential sense). For Williams the conceptualization of disability must propose a multidimensional analysis that includes experiences, observational and causal dimensions and the relationship between them.

The social model does not give due consideration to the fact that other conditions of disadvantage that share with disability the experience of social oppression (gender, ethnicity, level of education, social class) are related to social status. The main difference between these conditions of social disadvantage and disability is also the presence of impairments and/or functional limitations. The application of the social model has focused on denouncing social oppression, as if it represents the whole problem, leaving aside the way in which impairment determines the experiences of the disabled person. Awareness-raising campaigns related to the social model have presented impairment as a secondary, neutral (if not even positive) aspect.

Thomas (1999: 42-ff) tried to include "the effects of impairment" within the theoretical matrix of the social model, thus integrating the limitations and difficulties of medical conditions. Leaving this aspect aside, part of the needs of disabled people remain unheard, and the outcome of this partial view of the problem can be further exclusion and loss of a significant contribution by those directly involved. However, recognising the importance of disability does not mean falling into the trap of the personal tragedy model. It is therefore necessary to develop an approach that recognises people's right to give the meaning they consider most appropriate to their own experience of impairment: positive, neutral or negative, and the meaning may vary over time or with the succession of numerous circumstances (Bencivenga, 2007: 29). The full sense of self of a disabled person is determined by different aspects of life and the experience of impairment is part of the experience of disability.

The social model has not yet developed a socially constructed classification of disability to be used for empirical research. Through this model, it is therefore not possible to provide data that can support policy makers in implementing interventions on social organisation to overcome the oppression and discrimination of people with disabilities (Bickenbach et al., 1999: 1173-1187). In other words, as identified by Medeghini (2006), the model only addresses the causes of the existence of disabled people and does not propose a social theory capable of orienting significant overall policies that go beyond the reference to the means of production.

The social model can be used functionally on a large scale, in identifying discriminatory social structures and demonstrating the need for civil rights to be respected; but it is inadequate on a personal level, as it is not sufficient to fully include and represent the whole range of individuals with disabilities *(Crow, 1996: 68)*. It is not possible to assume *a priori* the existence of the attributes qualifying disabled people as an oppressed minority: disability, understood as a condition of social disadvantage, must be contextualized in a physical and social environment in which functional and structural limitations manifest themselves. It must be considered that with equal functional limitations, there may be disabling contexts and others that are not. It is therefore quite clear that the environmental context is a necessary but not sufficient factor for the occurrence of a situation of social disadvantage (Ferrucci, 2004: 61).

Disability should not be reduced to a medical condition and should not be covered by negative cultural meanings and at the same time should not be reduced to a mere consequence of social barriers.

In order to be able to claim that the restrictions of disability are totally created by the barriers of the environment and social attitudes, one must deny personal experience of one's own physical or intellectual limitation (Morris,1991). Impairment is not only a part of the experience of disability, but it would continue to exclude the disabled person from certain activities even if the barriers were removed (Ferrucci, 2004: 64).

According to Shakespeare and Watson (2002: 27) it is difficult to determine where the impairment ends and the disability begins because they describe different points of a continuum, or different aspects of a single experience. Disability consists of a complex dialectic of biological, psychological, cultural and socio-political factors, which cannot be unravelled except with some imprecision. The social model and the medical model agree that the concept of impairment and the concept of disability belong to two different orders of reality: the first is a biomedical one, the second is properly social. The social model develops the consequences deriving from this distinction, claiming that the cause of disability are the social factors and criticizing the medical model because it does not consider the importance of the social dimension, reducing everything to the individual component. In doing so, however, the social model makes the same systemic error - with the opposite sign - by incorporating all aspects of human activity into the social dimension. Moreover, by affirming the irrelevance of the biological dimension in disabling processes, it actually radicalizes the distinction between impairment and disability, leaving the impaired body in the exclusive domain of medical science (Ferrucci, 2004: 63). As Oliver argues (1990: 5), sometimes it is more appropriate to intervene at the medical or individual level, and only then to consider the personal environment. Interventions at the physical, psychological, environmental and socio-political levels are the key to progressive change and must be implemented all together. Social change remains the most convenient measure to remove the problems presented by disability and its consequences: this emphasis sums up the distinction between disability studies and medical sociology (Thomas, 1999: 42-ff).

Shakespeare (2006: 106) states that disability must be considered as an interaction between intrinsic and extrinsic factors and cannot be reduced to social oppression, barriers or impairment alone. Intrinsic factors include the type of impairment, the severity of the impairment, motivation, attitudes towards the impairment, goals, self-esteem and confidence. Extrinsic factors include the physical environment, social adaptations and structures, roles and expectations, cultural meanings and representations. There are many differences, because people with the same type of impairment do not live in the same condition. In the process of identifying the causes of disability it is therefore necessary to consider not only extrinsic and intrinsic factors, but also individual elements such as gender, class, ethnicity.

Beyond its different interpretations, even the social model of disability has not been exempt from criticism. The main ones concern:

- the concept linked to oppression, which is hardly applicable to everyone. Sometimes the disabled themselves are also the protagonists of discrimination against others. Moreover, the awareness of their condition cannot be generalized to all disabled people (Ferrucci, 2004:57-60);
- the risk of absorbing in the social dimension all aspects of human life, denying the experience of the body and personal limitation. In this sense even when all barriers are removed the person remains excluded from the possibility of taking on certain roles (Morris, 1991).

In conclusion, we can observe how sociology has allowed us to see how the role of disabled people has changed over time, starting from a biological dimension (essentially linked to illness) to arrive at the attribution of disability to an external cause, and in particular to the barriers imposed by society.

3 Medical model and social model in comparison

The contrast between medical and social models has characterized the construction and the definition of disability classification systems, from the International Classification of Diseases and the International Classification of Impairments, Disabilities and Handicaps, to the International Classification of Functioning, Disability and Health (Medeghini and Valtellina, 2006: 44). These two opposing models of disability can be compared on multiple points.

For the medical model, disability is an individual problem which is represented as a personal tragedy, the causes of which lie in a biomedical limitation and require intervention by healthcare professionals (Ferrucci, 2004: 58). The social interaction of the disabled individual is influenced on the basis of stereotypes and prejudices. Society takes an ambivalent attitude towards disabled people, social policies combine forms of assistance and control, requiring the person with a disability to be a simple user who adapts to the prescribed interventions.

On the other hand, the social paradigm conceptualizes disability as a social problem within a neo-Marxist theory of social oppression. The problem of disability can be addressed through collective action and assumption of responsibility by disabled people. Health and rehabilitation professionals tend to maintain or reproduce the oppression of disabled people when identifying their needs or establishing necessary interventions (Ferrucci, 2004: 59), which should be defined on the basis of personal and collective experience. Disability is therefore a condition that affects an entire social group, that characterizes the identity of its members, that is rooted in common interests and that redefines the condition of disadvantage as discrimination generated by a specific social organization. Disabled people cannot depend on the choices made by political decision-makers in order to change this situation, but must themselves act politically, actively claiming their rights and promoting social change in a direction that increases their possibilities of choice (Ferrucci, 2004: 59). With respect to their condition, disabled people do not benefit from the same credibility as professionals, in particular doctors (Brisenden, 1998: 20) who produced the myth of disabled people through books, articles and readings. The medical model of disability has taken root with excessive emphasis on clinical diagnosis, the nature of which is bound to induce a partial view of the disabled individual. The social model limits the influence of medical data only to the field of health interventions, arguing for the need to clearly define what it means to be a disabled person in a world run by non-disabled people, in other words to restore credibility and validity to the opinions of disabled people. Disability is always described mainly in its aspect of physical or intellectual dysfunction, involving a medical and rehabilitative context. This narrative ensures that the image of the disabled person cannot be emancipated from addiction and medical supervision as a permanent factor.

Another important aspect to underline when we talk about disability is the language used to describe it, because the words used and the context influence the perception of the message by the listener. There are many colloquial expressions to define disabled people and often their implicit meaning is that of weakness or of being *pathetic*. Brisenden (1998: 21) identifies the importance of using the term "person" and not just "disabled" to refer to someone with a physical or mental impairment, as otherwise there is a risk of depersonalising the individual into an indefinite and anonymous category, denying these people the possibility of feeling unique. Disability is a term that encompasses a great multiplicity of individuals who are completely different from each other and united by the mere fact that they do not function in the same way as so-called "normal" people. This categorisation therefore considers disabled people only in view of the things they cannot do and that make them "abnormal". According to Brisenden (1998: 24), if society were organised on a more egalitarian basis, many problems associated with not being physically "perfect" could disappear.

Often, the unique abilities that each disabled person has are not considered in a sort of socialized medical reflex. In the past, doctors have prescribed treatments and hospitalizations even when these did not improve the person's quality of life. The personal well-being of the disabled person has often been portrayed as something intrusive into the purely medical equation that has resulted in the definition of disability. Sociological and psychological aspects, such as the fact that frequent hospitalizations and medical treatments in themselves are often the most disabling factors of being disabled, have been ignored while keeping the focus on the limited parameters of clinical diagnosis alone.

The social model promotes a broader view, stating that a distinction between disease and disability is necessary: while disease has a physical manifestation, disability is not a tangible aspect, but a characteristic of the person. Therefore, relying only on the medical aspect is limited because the factors involved are more.

The structures of society tend to deregulate the responsibility of disabled people, forcing them into predefined roles with limited opportunities to participate in social life. The social model supports disabled people in their struggle for the right to an independent life. This right should not be seen as a concession

to the individual with disabilities, but should be a social action aimed at the whole community, regardless of disability (Brisenden, 1998: 27).

The biomedical model reduces social inequality to biological causes alone: it is the intrinsic abnormalities of the individual that prevent him from having valuable social roles or performing everyday actions. In the biomedical approach to disability, the unit of analysis is the physical disability, and the predominant method of research is purely empirical. These same parameters are applied to the search for the causes of social inequality, so the solution to this problem is its removal through treatment and rehabilitation, in other words through the change of the disabled individual (Marra, 2009: 90) in order to bring him within the canons of normality as much as possible. Treatment and rehabilitation are interventions intended for the individual and therefore do not involve the whole of society. The disabled person is considered only in his de-responsiblised role as a patient, a passive receiver of care, exempted from social obligations and in need of competent help. The subjective aspects are completely neglected and the person is considered only as a "sick" person to be assisted and treated through specialized interventions for the recovery of the missing functions.

The social model has instead promoted the idea that disabled people should be the actors of their lives instead of just passive receivers of care, focusing on both the individual responsibility of the person and the collective responsibility of society. On the one hand, each individual (including people with disabilities) must take care of his own health, and on the other hand, society must allow active participation in community life for all individuals (disabled and non-disabled), making the context facilitating and suitable for the needs of all citizens. Each person must be enabled to express their abilities and potential, including those with different abilities. According to this viewpoint, treatment consists of full social inclusion: disabled people are no longer only the object of a stigmatising medical treatment, but they become valuable subjects and regain the possibility to define and control their own lives (Albert, 2004: 13-ff). The social model offers a powerful means for the liberation of those who remain the most disadvantaged, both in developed and developing countries.

The social model goes beyond the individualization implemented by the medical model on the basis of labels and categorizations, through the collectivization of the needs of disabled people and the conception of these individuals as stakeholders (Marra, 2009: 87). This collectivization provides intellectual resources for the construction of "shared identities", overcomes the conception of disability as a personal tragedy and leads to a common struggle for liberation.

However, some authors have considered this characteristic as a weakness, particularly when we look at the interrelationships between disability and other dimensions of social inequality. Adopting a collectivist approach that cancels out the differences between different forms of disability and oppression risks failing to capture phenomena such as "double discrimination". For example, women with disabilities are less likely to get a job or a high level of education, and they are more likely to live in poverty or to be denied their reproductive and parental rights.

Disabling factors are numerous and the social model-inspired thinking in promoting the removal of physical, communicative, psychological and social barriers has strongly influenced public mobilisations and opinion campaigns that have characterised disability policies. Worthy of note are the fight for anti-discrimination legislation, aimed at declaring illegitimate the unequal treatment of people with disabilities, and the campaigns for the legalization of 'direct payment', aimed at enabling people with disabilities to directly employ the staff who provide them with assistance (Marra, 2009: 91).

The difference between the medical model and the social model can be identified in the element that is considered the origin and cause of the "diversity" of the disabled person. As Crow (*1996: 58)* argues, the biomedical model finds the cause of the disadvantage experienced by the disabled person in their functional limitations, which can only be remedied through medical treatment and cure. On the contrary, the social model shifts the focus to disabling social, environmental and attitudinal barriers, establishing a clear distinction between functional limitation of

the body (impairment) and limitation of opportunities as a result of discrimination (disability). Consequently, the disadvantage of disabled people can only be overcome by eradicating prejudice and discrimination. In contrast, the biomedical model considers the removal of disadvantage contingent on the removal or overcoming of the impairment: full participation in society can only be achieved through cure or fortitude *(Crow, 1996: 58)*.

Smart (2006: 29-40) argues that both the biomedical and the social model of disability are reductionist, as they focus their attention only on certain details of the experience of disability, and neglect many other relevant ones. The comparison between the biomedical model, based on a naturalistic conception of disability, and the social model, focused on the oppression resulting from social organization, has highlighted the multidimensional character of the phenomenon, which cannot be reduced by their narrow dichotomous patterns (Ferrucci, 2004: 16). Both arguments supported by the two models have been incorporated into the new system of classification of disability, the International Classification of Functioning, Disability and Health. The conceptual framework that arises from the recognition of the complexity of the disability phenomenon summarizes the two models in the assumption that the disability phenomenon, the biological and socio-cultural dimensions are closely intertwined. This model is defined as "biopsychosocial" and is analysed in the following paragraph.

4 The Biopsychosocial Model

As analyzed in the previous paragraph, the application of the medical and social models has been revealed to be only partially effective, since they only take into account a part of the universe of health and disease: on the one hand the biological aspects, while on the other the physical and social environment. The biopsychosocial model integrates the biological, psychological and social variables involved in the processes of health and disease. The term "biopsychosocial" refers to both the disease model and the application of systemic thinking in clinical practice (Cigoli and Mariotti, 2002: 36).

The forerunner of this change in the paradigm of health conception was the American psychiatrist George Engel who in 1977 (It. Transl. 2006) described a model based on systems theory which he called "Biopsychosocial", challenging medicine and psychiatry to abandon the biomedical model. The term used by Engel clarifies his explanatory model of disease in which biological, psychological and social systems combine (Cigoli and Mariotti, 2002: 35). Engel recognizes that the medical model is inadequate to capture all the influential aspects of health and disease because disease is defined only in terms of somatic parameters, so psychosocial instances are completely neglected. The biochemical aspect is only one of the many factors that interacted in a complex way determining the state of illness. According to Engel, the variability of these factors is at the origin of the clinical manifestations of the disease that differed from subject to subject. Another aspect that the medical model does not take into due consideration is the verbal report of the patient's personal experience, preferring technical procedures and laboratory measurements to the detriment of the personal report that can provide information in psychological, social and cultural as well as anatomical, physiological and biochemical terms (Engel, 1973: 587-593). Engel cites Cassel's studies of 1964, which highlighted the fact that there were higher rates of illness among the populations exposed to the inconsistency between the demands of the social system in which they lived and their native culture, demonstrating the role of psychosocial variables in the manifestation of the disease. In other words, the biochemical deficit may explain the disease, but not the moment in which it manifests itself, the way the person accepts the sick role or the status of patient. The biochemical model alone, leaving aside the psychological and social variables, could not therefore explain why the same treatments does not lead to similar outcomes *(Engel, 2006: 19)*. Engel also criticizes the dualistic nature of the medical approach, which has separated body and mind and its reductionist orientation. He hypothesizes that the presence of an observer disturbed the system and that just as in the quantum dimension of physical particles, full objectivity could not exist in the human dimension either. In this way, he provides a logical basis for including the human dimension of the physician and the patient as the legitimate focus of scientific study.

The author starts from the theory of systems to develop a model that takes into account the patient, the social context in which he lives, the role of the doctor and the health care system. Engel recognizes that mental and social phenomena depend, but do not necessarily have to be reduced to, the most basic physical phenomena (Borrell-Carriò et al, 2004: 577). He promotes an approach to health and disease that combines the micro (interactional), meso (community and organizational) and macro (ecological-social) levels, considering them as predictors of clinical and social outcomes (Schultz and Gatchel, 2005: 26).

The term "Biopsychosocial" highlights the consideration of the three fundamental factors influencing health and disease conditions. The term "Bio" indicates the biology and influence of the physical, biochemical and genetic factors that lead to a medical intervention. When biological symptoms are present, they cannot be ignored, just as the progresses in science must be taken into account. Although it may have less weight in some conditions, the biological aspect of the disorder is an essential component of the diagnosis.

The term "Psycho" is used in reference to psychological factors that can influence the evolution of the disease and the patient's experience of illness. In the experience of illness, it is necessary to consider the influence on the state of health of cognitive elements (beliefs, expectations, motivations, values), personality characteristics (emotional and affective states), behavioural patterns (actions and related habits to maintain and improve health). In addition to physical symptoms, emotional distress can increase the patient's level of suffering and interfere with his functioning (Bruns and Disorbio, 2005: 56). In fact, it has been shown that a higher level of pain perception has been reported by patients who present disadaptive psychological responses in disease conditions, such as catastrophisation, perception of poor effectiveness and feeling helpless. The psychological intervention focused on these responses has led to a reduction in symptomatology and disease progression in some chronic pain conditions.

Finally, the term "Social" refers to the consideration and influence that the social context exerts on the health conditions of the individual, able to influence and support him in the process of health and illness.

The experience of the disease and the reduction of personal functioning skills lead to a change in family roles and possible friction when the patient cannot meet the expectations of his previous role (Bruns and Disorbio, 2005: 55). Illness is a stressful event for the whole family system as it requires all members to adapt to a new condition. In cases where the family is able to put in place adequate supportive mechanisms, such an event does not become a problem. If there are family dysfunctions, the presence of an illness can lead to conflict and the inability to support the sick person. If the family is too present in the supportive attitude, the patient may be forced to take a passive role, encouraging the disability (Bruns and Disorbio, 2005: 56). In addition to family relationships, other social relationships also have a direct effect on the well-being of individuals. Social support, warmth and affection facilitate stress reduction or activate a buffer effect. People who receive help in stressful situations have a greater sense of security, a greater sense of self-esteem and less psychological suffering than people who lack social support (Doeglas, 2000). The attributes of the individual are therefore influenced by the peer group and social networks (social determinants), the health organisation (institutional determinant) and the target group in society (cultural determinants). Considering the set of these influences one goes beyond the vision of the individual isolated from the context and places him at the centre of a system in which each element influences and is influenced by the person himself. Using the biopsychosocial perspective, the disease is considered in a given context and it is possible to collect information on how the systems influence the symptoms and how they in turn are influenced by them (Scabini and Cigoli, 2012: 53-86). Thanks to the biopsychosocial model, the reference framework of the disease is expanded, taking into account multiple levels of functioning and all aspects involved in the treatment process, from diagnosis to treatment.

4.1 The foundation of the biopsychosocial model: the system theory

In the 1960s, the market and society demanded that medicine should take more into account the subjectivity of patients, to improve the quality of healthcare and adopt cultural tools of judgement, criticism and bargaining (Clerici and Albasi, *2006: 41-46)*. In that same period, there was the diffusion in various social and scientific fields of the system theory, based on Von Bertalanffy's thought. The biopsychosocial model explicitly refers to the theory of systems. The system is a dynamic entity in which the components are in continuous and reciprocal interaction, so as to form a unit or an organic whole (Braibanti, 2002: 5). The systemic approach takes into account both the specificity of each level of organization and the nature of the relationships and interdependence between the levels of interaction (Braibanti, 2002: 5).

A system is a set of related processes with specific functions and properties that vary according to the level in which they are located in relation to the broader system of which they are part. All living organisms are considered as systems and at the same time as elements within broader systems: for example molecules, cells, organs, organisms, people, family, society, biosphere. It is possible to recognize isomorphisms between different levels of organization of a system and what changes at a certain level potentially modifies the whole system in which it is inserted. This means that the family and the territory, the health organization, the operators and the patients all find themselves in an incessant dynamic exchange and that the change of one of the levels involved necessarily corresponds to a repositioning of all the others and of the whole system.

Systems theory is a global ecological model in which the object of the investigation can be better understood if it is analysed within one system that is within other broader systems. In the case of the human organism, we must take into consideration the family of origin, the community to which one belongs, the socio-economic status, the profession, the cultural context, the environment in which one lives. These wider systems are in turn formed by other subsystems in constant interaction with each other. The concept of "the living system as a machine" is replaced by that of "the living system as a network of relations" since any subsystem must always be analysed through its relationships with other systems (Cigoli and Mariotti, 2002: 34). Within health and society, the application of the ecosystem vision has profound implications (Mengheri, 2005).

In medicine, the adoption of the scientific approach of systems theory makes it possible to both analyze disease in biopsychosocial terms and to consider the correlation between disease and medical treatment (*Engel, 2006: 19)*. While in the medical model characteristics are identified, symptoms are categorized and the correct diagnosis is made, the biopsychosocial practitioner investigates the breadth and depth of patient contexts, starting from the understanding of symptoms within the patient's context and orienting the investigation on interactions, bonds and relationships. The practitioner collects information on the systemic and procedural properties of the systems involved, giving a first approximate description of the vital conditions and obtaining data on both process and disease and relationships (Cigoli and Mariotti, 2002: 37).

4.2 The characteristics of the biopsychosocial model

Since 1948, the World Health Organization defined health as a state of complete physical, mental and social well-being, going beyond the concept of health as the simple absence of disease. This same interpretation was adopted by the biopsychosocial model, which distanced itself from the dichotomy of health and disease that were seen by biomedical theory as mutually self-excluding dimensions. The biopsychosocial model considers the existence of a health continuum articulated along the space delimited by two extremes: death and quality of life. The individual's position within this continuum is influenced by what is experienced in daily life and the consequent positive or negative effects of the experience. Health is thus recognised in its evolutionary nature and with a positive meaning. Individuals are acknowledged as having the ability to change their lifestyle in order to improve their health. Well-being and good quality of life can be achieved if mediations are created between the subject and the environment that aim at mutual adaptations to reduce disadvantages. The biopsychosocial model gives space to the analysis of the individual experience of each sick person. Illness is a subjective measure of the disease and therefore ample space is given to the influence of psychological and social factors that stimulate the patient's responses (Deep, 1999: 496-497). Consequently, even the approach to the disease is holistic, integrated and multifactorial because it recognizes the complex relationship between suffering, physical and psychological impairment, and functional and social disability. Each of these elements linked to the suffering of the patient is, in turn, made up of other components. The biological component includes physiological and neurological functioning at the cellular, organic and system level; the physical functioning component includes the ability to perform daily activities; the psychological component consists of cognitive and emotional processes, such as anxiety, enthusiasm, mood and hopes for the future; the social functioning component includes the interactions of the individual in society, the ability to occupy social roles, for example work and interpersonal relationships, within a certain sociocultural environment. Suffering thus results from the interaction between these components (Schultz and Gatchel, 2005: 57). The biopsychosocial model defines disability as a variation in human functioning due to the interaction between individual features and characteristics of the physical and social environment. Impairment is defined as the loss or damage of a body part, system or function; disability indicates how this impairment is contextualized. An organic pathology does not necessarily imply an impairment or disability, psychological and socio-cultural factors are fundamental in defining the suffering and the individual's reaction to damage and disability (Schultz and Gatchel, 2005: 60).

From the beginning, Engel opposed the linear causality model to describe clinical phenomena because reality is much more complex than the simple cause-effect scheme. Most pathologies do not originate from the mere presence of a microbe, but are due to many interacting causes and contributing factors. The biopsychosocial model therefore adopts a circular causality based on a series of circular feedback counter-reactions supporting specific behavior patterns. The aim of this attempt to understand how the system works is to develop the right programme of interventions to change the interrelated causes leading to disease and disability (Borrell-Carriò et al, 2004: 578).

The basic organization of an individual can be altered by interference in the interaction between stress-derived systems. The systems involved may belong to different levels (e.g. immune or family). Stress is often caused by context demands that exceed the individual's ability to respond because he cannot find additional resources, the ability of the person's system to function is therefore limited and this leads to difficulties. While according to the medical model diseases derive from a biophysiological dysfunction, according to the biopsychosocial model a disease is determined by multiple factors and it is not possible to identify a single system as the common cause of all diseases. In other words, the pathology is not always the result of a person's biophysiology, nor is it systematically attributed to his psychology, family dynamics or sociopolitical relationships (Cigoli and Mariotti, 2002: 37).

Another characteristic of the biopsychosocial model is the adoption of the lifespan perspective, in which the understanding of health and disease processes is contextualized according to a time perspective that encompasses the entire life span. This model takes into account the evolutionary dimension of people, relationships and contexts, that is, it focuses attention on the transitional relationships and dynamic processes that characterize personal and social development. Biological processes, emotional, cognitive and personality dynamics, metacognitive competences, skills, social norms, social participation as well as the representation of health and illness change throughout life. The system changes over time with the development of the individual and other related systems, the levels of organization involved depend on these changes (Braibanti, 2002: 6). The biopsychosocial model tries to understand how the relationships between the levels of organization change along the timeline.

Engel argues the need to pay attention to the humanity of the doctor-patient relationship. The practitioner must not only pursue his need to understand and know in order to arrive at the correct diagnosis, but must be able to welcome the patient and make him feel understood and known *(Smith and Strain, 2002: 58-ff)*. The physician must be able to interpret health and illness from an intersubjective and systemic perspective. The patient must be able to find space for human listening in which to express his thoughts, concerns and expectations. The practitioner, using this model, is in a more equal relationship and must be aware and attentive in the use of his power (Borrell-Carriò et al, 2004: 579). Observation, introspection and dialogue are the methodological basis for clinical studies, for the interpretation of scientific data relating to the patient *(Fava and Sonino, 2008:1-2)* and for a comprehensive understanding of the ways in which mental processes and environmental events could influence bodily processes. Engel therefore proposed to move from anamnestic questions based on a criterion of affirmation or exclusion of symptoms to an open dialogue with patients, who could be free to talk about themselves, their families and social relationships. In this exchange, the doctor had to observe the patient and his non-verbal and paraverbal language considering them as raw scientific data. The dialogue with the patient helped to understand the nature of the disease and its specific interrelation with the patient's personal life. The physician was also required to critically analyze his own behaviour and to understand how this could have an impact on the patient. The doctor's task is to arrive at a shared understanding of the disease with the patient; this does not mean uncritically accepting the patient's narrative, but taking into account the patient's perspective. Dialogue with the patient makes it possible to know the patient's history and to understand the life trajectory on the basis of which to formulate a diagnosis and treatment programme (Borrell-Carriò et al, 2004: 578). The fact that patients usually prefer to have more information from doctors does not mean that they want to be passive. The doctor needs to know who the patient is in order to understand the burden of information about the disease that he is able to bear or how much support he needs from the family. The ideal in many cases could be "autonomy in relation", which is the possibility for a patient to make an informed choice supported by a caring relationship. Engel's proposal is therefore for an approach that emphasizes human warmth, understanding, generosity and care (Borrell-Carriò et al, 2004: 579). According to his idea, paternalism is preferable to the coldness of technical behaviour.

Because of the consideration it gives to the patient's experience, the biopsychosocial model is called a "patient-centered" approach, since the sick individual is seen as a collaborator. The patient is motivated to take responsibility for his own health, to actively contribute to treatment and to become co-manager of his own rehabilitation. The therapeutic process, which is comprehensive and integrated, focuses on the person by optimising his state of health, increasing independence and improving the quality of life. The goal is to achieve an optimal level of functioning despite impairment and to improve the level of functioning in the occupational, social and family role (Schultz and Gatchel, 2005: 108-109).

The central aspects in the medical model were the disease and the expert seen as the bearer of knowledge, the patient was considered only as a passive receptor of treatments, the content of the communication was exclusively on the pathology and the exchange of information was limited to the biological dimension. The biopsychosocial model involves the patient giving dignity also to the personal experience related to the disease, in the conversation with the doctor he is a co-protagonist, free to express the reasons underlying the consultation and thanks to the adoption of facilitating behaviors and communication techniques that promote a comprehensive collection of information and effective management of emotions *(Rimondini and Del Piccolo, 2002: 232-236*).

The transition from the medical model to the biopsychosocial model is from a compliance to a concordance relationship, from a paternalistic to a patient-centered approach (Leonardi,2005: 73-95). In the compliance relationship the patient gives his trust to the doctor as an act of delegation with respect to decisions about his own health, as recognition of the lack of physiopathological knowledge, technical skills, tools and abilities to deal with the pathology. In the case of acute pathologies this withdrawal from an active role is quite effective, whereas this is not the case in

cases of chronic disorders, in which the patient's involvement in health and disease management decisions is more successful. This culture of patient empowerment leads the expert to play the role of a facilitator who supports the individual in identifying goals, planning actions and testing his power (Mola, 2006: 99-107).

The approach to empowerment and self-management is person-centred and teaches problem solving skills. The doctor and the patient work together to develop an individual action plan. Fundamental elements of this plan are culture, age, social status, personal aspirations. The individualized cure plan is developed with the collaboration of the whole healthcare team, but the most important member is the patient who will take the necessary actions (Wagner,*1998: 2-4)*. In fact, the patient is an expert of his condition from different points of view: organic, functional and emotional (Mola, 2006: 99-107). Thanks to this explicit attention to humanity, the biopsychosocial model realizes a wide support network. The patient is an active participant, while health professionals facilitate the rehabilitation process in this way treatment goals are more easily achieved. In case the exact aetiology is unknown, clear compensatory guidelines should be formulated, aiming at the interaction of individual factors (such as medical condition, physical capacity and tolerance to work) with the physical and psychological needs of work in the context of individual functioning and coping skills (Schultz and Gatchel, 2005: 58).

The biopsychosocial model recognizes the intrinsic evolutionary nature of the state of health, in which illness also has a function. Overcoming the view that health was constantly threatened by disease, prevention is no longer a static action but takes a dynamic-evolutionary meaning. Therefore, we move from a primary prevention focused on the prevention of pathogenesis in subjects at risk, towards the study of salutogenesis and the promotion of salutogenic behaviour (Mengheri, 2005). The individual is then confirmed the power to protect his health, he is responsible and able to act and take measures to improve his condition. According to the biopsychosocial model, health professionals must represent resources that can be drawn on in case of need, experts who can provide means to deal with the experience of illness. This change from the medical model (in which the health professional was in charge of healing the disease) is linked to an increase in chronic diseases for which healing is less frequent, although desirable. In these cases, the treatment process that develops in the patient-doctor relationship aims to create a context within which to give meaning to the experiences of illness and produce changes in relationships by strengthening the sense of control and bonds. The centre of attention of the healthcare worker is therefore the cure and no longer the healing, by not focusing on the disease and physical symptoms but on the whole person, the goal becomes to optimize general well-being and health promotion (Cigoli and Mariotti, 2002: 43).

By promoting empowerment-based health action, the biopsychosocial model creates a context in which people are recognized in their value, can express their opinion about decisions that will affect their lives, increase their abilities and activate personal and social resources to act in changing situations.

The concept of quality of life has a fundamental importance in the salutogenic paradigm. Revicki et al. (2000: 887-900) define quality of life as a wide range of human experiences related to overall well-being. Health is defined as a subjective assessment of the impact of disease and treatment on the domains of physical, psychological, social and somatic functioning and well-being. Life satisfaction is defined as the individual perception of the difference between subjective reality and needs or desires (Börsbo, Peolsson and Gerdle, 2008: 562-569).

Focusing on salutogenesis and health promotion, biopsychosocial model redefines the concept of disability since any human being who is affected by a more or less serious (or more or less temporary) loss of their health and placed in an unfavourable environmental context can be defined as disabled (Leonardi, 2005: 73-95). When we talk about disability, the concept of quality of life is particularly important to give back to the disabled person the status of a person with an impairment as an individuality and subjectivity before the one of disabled person, overcoming the undifferentiated labelling that this status implies

and offering the opportunity to express abilities and potential. The quality of life of a disabled person is influenced by the possibility to use one’s abilities and to express one’s thoughts in a welcoming context, as well as psycho-physical, material and social well-being. The disabled person must therefore be considered in a broader context, which takes into account development throughout life and the potentially evolutionary component.

In the field of disability, the biopsychosocial model makes it possible to modify the conceptual framework and to conceive a circular process of interventions, no longer only a linear one. Disability is hence no longer a category linked to a statistical quantitative data, but a condition that implies adaptive and evolutionary functions linked to the context. The biopsychosocial paradigm recognizes the positive elements of both models that preceded it, considering disability both as a consequence of a disease and as a problem of lack of integration into society, so it is necessary to support at all levels the promotion of rights and the active participation of citizens in the planning of interventions of general interest. Quality of life is measured by the extent to which disability makes it possible to carry out personal activities and fulfil social roles, paying less attention to functioning at an organic and bodily level.

Only in the last few years the idea has come to the fore that, once the medical treatment phase has been completed (diagnosis, therapy, rehabilitation), the individual with a disability needs a network of services to ensure treatment, which means an attentive and professionally qualified intervention to facilitate reintegration into the dynamics of society. The current scientific, medical and technological knowledge, the regulatory and socio-cultural context make the caring a new field of activity in which to place the institutions operating in the Welfare system.

In modern society the human relationship is increasingly mediated by electronic and information technologies, increasing the number of devices available to support the disabled person. This has meant that in the relational dimension of care, figures linked to the technical field (computer scientists and engineers) specialized in a particular sector of assistance products must be introduced. The physician must become an element of connection with other professional figures specialized in other fields and an advisor involved in the choices of the disabled person knowing his interests, affections and relationships. The moment of prescription of a device can be qualified as a moment of counseling in which the doctor provides professional support to make appropriate choices that facilitate the achievement of personal autonomy.

The biopsychosocial model succeeds in overcoming the concept of the single professional involved in the treatment of the disease, capturing the multiform variety of the reality of the health care environment in which the patient finds himself interacting. While the medical model proposed specialized and uncoordinated (and therefore often fragmented) treatments, the biopsychosocial approach promotes the creation of a competent working group composed of key people in the systems of the practitioners and the patient. The network approach allows for holistic patient care and assessment. The patient is also involved in the choices for his health, thus facilitating the emergence of a sharing of expertise: health professionals bring their contribution in terms of scientific expertise, skills based on research and clinical experience; patients bring their expertise based on personal life, experiences and relationships with their body and social networks.

Healthcare, rather than being an application of scientific knowledge about disease, relies on human interaction to be effective. The quality of the relationship is fundamental and indispensable in the treatment process. It becomes fundamental for the practitioner to create a relationship of mutual trust since human relationships are the core of the cure. Communication with all members of the care network (physicians, patients, family members, specialized operators, etc.) must take place according to precise rules, the care programme must be shared as well as the priorities in the management of health issues. Differences of opinion and disagreement must be properly managed, discrimination must be avoided and health professionals must learn to use their power appropriately (Cigoli and Mariotti, 2002: 40). Healing can happen when patients and families regain meaning, purpose, dignity and strength. Even where it is impossible to recover from illness, it is always possible to provide treatment, which is indispensable for the well-being of patients and their families (Cigoli and Mariotti, 2002: 118).

4.3 The Biopsychosocial Model as a link between the medical and the social models

The biopsychosocial model reforms the frame of reference of the concepts of health and illness, integrating different worlds of explanation (Cigoli and Mariotti, 2002: 165). It overcomes the rigid dichotomous opposition of the two models that preceded it, the medical model and the social model, operating a conceptual integration aimed at inclusiveness and complexity. Medical and social aspects are seen as subsets that contribute to the definition of the individual's condition in a broader perspective (Cigoli and Mariotti, 2002: 36): illness and disability are problems both of the person and of the community in which he lives. From a systemic point of view, there are many factors that influence the condition of disability: biological factors determine the illness on a physical level; psychological factors influence personal reactions and strategies; social factors facilitate or prevent inclusion in the community. The biopsychosocial approach therefore considers both the biological problems of the individual and the characteristics of his environment and also broadens the analysis to the way in which people live in their physical, psychological, historical and cultural context. In other words, the three conditions that are analyzed in a global and holistic way are: impairments related to body functions and structures, limitations related to individual activities and restrictions related to social participation. The objective of the analysis is to identify how these conditions can be improved in order to achieve a satisfactory social and productive life (Leonardi, 2005: 73-95).

In the biopsychosocial model, the interdisciplinary strategy, not only theoretical but applied in daily practice, is crucially important: it takes shape through the articulation and integration of multiple points of view (Cigoli and Mariotti, 2002: 243). Rehabilitation interventions take on a global character in the biopsychosocial model that goes beyond the mere support of the individual's cognitive and physical abilities, aiming at improving the quality of life through the enhancement of residual abilities and the optimization of the level of functioning. The rehabilitation project has to take into account contextual, personal and environmental factors. The treatment of disability (and disease in general) is broad-spectrum and includes both a biomedical and rehabilitative aspect as well as support and integration into society with the aim of facilitating not only the quality of life, but also improving the manifested symptoms. Since, mind and body are considered as a single unit, the facilitating social factors improve the conditions and clinical manifestations of the individual.

Being a patient-centred approach, treatment based on the biopsychosocial model implements individualised interventions and offers solutions that are attentive to the real needs of the disabled person in a given context, respecting his uniqueness. Rehabilitation, as a process that aims to develop or reactivate fundamental functions of the individual, is carried out by a network of services and professionals who integrate their skills into a coherent system in which decisions are also shared with the disabled person. Healthcare practices must be harmonized with the existential and relational context, taking place in contexts that are as natural as possible and harmonizing apparently distant needs. In order to adequately develop the rehabilitation and care service, it is necessary to recognise its systemic complexity and to pay attention not only to the spaces in which rehabilitation takes place but also to the places where the daily life of the disabled person takes place. Rehabilitation must not be separated from life and must consider the person in the totality of his health, psychological, social and moral needs, planning integrated paths that can guarantee the right to health, the quality of relationships, citizenship, participation, work. The dialogue and the support of the social network is fundamental to widen the relational contexts and develop collaboration between institutions, families and associations.

The rehabilitation model highlights the process of integration of the previous models implemented by the biopsychosocial approach: specialized care is deemed fundamental , to which it combines the importance of individual and collective responsibility, namely the society in which the individual lives, to improve the response to treatment. The individual rehabilitation process involves a team of professionals who follow the patient-based approach, while part of the work is focused on the social context to promote inclusion and participation of people with disabilities. This approach to disability makes it possible to broaden and support the social context that sometimes supplants and sometimes strengthens the family context, experimenting with forms of integration between the formal system of care, made up of specific service initiatives, and an informal system of help, made up of those initiatives that also involve community resources. From an individual point of view, a disabled person becomes responsible for the management of his health and life; his participation in the team that plans treatment and rehabilitation is fundamental because behavioural and emotional aspects strongly influence the success of an intervention *(Wagner, 2000: 569-572)*. Empowerment interventions aim at strengthening the power of choice both in the therapeutic-rehabilitative and in the political-emancipatory sense. The concept of empowerment expresses the constant and progressive growth of individual potential, to which the growth of autonomy and responsibility correspond. Through empowerment and the holistic approach (Holman and Lorig, 2000: 526-527) the patient therefore acquires a critical awareness that allows him to live his pathologies in a conscious way and act according to his needs in the socio-cultural context. Individual, social and political empowerment is linked to citizenship, democracy and social inclusiveness. Inclusion is a collective process that involves the responsibility to allow the full participation of people with disabilities and the excluded. Society must see disability as a structural issue of life and development and not as a sectoral issue. There is, therefore, a need for social and political participation in decision-making processes involving all actors representing collective interests and particular groups.

The social interventions hypothesized by the biopsychosocial model aim to improve relationships with family and friends, to increase the independence of the disabled person, to develop psychosocial rehabilitation programs. In the case of acute conditions, these interventions are more medically focused, while offering support and information to family members. The rehabilitation strategies used are related to the modification of a specific behaviour, to the transformation of organisational norms, to the involvement in health promotion programmes, to the support of the social role. The biopsychosocial model also uses community health service strategies and community activation strategies that aim to involve the community in the processes of identifying health-related problems and resources. Moreover, the biopsychosocial model involves all areas of public policy intervention, especially welfare, health, education and work policies with the aim of fostering social support, providing information, motivating people to be active protagonists. Fundamental to the application of this approach, to the identification of problems and to the participatory structuring of interventions is the development of a climate of trust between stakeholders, local organizations and institutions. This cross-sectoral and integrated collaboration allows to identify solutions for the reduction of disability in a population (Leonardi, 2003: 53-59).

The biopsychosocial model places a capital value on human dignity, promoting non-discrimination and equal opportunities legislation. The protection of human rights is based on capacity and awareness empowerment. The proposals for intervention made by this model involve the person with disabilities in their entirety, identifying solutions that affect the different aspects of their life: physiological, personal, relational, social.

The medical model conceives the inclusion of people with disabilities as a recognition of their right to have a place in society, limiting them in a passive situation or in a place often separated from the community (such as an institution or a special class) and the decision on where and how they should live and be treated is taken by external persons. The concept of inclusion is developed by the social model in response to the shortcomings of the medical model. The disabled individual is considered a citizen and entitled to full rights; exclusion from society occurs because of the organisation that creates obstacles and barriers that need to be removed in order to allow participation in the decision-making process on how society is organised, on its rules and on the principles of its functioning. An inclusion policy aims to change the rules of operation of the community, bearing in mind the needs of all, especially those in difficult circumstances.

The biopsychosocial model seeks to integrate the practices of both these models using a complex perspective that manages to capture the dynamic and reciprocal nature of the individual's interactions in the environment, overcoming the cause-effect perspective, and considering for the first time in a holistic way the biomedical, psychological and socio-environmental aspects. A person with a physical or psychic impairment can live two situations: if the environment in which he lives is indifferent to his condition he will experience a loss or limitation of the levels of activity and social participation; if, on the other hand, his life context is characterized by the presence of facilitating elements, he will be able to be an active part of the community.

4.4 The criticisms of the biopsychosocial model

The biopsychosocial model has received several criticisms despite the cultural revolution it has triggered.

A first criticism is directed to the lack of explanations for the dynamics underlying the hierarchy of systems. Engel, in fact, in outlining his model does not specify how interactions between systems and between different levels (biochemical, personal, social) take place. The hierarchy of natural systems is an incomplete model because in some cases not all levels could have the same weight or influence in determining a situation, in other cases it is not possible to determine how the levels of a situation could interact.

The model also does not provide a clear explanation of the mind-body relationship (White, 2005: 225-ff). According to another analysis (Clerici and Albasi, *2006: 41-46)* Engel describes his model in too complex a language and without referring to European authors who had already previously promoted the integration of psychological disciplines in the medical field.

Starting from the definition of a model as a formal representation of an idea, McLaren (1998: 86–92) argues that the biopsychosocial model cannot be considered a model because it does not meet this criterion, but it is only a limited general theory and therefore cannot achieve the status of being scientific. McLaren argues that it is not possible to construct a model of the mind based on systems theory, since models of mind must be based on theories of mind, even if it could be possible to organize a theory of mind according to the general principles of a systems theory. According to McLaren the perspective promoted by Engel is more concerned with humanity within the medical world. The fact that Engel describe in practical terms how the biopsychosocial model could be applied by doctors in the daily care of patients cannot be considered, according to McLaren, as a definition of a model in the strict sense of the word.

Engel's description of the application of the biopsychosocial model is analyzed by Epstein and Borrell-Carriò (*2005)* who argue that the biopsychosocial model is to be considered a practical approach rather than an empirically verifiable theory, a coherent philosophy, or a clinical method. This indeterminacy in the definition makes the application of the biopsychosocial approach to clinical reality complex. According to these authors it is not clear how the biopsychosocial model should be understood: whether it is a theory, and therefore empirically verifiable, a philosophy, and therefore logically coherent, a descriptive model to expand medical research, a belief system, and therefore not subject to empirical evidence, a practical guide, and therefore with a precise implicit and explicit methodology, and/or a vision of a way of doing practice.

Engel's goal in developing the biopsychosocial model is to create a descriptive model that expands diagnostic processes to include patients' experience of disease. The practical descriptions provided by Engel may not be sufficient to guide the physician in treatment. In fact, he recommends using human and clinical skills to understand the patient's subjective experiences, but Epstein and Borrell-Carriò (2005*: 426-443*) note that it is difficult to identify intrinsically biopsychosocial behaviors because

they are primarily related to the context and wisdom of the physician. According to the authors' view, Engel's most important contribution is the idea that there is much more to health and disease than what an inexperienced eye can see.

5 Towards a new paradigm: disability as a social relationship

The assumptions of critical realism (Bhaskar, 1989) and the theory of social morphogenesis (Archer, 1995) applied to the case of disability (Williams, S., 1999: 810-ff) as suggested by Ferrucci (2005), allow us to identify two main approaches that lead to the impasse of the current sociological approach to disability: the discursive dissolution of constructivist approaches that base the identity of disabled people on difference and the tendency towards unilateral reductionism of biological or sociological matrix. It is necessary to identify how to overcome these visions in order to achieve a new sociological approach to disability.

The limits of postmodern and post-structuralist thinking are evident in the extremes of constructivist approaches when they at all costs pursue the alterity of the identity of the disabled person in relation to what he is socially stigmatized for. The biological dimension is essential to differentiate disability from other forms of social disadvantage. As identified by different sociological approaches, the sociology of impairment should be the pivot of the sociology of disability (Barnes, Mercer and Shakespeare, 1999). The proposal to develop two distinct models, one for disability and one for impairment, reflects the fear of leaving the existence of disabled people completely in the hands of medicine. The paradoxical result of this separation is exactly what is feared: disability has a physical component that cannot be ignored and people seeking answers and assistance rely on those who can provide them, namely doctors.

The identity of the disabled person is also structured through the experience he makes of his disability and the meaning he gives to it, the subjectivity of the disabled person and his actions in society go beyond the dominant status or the prescriptions of the sick role. Goffman (1963) distinguishes social identity from personal identity and recognises in the latter a factor capable of explaining the strategic action that calls into question the over-socialised conception of the social actor typical of the structural-functionalist approach. The study of adaptation styles carried out by the approach to chronicity identifies how the subject's intentionality is influenced by social and cultural factors and the material aspects of the person's condition.

The process of signification can not disregard the material aspects of the personal conditions. The relationship between the system of personality and the body gives rise to forms of symbolisation of disability which are alternatives to the stigmatising ones, the personal identity shapes the social identity and subjectivity does not passively conform to the stigma proposed/imposed by society. The physical body, as an extra-social space, allows the rootedness of identity and the development of the sense of continuity essential for the birth of social identity. The difference is therefore rooted in the impairment of the body which leads to different needs, expectations and interests.

This reflection introduces the second critical aspect of previous sociological models of disability: the reductionism and the neglect to connect the multiple dimensions of disability. On a conceptual level, the disability cannot disregard the relationship between the biological component and the expression of the normativity of a society (Bury, 1996: 17-38). Without relating it to the social dimension, disability is no longer distinguished from a mere condition of the biological organism; without relating it to the biological dimension, disability is no longer distinguishable from any other disadvantaged situation. Disability consists of this connection and it, as a social phenomenon, can only be studied starting from this link (Bickenbach et al.,1999: 1176).

A new sociological model of disability must therefore elaborate a complex concept of disability, recognize the intrinsic relationality of disability and its social nature, taking into account the meaning of impairment and the pre-discursive entity of the body, enhance the contributions of different approaches by rejecting extremes and totalisations. Our hypothesis is that the various reductionisms can be overcome within the framework

of a multidimensional model that defines disability in terms of social relationships. The scheme below formalizes this conceptual model through the use of the AGIL scheme of Parsons (1951) re-elaborated by Donati (1991a) in a relational key. In this last perspective "*AGIL […] constitutes a model for analyzing the possible forms of interdependence through which the systems of action differ from one another as systems of relations.*" (Donati, 1991a: 249)

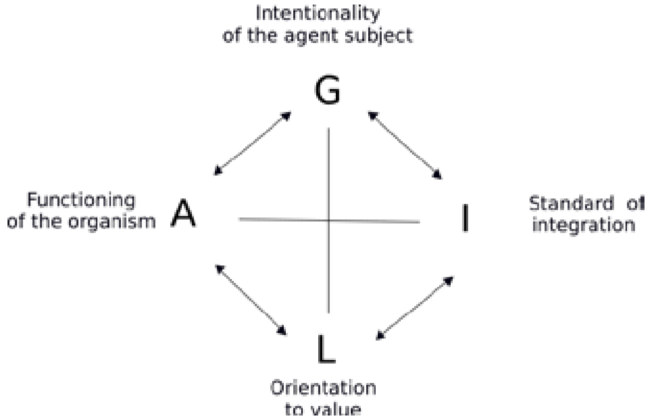


Figure 2 - Disability as a social relationship (Adaptation from Donati, 1991a: 176-177)

On the basis of the relational paradigm we define disability as a problematic relationship, for the agent subject. An internal problem that involves the relationship between organism and personality and at the same time an external problem concerning the intersubjective and structural relationships in which it is located. The scheme identifies the four constitutive dimensions of disability as a social relation: the orientation towards value (L), the standards of normative integration that concretize it (I), the intentionality expressed by the agent (G), and adaptation, represented by the functioning of the organism (A).

The A-I report identifies the structural aspects of connection, of links inherent in the social relationship; while the L-G report captures the reference to the meaning understood as meaning and intentionality.

The direction of these relationships is not determined a priori. Both the axes and the four dimensions are interactive.

Sociological approaches to disability have focused only on some dimensions, or at most on some of the relationships that constitute it as a social phenomenon. With a metaphor we could say that the various sociological approaches to disability represent the fragments of a broader conceptual map that is given by the relational paradigm. The majority of them (structural-functionalist, interactionist, role-based theory), despite varying degrees of contingency, they have configured this relationship essentially in terms of adapting to the regulatory and value guidelines of society. The interactionist approach has introduced personal identity as an explanatory factor for the variability of the actions of stigmatized people.

The social model has also favored the axis of adaptation, changing its direction causal, that is, rejecting the normative and value orientations of the social system that judges oppressive and discriminating towards the disabled. Disability is the product of these relations of power and an institutionalized system of relations that discriminates against disabled people. Thus, conforming to the normative and value orientations of society means reproducing the social structures that are the cause of oppression. The latest developments of the social model, in the attempt to found the diversity of disability, have relied on the postmodern categories of analysis which have freed it from the link with the organic dimension, dissolving subjectivity in a game of continuous references to meanings that they can never be regulated normally at the same time as communication, but always for a limited period. The approach to chronicity is the one that more than others tried to place at the center of the analysis the meaning that the condition of the organism assumes in the eyes of the social actor, and that influences the styles of adaptation. However, it has underestimated the objective constraints that social structures pose to the various forms of adaptation. This approach ultimately provides more of a typological scheme than an interpretative model.

While on the one hand these approaches have allowed to highlight multiple aspects of disability, on the other, lacking a relational vision, they have not managed to avoid the limits of sociologism; so the disabled person was placed inside the

action system (over-socialized actor) or outside the system (put in fluctuation and undetermined). In short, almost all the sociological approaches have not been able to relate and at the same time separate the two constitutive relationships of disability: the connection relation (A-I) and the reference relation to the sense (L-G). For a long time, the problem of disability has been tackled on the sociological level as a deviance and therefore in terms of adaptation (axis A-I), leaving out the problems of legitimation and meaning. The social model has instead posed the problem of legitimation and meaning (L-G) by relativising the problem of adaptation.

The only alternative to the contradictions to which the various sociological approaches approach is represented, in our view, by thinking of disability as "*an emergent property, situated temporally speaking, in the interaction between biological reality of physiological impairment, structural conditioning and interaction in the socio-cultural elaboration.*" (Williams, S., 1999: 810). This presupposes the adoption of a morphogenetic approach (Archer, 1995).

One cannot but mention the heuristic potential of the relational paradigm with reference to one of the recurrent dilemmas in the sociological theory that disability reproposes in a pressing way: the dilemma between structure and agency. Structural determinism represents the bête noir of the social model. Admitting the possibility that the relationship does not necessarily resolve itself in a mere reproduction of existing (normative) social structures but also considers their change presupposes a conception of the system of action as an open system. In a perspective of critical realism, in order for the system to remain open, it must be 'populated' by agents and actors who possess a critical reflexivity and a creativity towards the world in which they live (Archer,1995: 280). According to the assumptions of critical realism, this reflexivity is a distinctive factor in the personal identity of disabled people. Since "normality" is a pre-requisite for the functioning of systems of relationships, the reproduction or change of social structures will depend on the acceptance or transformation of the standards of integration of relations from part of the social actors involved. The less it introduces itself into the critical reflexivity relationship, the more this relationship will be acted on the basis of already existing normative and cultural codes, which will reproduce the "phantom normality" and "phantom acceptance" of which Goffman spoke. On the other hand, the more the critical person is circulating, the more the disabled person will be able to negotiate rules of interaction capable of producing a different "normality" and a "real" acceptance. Returning to the previous example, we will try to illustrate it using AGIL as a "compass" (*Donati,1991a: 50-51,175)*. The problem of a disabled student attending a university course is a problem of inclusion, and therefore the "compass" will be oriented on the coordination standards (I). As you will recall, in the first case the university is organized in such a way as to allow the paraplegic student to attend the chosen course of study and therefore does not generate disabling effects despite the presence of functional limitations at the organism level. The standards for adjusting relationships are such as to provide adequate methods to manage the presence of students with similar functional limitations (for example, by implementing the provisions of law governing the accessibility of the structure from the point of view of architectural barriers). The functioning deficit of the organism (A) does not compromise the purpose of the subject who intends to acquire a university degree (G), because he considers culture an indispensable value for his personal identity (L).

Let us assume that the course of study to which the paraplegic student intends to enroll is located in a place where the classrooms are on the fifth floor of a building without a lift. For a series of structural constraints, the University cannot move lessons into accessible classrooms. The student is faced with an alternative: either to definitively renounce university studies, or to continue them by opting for another degree course, perhaps suggested to him by the head of the university's disabled services, which does not present problems of accessibility but to which he feels not inclined. Although the functioning of the organism (A) is compatible with the purpose of the relation (G), normativity does not allow their inclusion at all (L) as in the first case; or he realizes it but differs from the latent model that had motivated the student to enroll at the university. He wanted

to become an engineer and instead, accepting the proposal of the person in charge of services for the disabled, would find himself a lawyer. In both cases, the emerging effect is a disabling relationship, because the student's subjectivity must conform to the current normative order which, if it has a (systemic) sense for the university, does not have it for the disabled student at all. The repetition of this situation in other contexts causes disability to become the dominant status and social identity tends to prevail over personal identity. The resulting emergent effect is the reproduction of a disabling social structure. Let us assume that the potential student, aware that the functioning of his organism (A) is not an obstacle to the realization of his value orientation (L) that motivates him to attend that university course of engineering (G) and not others, could negotiate with the university institution a solution that allows him to pursue his goals, perhaps through the use of a special equipment that allows him to reach the classrooms where the lessons are held, or by equipping himself with an instrument to follow the courses at a distance. The coordination standards (I) are modified with respect to the pre-existing ones, because the relationship makes use of new resources (technological aids) that increase the adaptability (A) of the disabled person to the relational context on which the realization of the goals of action (G). Over time, even the cultural model of disability (L) can change, losing its negative connotations. If instead, the symbolic code of disability (L) that the disabled person uses is such that it excludes that university study is a viable goal (G), despite the functional deficits of the organism (A), the structural normativity will not be put into discussion and therefore will tend to reproduce (I) according to disabling standards.

Another example, this time referred to the world of work. Some normative dispositions establish that for the access to certain professions it is necessary to answer to the operating standards of the organism. A subject that has lower levels than those standards, for not renouncing the idea that one has made of one's own identity (L), could continue to pursue that work goal (G) by adopting rules of behaviour (I) tending to conceal his real condition (A).

6 Representations of disability

A topic closely connected to sociological reflection is the analysis of the social representations of disability, to which the next paragraph will be dedicated. This is a particularly important topic because representations are the means to transfer what disturbs us and threatens our universe, from inside to outside. In other words, through them we integrate what we do not know in our mental universe (Moscovici, 1984: 3-69).

Social representations are images that affect people's behaviour; behaviours, in fact, are organized around the interpretations that people have of a given phenomenon. Knowing the interpretations related to disability allows us to better understand the reasons that guide behaviour and how these, in turn, can be an obstacle or vice versa of help, to the participation of individuals in the life of society (Brizzi and Cannoni, 2009: 49). Reconstructing how disability is represented is interesting because the responses that social organization tends to give to the problems of disabled people are also the result of representations sedimented in the historical process (Lepri, 2008: 244).

In this sense, Lepri proposed a well-known schematization of disability representations, which shows how the signs of collective representations have occurred over time and are present in the rehabilitative proposals put in place today. According to this author, the disabled person can be seen as:

- *monstrum naturae*: is the prevailing version until 1700; society does not raise the question of the presence of disabled people, because not having yet solved the problems related to the survival of healthy people seems to have no hesitation in suppressing its deformed children (Paolini, 2009: 44);
- *the good savage*: through the Enlightenment rationalism the disabled becomes the object of interest and curiosity. On the one hand there is the search for diversity to study it, on the other there is the effort to cancel it by educating the other to behave in conformity. The first studies of special pedagogy were born during this period;
- *the sinner:* the conception of the other as different from me finds a redefinition through the religious representation of life within which illness and malformation are, at the same time, signs of sin and its just expiation (Giarelli, 1992: 119). In this perspective, disability, like malformation, is the fruit of guilt. Therefore, the disabled person is a subject to be removed and at the same time to be saved and protected, in the perspective of the expiation of sin. The representation of the person as a sufferer produces an attitude based on piety and compassion, which does not require educational skills but the presence of faith (Paolini, 2009: 45);
- *the patient:* a new collective representation produced by positivist culture overlaps, little by little, with religious representation. The "normal" person criterion is stated that it coincides with the concepts of citizen and producer, and diversity is confronted with a strong culture of normalization and classification of abnormalities guided by medicine, which is dedicated to the classification of anomalies by investigating the reasons of abnormality in the light of a supposed neurological etiology and biopsychic. Institutions are born with tasks of care and normalization, such as orphanages, hospitals, mental hospitals where the state is flanked by the task previously carried out by the Church. This affirms the need to separate clearly those who produce from those who do not want or are unable to do so, and therefore is considered an unnecessary mouth to maintain (Paolini, 2009: 46);
- *the child to be protected:* the period after the Second World War is characterized by a widespread social assistance program, which leads families to play a more active role and at the same time produces a new image of the disabled person, seen as a child to be protected . The representation of the disabled person as an eternal child is consistent with a social organization which, by not providing social roles active in the adult world for disabled people, cannot foresee its growth and development.
- *the citizen*: the idea of the integration of the person in the different areas of existence, and of the right to work and equal opportunities, finally makes its way. It is a phase characterized by attention to man and his needs, and for disabled people

there is talk of "needs of normality". The transition from the stereotypical image of the child to be protected and educated (and maybe rehabilitated throughout life) takes place to that of a person capable of interpreting the roles that life offers (Lepri, 2004:16). It is necessary to reiterate the need for a normality of roles in adulthood that must be foreseen by the social organization, under penalty of the permanence of disabled people in marginal positions. In the adult world it is what binds the individual to social complexity and distinguishes the relationships between people in society (Lepri, 2008: 249-252).

Therefore, the representations have historically influenced the behaviours and the meaning attributed to the experiences of disabled people.

6.1 The influence of social representations in relationships with others

In an interesting study, Morvan (1988) identifies five types of social representations that determine the various conceptions of disability, highlighting the influence that these have in social relations with other people:

- *social representations that are inspired by classificatory principles,* such as "Down" or "spastic": the accent is placed on the definitional and general category and not on the person;
- *representations that are a source of exclusion, rejection and refusal of differences:* they highlight the deficit aspect and the inability, and therefore that only some activities can be adapted to disabled people;
- *representations that lead back the handicap to technical or institutional prostheses:* they embrace the traditional perspective that interprets disability in terms of assistance and dependence;
- *representations that reduce the handicap to the effects of suffering*: it highlights the sense of the loss of normality, and the incapacity as inevitable outcome of suffering;
- *social representations that assimilate the disabled person to the child*: this interpretation is also based, as we have noted, on the representation of disability as incapacity and dependence that denies both the possibility of development and of experience as an adult.

The combination of these different social representations generates a complex image of the disabled person, and thus can be classified, rejected, seen as suffering, prosthetic or infantilized.

6.2 The distinction between image and representation

Mercier (1999: 33-37) offers on the subject an important reflection that draws a distinction between image (individual cognitive representation) and social representation (socially determined structure) within a society, which determines attitudes and opinions about individuals and society).

To describe the representation of disability in Western society, Mercier uses five categories of images that underlie the same number of social representations:

- *the semiotic imag*e: is that which attributes to the physically disabled the image of a body struck, impotent and incapable of doing, while assigning to mental deficiency the image of mongolism and madness. The emphasis is on the deficit, understood as lack, pathology and negativity;
- *the image of the figure to be supported*: is the one for which the disabled person (physically or mentally) is perceived as a child incapable of entering his own social life and becoming autonomous. Also, in this case, the image of the child is used to underline the aspects of weakness and lack;
- t*he secondary image*: translates the effects that images produce on the idea of handicap. In regards to people with motor disabilities, it emphasizes the dimension of technical assistance and compensatory tools, while for those with mental disabilities it refers to an idea of a closed, limited world;
- *emotional image*: reflects the way in which the affective experience of the disabled person is translated. While the physical deficit generally refers to the desire to live, and thus is positive and more acceptable, the mental deficit generally reflects a negative conception of self-retreat;
- *the relational image*: is the one that underlies the actual relationships that others have with disabled people. In this case, while a feeling of discomfort and social inadequacy prevails for people with a physical deficit, fear of rejection dominates the person with a mental deficit.

6.3 The ontological model and the relational model

We owe Gardou (2009) some important reflections regarding the representation of disability, in particular the distinction between the ontological and relational model, exogenous and endogenous, additive and subtractive, malefic and beneficial.

Regarding the ontological model, it considers the handicap as an isolable reality, an evil in itself, a pathogenic and injured alterity. The handicap is considered an individual problem, which requires medical treatment in relation to normalization, adaptation of the person and change in behaviour. Therefore, also at the policy level, medical care is considered from this perspective as the privileged form of intervention. In the relational model, however, the concept of disability becomes functional and dynamic. The deficit is not concealed, but seen as the result of the alteration of a balance, the consequence of a disturbed relationship between the person and the environment. As a consequence, the improvement process goes primarily through the establishment of a new relational balance.

6.4 The exogenous and the endogenous model

The exogenous model corresponds to the representations of the handicap as an accident, the result of the action of an extrinsic element that has caused the disabling situation. The question then becomes to understand if disability comes from the environment, the way of life or culture. Therefore, in the exogenous model, the causes must be sought outside. A typical example is the concept of the handicap as a curse. On the contrary, in the endogenous model the search for causes is shifted on the person, and disability is seen as the result of a process intrinsic to the subject (Gardou, 2009: 9-12).

6.5 Additive and subtractive models

In the additive model the handicap is seen as an element that invades the body and the spirit, represents an undesirable excess that needs an excision. Disability is something that the person receives as a burden ("bearer of a handicap") and the notions of too much, of excess, provide the key to reading.

In the subtractive model, the handicap is instead "something less", which has been subtracted or "invaded" by the person (for example the loss of reason). This model refers to a vision of disability as incapacity or deprivation to be compensated, deficit or insufficiency to be repaired, deficiency or lack to be filled. The notions of absence, suppression, loss, subtraction, and emptiness predominate (Gardou, 2009: 9-15).

6.6 The maleficent and beneficial model

In the representations corresponding to the maleficent model, the handicap is considered an absolute evil, an abnormality, a biological deviation and, at the same time, social. Disability is the subject of devaluation, a condition of humiliation and shame, and becomes a synonym for stigmatization. In Western culture, handicap is perceived at the same time as a calamity, a non-sense of radicalism, and an absurdity that nothing can justify. The disabled person is experienced as a socially devalued being, displaced with respect to the current cultural order. On the contrary, in the beneficial model, the handicap is given a positive meaning because it plays a role of social balancing. Disability is seen as a particularly fruitful and significant experience of knowledge, overcoming, transfiguration of oneself, the occasion for the discovery of invisible worlds (Gardou, 2009: 13-15).

In short, we can therefore say that the social representations of disability have an influence on the way in which it is perceived, and have repercussions on the definition of disabled people, on their social relationships and on the meaning given to situations in which disability is present.

Part two

Disability and socialization

In this part, we will define the key elements that make up the concept of socialization, we will present the main sociological approaches to it and we will evaluate what specific contribution they have offered to the understanding of the processes of social construction of disability. We will then check whether the guiding hypothesis - disability understood as a social relationship - can help to interpret the socialization process of disabled people, with particular reference to the family.

The concept of socialization is closely connected to psychology and tracing distinctions is not easy. We can do this by following the steps of important authors such as Durkheim (1995) who posed the problem of defining the specificity of sociology with respect to psychology. For Durkheim, sociology studies social phenomena as "social facts", whose causes are to be found not in the psychic sphere of individuals but in other social facts. While psychology studies what happens within people, sociology is interested in what happens "among" people.

While dealing with issues to which psychology (and in particular the psychology of disabilities) has paid particular attention, presenting the results emerging from research conducted in this field, importance will be given to those elements that can explain emerging social phenomena.

Sociological approaches, as we saw in the previous chapter in which we discussed the concept of disability, differ from each other in the way in which they define the social aspect. We will focus on the relationships that bind and separate the subjects. Our arguments are based on the hypothesis that the "social" phenomenon of disability consists in its intrinsic relational nature.

Chapter 2

The social network
and the educational value of the territory

1 The socialization process

Before entering into the process of socialization, it is necessary to discuss briefly the distinction between education and socialization, two terms that are often considered synonymous. From the sociological point of view, the discriminating factor that needs to be introduced concerns the distinction between the formal and informal levels of the educational processes, a distinction in which the object and methodology of analysis of the educational processes from a sociological point of view are directly grasped.

When we talk about the formal level, we want to underline the intentionality and the planning of the educational process that are found when we talk about family education or school education, formal education par excellence. On the other hand, the informal level describes all those social relationships that produce an educational or socializing effect - that is, the assumption by the subject of orientations and meanings and its adaptation to rules and regulations defined by the situation or the social environment in which the experience occurs - without this being intentionally foreseen or explicitly expected by the participants in that particular situation. This is the case, for example, of youth aggregation in spontaneous groups which results in a socialization that is also strong and evident in the rules or styles of behaviour of the group, even if this is not one of the priority objectives of the aggregation. Therefore, from the sociological point of view, socialization is that, broad, continuous and variously articulated and differentiated process which leads the subject to "take part" in a social reality in a competent and reflective way. A process that therefore aims at the construction of social bonds, belonging, identity, within which norms, rules and socially shared values are experimented, but also continuously elaborated at the individual and group level. In this process, formal institutions or places are highlighted as much as informal experiences and asymmetrical and symmetrical ways of relating.

2 Historical perspective of socialization for people with disabilities

If we return to the concepts of socialization and education and consider them in a historical perspective, the formal / informal distinction allows us to grasp the different relevance of these levels. In fact, in primitive societies, in general, education and socialization coincide, precisely because of the fact that the educative function is carried out spontaneously and occasionally, through the contact between the generations. In other words, *there is no separation between education and life, but the former is realized in an immediate and direct way in the second (Cesareo, 1967: 44).*

The shift from a largely informal socialization to a process of articulated socialization, in which a large part of its implementation is entrusted to specific institutions such as schools occurs when "*the cultural heritage to be transmitted becomes vast and complex and the division of labour to the internal part of society requires individuals who are better trained to carry out certain job roles, for which specific preparation is required.*" (Besozzi, 1983: 14)

This passage is described exhaustively by both Durkheim and Weber, for whom education corresponds to a response to progressive social differentiation, which simultaneously leads to a secularization and specialization of knowledge, as well as one of its own extension to ever larger strata of the population. In fact, the emergence of a specialized educational institution and the role of the teacher, distinct from other social roles, must be related to this progressive secularization of knowledge, which ceases to be the monopoly of a few, the priests and the learned. The need to know *is gradually considered a right and the character of knowledge itself changes, becoming more open to change, adaptability, verification, critical review and, consequently, a considerable expansion (Cesareo, 1976b: 14).*

The two revolutions of the late Eighteenth century - the industrial revolution and the French revolution – allowed the creation of ways of producing, working, and being together on new foundations and within the new political configuration of the nation-state, which redefines the foundations and the exercise of social and political citizenship, determining the birth of two new figures of modernity, the worker and the citizen, closely linked to profound social, economic, political and cultural changes. The former must be trained, the latter educated.

As Robert A. Nisbet (1987: 31) observes:

> *The collapse of the old order in Europe - an order based on kinship, land, social class, religion, local community and monarchy - free, so to speak, the various elements of power, wealth and status, consolidated, however precariously, since the Middle Ages. Disrupted by the revolution, broken down by industrialism and the forces of democracy, these elements roam the political landscape of Europe throughout the Nineteenth century, in search of new and more vital contexts.*

Following these reflections, it is worth mentioning the development of a new space of life, civil society. Defined by Norbert Elias (1990), *the society of individuals* is a reality that has a close link with the establishment of the modern nation state. It is understandable how the establishment of civil society - both as an experience of aggregation and as a place of control - has direct implications for education, and hence for the training of the citizen and the ability to exercise citizenship.

As for disabled people, their socialization and their education evolve on the one hand according to the distinction between formal and informal, on the other in relation to the meaning attributed over time to disability.

2.1 The Classical world and the Middle Ages

In the Classical world, physical and intellectual strength and beauty were ideals of society, while deformity - therefore ugliness - and disease were considered to be the result of malignant divine guilt or will. Those who did not present a body affected by deformity, enjoyed a more benevolent attitude: according to the common mentality, the blind did not see what was happening in the present and, for this reason, they perceived the future time and, therefore, were able to predict the facts. Madmen, in their delirium, were able to speak with the gods, so it was necessary to not antagonize them if one wanted to enjoy divine benevolence. In any case, the disabled person was placed outside society.

This collocation also lasts substantially in later periods, although not without some discontinuity. In the Middle Ages, the idea that the birth of a crippled child was linked to some parental fault, a wrong conduct towards God and could therefore be interpreted as the sign of the divine reprobation that marked the family and subjected it to a hard test was prevalent.

However, it must be said that the Medieval symbolic universe, while relegating disability to substantial social marginality, integrates it in some way, assigning it the function of recalling the faithful and the Christian community to the precept of charity.

Thus, a symbolic exchange is activated which, in its visible form, produces the flowering of welfare initiatives for disabled people.

At that time, however, the insanes take on the social role of bearers of the Satanic heritage. They are considered the concentrate of all the wickedness and immorality imputable to mankind. And it is precisely for this reason that they must be isolated from the rest of the world. This creates the conditions for those structures of segregation that will become mental hospitals.

However, little time will pass that these “positive” values of the handicap will be diluted by poverty; *the miserable will be assisted, but assistance becomes an antidote to disorder, which in bringing everything back to the limits of a socially acceptable order ends with feeding the use of internment, with the circumscribe, to hide (Corazziari and L'Imperio 1994: 38).* The dispossessed or handicapped, then, become righteous or corrupt on the basis of their acceptance of internment or the directives of the institutions responsible for their “help”, be they secular or religious.

While the medieval symbolic universe is going to be replaced by the modern rationalism, it is still in the process of structuring and it is not able to produce its own classifications of disability to replace the previous ones. Therefore, the strategy that society adopts is to push beyond the social boundaries what is beyond its capacity to understand. It is no coincidence that in the iconography of time the "*ship of fools*" drifting in the middle of the sea appears. It documents the obsession with the threat of these differences from the generic, uncertain identity, and the attempt to get rid of them, trying not to see them again.

2.2 The Eighteenth Century and the Enlightenment

With the Enlightenment "*medical discoveries, the recovery of an original naturalness, the same for all, normal and handicapped, the evolutionist hypothesis of man as" historical product ", indicates in the illness a natural accident, not an individual fault. And the limits of man and his psychophysical characteristics are discovered in illness. It is studied and noted that the transition between norm and abnormality is a nuance, so that the study of abnormality indicates what may be the limits of the norm.*"(Trisciuzzi, 2000: 219)

According to Diderot, cited in Cario (2014), disability is syntonic with the non-perfection of nature and as such has to be considered physiological.

So, if disability belongs to the human, then it can be reintroduced into society. At the same time there is the strong advent of science and therefore of medicine. Therefore, on the one hand, the relationships established with this "different" humanity are relations between the subject (the normal) and the object (the different), on the other hand, the handicap becomes an event of natural and biological order, correlated with the illness.

The new symbolic universe of modernity structures new classifications of disability: it is classified according to its curability, so that the disabled are divided into two categories, the curable and the incurable.

The social perception of disability also changes: in the middle of the Eighteenth century, the restructuring of production processes began, leading to the birth of the first industries in Europe; the introduction of machines in the production chain, which occurs massively in the Nineteenth century, gives rise to the first physical disabled, whose disability is caused precisely by the use of these new industrial means and their number is constantly growing. Disability begins to become, even in the collective perception, a condition to be treated, studying all the aids that can allow individuals with physical disabilities to return to being active and, therefore, used again in the industries.

Where this cannot happen, new disabled people are condemned to a condition of social marginalization.

The implementation of welfare interventions in relation to disabled people, however, is not yet a prelude to an assumption of responsibility on the educational level.

Rousseau himself, a leading exponent of French enlightenment, considered as one of the initiators of modern pedagogy, in the Emile (1762), expresses this attitude well in regard to the education of a disabled child:

> *"I would never let a sickly and cachectic child ever take me, even if he would live eighty years. I do not want to know of a student who is always useless to himself and to others, who is only occupied in the effort to survive, and whose body affects the education of the soul. What would I obtain by lavishing my care in vain, if not to redouble the loss of society and remove from it two men instead of one? Let others deal with this sick person; I approve them and praise their charity; but I cannot do it, I do not know how to teach to live to those who are constantly harassed by the concern to escape from death." (Rousseau,1989: 249)*

In the piece emerges a distinctive feature of Western culture (but not only) that will accompany, in a more or less latent manner, the relationship between disability and socialization. The idea that impairment impairs the educational relationship.

In the same years, however, a new sensibility about the education of disadvantaged individuals spread in Europe. Some methodologies were applied at first to the sensory disabled to encourage their learning processes.

These were based on the principle of skill development of another sense to replace the missing or crippled one. It was thus possible to demonstrate that the presence of a functional deficit did not necessarily produce an impediment to thinking and communicating. France distinguished itself in a particular way in this field: the abbot of L'Epée in the second half of the Eighteenth century, opened the way to the development of sign language for deaf-mutes; Valentin Haüy, almost his contemporary, created several educational institutions for the blind, from which came Louis Braille, the inventor of the homonymous code.

The decisive turning point came when the French doctor Itard was called by the founder of modern psychiatry, Philippe Pinel (the only one who considered mentally ill "curable") to take care of the so-called "wild boy of Aveyron". The diagnosis of Pinel was unequivocal: the boy presented an organic and intellectual deficit so severe that he excluded any improvement. The educational action would therefore have been without effect. At most, it was possible to intervene on the sensory system. Itard, on the other hand, hypothesized that the deficit was not to be attributed to organic conditions, but rather to the "anti-social habits" in which the boy had grown up to that moment. Itard's assumption was that learning social habits is the necessary condition to become part of society.

Socialization is the process that marks the transition from nature to culture, without which man cannot survive. This applies not only to individuals affected by impairments, but to any individual of the human species. Thus, "*socialization, multiplying its relations with other beings*" becomes one of Itard's strategies. And, as A. Canevaro points out (1988: 14), assigning him the name Victor, Itard gave him a beginning of civil and social identity, assuming the educational responsibility.

2.3 The industrial revolution

In addition to education, work also contributes to the construction of the individual's social identity. In premodern societies, the modes of production were still flexible and allowed the disabled to adapt to them and therefore also plays a role in the economic system (Oliver, 1990: 27).

The impact of the processes of industrialization and urbanization of disabled people radically changed the scenario. The spread of forms of work organization based on Fordism/ Taylorism requires highly standardized work performance that the disabled are not able to provide, thus determining their exclusion from the production system (Ryan and Thomas, 1980: 101).

With the accentuation of the processes of differentiation, work takes on a leading role as a factor of social stratification, and hence in the construction of the social identity of individuals. Physical fitness (able-bodied-ness) becomes the reference point on which to trace the boundary that separates the disabled from those who are not. At the same time, the use of the term "handicapped" is spreading. The expression initially referred to a gambling game (*hand in the cap*). It then goes into the world of horse racing and designated a competition that provided for the attribution of initial disadvantages differentiated according to the ability of individual competitors. The term lends itself well to representing the cultural transformations underway in industrial societies where theories based on social Darwinism are affirmed. The handicapped is the one who disadvantaged in this collective competition where the production system plays a fundamental role for social success. The non-participation of disabled people in the productive system means that they are perceived as a problem that can disturb the orderly functioning of the social system. The image of the lame man or of the blind man who begs at street corners and puts his hands in his hat to collect the offerings of passers-by is continually evoked by the handicapped term and becomes the hallmark of his social identity.

During the Eighteenth century, institutionalization represents the generalized response of modern society towards disability, which makes the border between assistance and social control increasingly blurred (Piven and Cloward 1977: 308-330).

A necessary control to promote compliance with the moral values on which the social system is based. This concept has come down to us. It is no coincidence that Andy Capp is the name of a well-known comic character who constitutes a stereotype of the "slacker".

Excluded from the economic system the disabled are included in the nascent protection systems; as recipients of services, their treatment becomes relevant to the political-administrative system whose central problem is to find a way to validate the status of disabled, avoiding the dishonest schemes that this type of assessment lends itself. The relationship between the administrative political system and medicine therefore plays a key role: trusting in the objective criteria of medicine it is possible to distinguish between true and false disabled.

2.4 The World War Conflicts

The First World War represents another crucial moment, which has contributed to change the attitude of Western societies towards disability. At the end of the conflict, as a consequence of the technologies employed on the battlefield, there is a very high number of disabled people. "*Eight million disabled, mutilated, blind and crazy, the so-called idiot from the war.*" (Stilo, 2013: 34).

Disability assumes a different social connotation, i.e. it is seen as a condition to be respected and to be remedied, including through economic aid.

After the conflict, the recovery of the economies and the need to maintain a climate of social peace favoured the development of rehabilitation programs aimed at the social reintegration of disabled former soldiers. Unlike the "care" that disabled people in the past had received - which had included them in the welfare systems of the time but, at the same time, had excluded them from society - rehabilitation is a form of assimilation, of reintegration. According to Stiker (2000: 164-ff), with the diffusion of the rehabilitation approach, disability acquired the typical features of our days.

The characteristics of the exceptionality with which it was connoted in the past eras are denied, the prevailing imperative is the opposite : to attenuate the "difference" up to denying it.

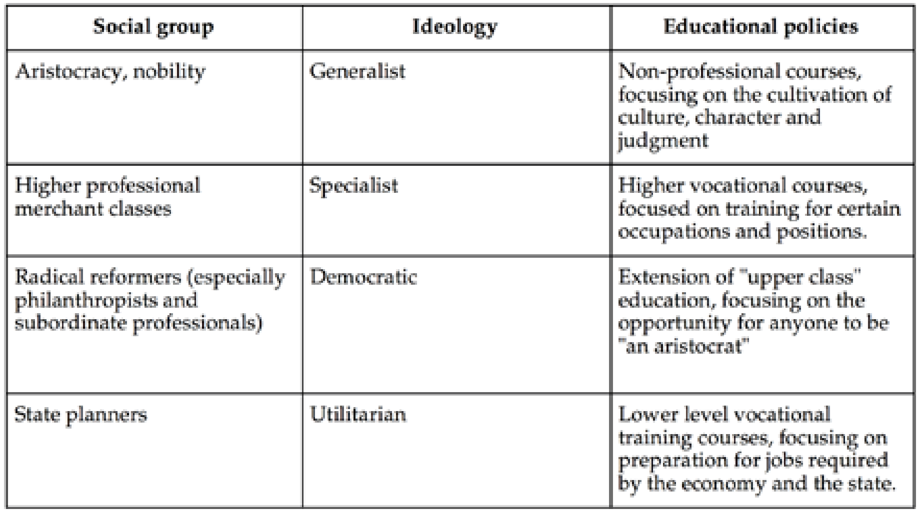
Although not all disabilities can be cured, at least they can be "treated" and "adjusted". The medical classifications, moreover constantly revised and updated, have been augmented with new ones, and with them have appeared other professional figures with specialized skills, also in the educational sector.

3 Social ideologies and educational policies

Growing social differentiation means that the acquisition of new skills and increasingly specialized and constantly evolving performance capabilities, , is a fundamental prerequisite for access to the many subsystems in which society is organized.

According to S. Brint (1999: 122-ff) *for sociologists it is normal that the ways in which a society chooses and classifies the knowledge that it considers public* reflect both the distribution of power and the principles of social control *(Bernstein, 1971: 47-69)*. Nobility (as well as those who have inherited ideals) has lost its power over time, and its most successful competitors have been the business classes, the democratic reformers and the state planners. Cultural historian Raymond Williams (1961, It. transl. 1980) argued that curricular transformations reflected the relative power of these groups.

The table below summarizes Williams' reasoning:



Social group	Ideology	Educational policies
Aristocracy, nobility	Generalist	Non-professional courses, focusing on the cultivation of culture, character and judgment
Higher professional merchant classes	Specialist	Higher vocational courses, focused on training for certain occupations and positions.
Radical reformers (especially philanthropists and subordinate professionals)	Democratic	Extension of "upper class" education, focusing on the opportunity for anyone to be "an aristocrat"
State planners	Utilitarian	Lower level vocational training courses, focusing on preparation for jobs required by the economy and the state.

Table 1 - A typology of educational ideals

It should be noted that the "*generalist ideology*" originally associated with the nobility promotes broad academic education and a conception of education as a preparation for leadership. The "*specialist ideology*", of the merchant class and professionals, encourages training oriented to the performance of certain occupational and professional roles.

Consequently, when the commercial or industrial component of the middle class holds the greatest relative power (or when a military or authoritarian regime is in force), the study of science and mathematics is which have practical applications in the business world and in industry usually preferred to study the humanities. The "*democratic ideology*" of radical reformers (who are historically led by patrician élites and non-entrepreneurial professional figures) has an "expansionist" orientation and argues that high quality education should be accessible to all. At the beginning of the Nineteenth century this democratic ideology was a powerful force of innovation in the United States; in the middle of the Twentieth century it had become an important force almost everywhere.

Since the school correlates to the more general cultural system of which it is a mirror and instrument, medium and end, the changes that according to Brint invest the educational relationships in contemporary societies can also be observed in those that Brint (1999:122-ff)), drawing a picture of socialization in comparative historical perspective defines as the "*industrialized*" and "*bureaucratic-consumerist*" environment and can be read through the three analytical components of the process of scholastic socialization: behavioural, moral and cultural.

Behavioural compliance training involves activities that affect the body, its mechanical movements and accessories. In schools that have rigid disciplinary environments, it is possible that students are asked to sit up straight, to always look at the teacher, to raise their hands before speaking, to stay in their seats if they are not explicitly allowed to leave them, to keep the pencil sharpened, to always have the textbook with them: if the students who do not comply with these requests are punished, the school is using its control powers to socialize to behavioural compliance.

Moral conformity training involves activities concerning the production of an internalized sense of "*right action*". Maybe teachers talk about the importance of virtues such as honesty, kindness, courage, hard work or fairness. Perhaps they assign readings that illustrate the consequences that derive from a failure to observe these virtues. At a higher level, more complex moral issues can be tackled, for example, the conflict between two "goods" or more refined evaluations of the behaviour of others. It is clear that behavioural compliance training and moral compliance training overlap.

Most schools expect an evolution of the external discipline based on behavioural control and a self-discipline based on moral values. However, it is certainly possible to achieve a high level of behavioural uniformity without obtaining appreciable results in terms of moral compliance.

Cultural conformity training, also called *acculturation,* involves learning socially approved styles and points of view as reflecting the cultural logic of a specific group, place or period.

By adopting these reading tools, we observe that the first industrialization companies required:

- high behavioural compliance: the productivity of a worker working in an assembly line depends on the skill with which he performs the body movements necessary for the performance of his tasks;
- a high moral conformity and therefore the acceptance of the founding values of the capitalist society, as, for example, the values of work, of parsimony and sobriety codified by Protestant ethics,
- cultural styles mainly directed to the world of mechanical production.

With the development of the capitalist system, a new model of bureaucratic and consumer-oriented socialization emerges. In this context:

- Behavioural compliance is achieved through the internalization of rules and routines: starting from schools, individuals conform to the mode of action typical of bureaucratic structures;
- Claims relating to moral conformity are relaxed. In times of "*polytheism of values*", each option is considered legitimate, and the social imperative is precisely that of "choosing".
- Cultural conformity is no longer directed towards production but to consumption. It is what some authors define as the post-modern era (Lyotard, 1979; Bauman, 1990), in which the dynamics of socialization and construction of one's own identity seem to unite, in a single destiny, disabled and non-disabled. The exaltation of the difference offers new identity opportunities, even for the disabled *(Shakespeare, 1994: 283-300)*. However, to the extent that they depend on participation in the culture of consumption, for disabled people the risk of a new social marginality becomes concrete again (Hughes, 2002: 571-584; Dowling and Nolan, 2001: 21-35).

Parallel to the educational field, in the Twentieth century we move away from the idea of training for performance and insist on the need for an education that is capable of forming autonomous personalities. In the last decades of the Twentieth century the relationship between education and society is identified in terms of interdependence, at the same time educational processes are described as processes of interaction, production and reproduction of existing social structures. This last configuration of the relationship between education and society represents a social reality which is complex. Contemporary society therefore has the characteristics of complexity and presents itself not only with increasing specialization and differentiation, but also with a significant increase in unpredictability and uncertainty.

According to Donati (2002: 456-458) the meaning of today's educational relationship is contained in the formula "learn to learn", so *education becomes a system of interaction in which everyone should learn from others, or better from themselves through the others.*

This opens up a new perspective full of opportunities, but also of pitfalls.

The development of a relational culture is essential for the construction of one's own identity because *one does not know oneself except through others.* At the same time, this implies the continuous acceptance of uncertainty, because the ability to learn "*depends on the fact that the expectations are cognitive and not normative: if they were normative, they would impair knowledge.*"(Donati, 2002: 460) The formula "*learning to learn*" directs education "*not towards something that has value in itself, but towards a methodology that allows learning something in order to allow further learning, rather than closures of value.*"(Donati, 2002: 457)

The education of the disabled follows the same parabola. In contemporary society the range of social roles accessible to people with disabilities in the various social sub-systems (economic, political, civil society) has progressively expanded, which indicates the effectiveness of socialization processes aimed at disabled people.

However, the intensity and the rhythms of the dynamics of social differentiation make the problem of the inclusion of disabled people an increasingly risky challenge. Risks and opportunities are two sides of the same coin. On the one hand, the multiple applications of new technologies have helped to move forward the limits of accessibility, which have contributed to enhancing the capacity of intervention of certain professional figures for the various forms of disability, as well as creating new ones. Having done this, if it certainly increases the autonomy of disabled people, it can also subject them to greater social control. The economic implications of everything that revolves around the world of disability are not at all negligible.

The cultural and structural changes taking place produce highly selective effects, creating at the same time new opportunities for social inclusion and new forms of exclusion. For example, the reorganization of many companies is leading to the disappearance of the figure of the receptionist. This poses the problem of putting back all those disabled (visually impaired or blind) who, through appropriate regulatory measures, have covered this role, often with great skill.

The tensions that are created in the social system are discharged in a particular way on the educational processes. Almost a hundred years ago, Émile Durkheim wrote:

"In effect, every society, considered at a given moment in its development, has a system of education that is imposed on individuals with a generally irresistible force. It is futile to believe that we can raise our children as we wish. There are customs to which we must conform; if we derogate too severely from it, they then take revenge on our young people. Once they become adults, they will not be able to live among their contemporaries, with whom they will not feel in harmony. Whether they are raised on the basis of ideas or too archaic or too futuristic, it does not matter: both in one case and in the other are not of their time and, consequently, they are not in normal living conditions. There is, therefore, in every period a normative model of education, from which we cannot depart without clashing with live resistance that contains ambitions of dissidence." (Giudici, 2018)

4 Functions of the socialization process

At the beginning of this chapter we have seen how the concepts of education and socialization are not fungible at all. Having to give a definition of "socialization", we can say that this term means the process by which the values, norms, attitudes and behaviours shared by the members of a given group are transmitted to an individual. Socialization takes place through a continuous process of communication (verbal and non-verbal) by subjects (individual and collective), agencies and social units that differ in their roles and characteristics. From this definition emerges how socialization performs an integrative function towards the two realities that it connects, the individual and the group, without which neither the individual nor the group could survive. In fact, the continuity of the group depends on the presence of individuals capable of adopting and transmitting their ways of life. Only in this way can society be perpetuated over time despite the limited life of its members. On the other hand, the survival of the individual depends on culture, which Kluckhohn and Kroeber (1982: 367) define as a set of learned behaviours, common to a group of people, that shapes human action. Complementary to socialization is inculturation, a term used in cultural anthropology to indicate the process of transmitting culture from one generation to another. Thus, socialization makes the transmission of culture possible, without which man would be incapable of adapting to either a natural or a social environment.

Social life - as noted by Smelser - would in fact be impossible without socialization: *"imagine what would happen in a country if all children suddenly became unable to assimilate the knowledge and expectations of their parents and other people in their lives. In the cradle, this inability would not be noticed much, but soon people would begin to realize that children are not able to speak and would create a terrible situation. There could not be interaction with them, since they would not know how to act: in other words, they would not know what behaviour to adopt in the various situations." (Smelser, 1987: 44)*

More analytically, Gallino defines socialization: "*that set of processes by which an individual develops throughout life, in the course of social interaction with an indefinite number of collectives - normally starting from family or an organization that replaces it in the first years of life, when the child is physically and mentally dependent on others - the minimum degree, and, under certain conditions, gradually higher degrees of communicative competence and performance capacity, compatible with the needs of his psychophysical survival within a given culture and at a given level of civilization, in relation to variable group or organization types able to provide him with the means through forms of exchange and commensurate with his successive stages of age.*" (Gallino, 1993: 593)

Gallino in particular accentuates the function of adaptation to the social environment carried out by socialization, which ensures the necessary conformity of behaviour of the individual from the biological, affective and cognitive point of view. We must always bear in mind that this adaptation is achieved through the integration of culture into the personality.

5 Personality and society

At this point it seems important to make a brief digression that allows the introduction of the concept of personality according to a sociological perspective.

From the earliest stages of their development the social sciences have asked themselves in what ways a society forms the character, the temperament, the self, the ego and the mentality that appear to prevail in its population; what causes the transformation of these psychic and behavioural traits within the same population that are observed in the course of social evolution; how can we categorize their differences as they are ascertained between different societies or nations or ethnic groups; what is the influence that certain forms of mentality or character, predominant in a society, can have on its structures and on its change.

In the early Twentieth century, the jumble of psychic traits examined by precursors ranging from Nicolas Malebranche to Charles-Louis de Montesquieu, David Hume to John Stuart Mill and Herbert Spencer, often summarized in expressions such as "general spirit" or "character of the people" or even "national character" (or "character of the nations"), begins to be more often designated by the term "personality" and studies on the relationship between personality and society become more systematic. Cooley (1963) elaborates a properly sociological theory of the individual ego, attributing to the primary group and the opinion of others the greatest weight in his formation. Simmel (1908, It. Transl. 1998: 80) theorizes a suggestive analogy - referring to observations that date back to Plato - between the forms of interaction of the psychic elements within an individual spirit and the mutual behaviour of individuals within a society. Analysing the letters and the biographies of Polish immigrants in Chicago - a case of migration that is emblematic of the tensions to which the personality is subjected when the individual is integrated into a radically different society - Thomas and Znaniecki (1968) identify three fundamental types of personality, called the philistine, the bohemian and the creative, distinguished by the different ability to adapt to the new environment and by the lesser or greater openness to future possibilities of evolution. In the impressive series of books dedicated to "ethnic psychology", Wundt poses the scientific basis for comparing the types of personality that predominate in different peoples, and at the same time provides a vast descriptive material. In front of such variegated antecedents, studies about the relationship between personality and society make a decisive methodological and theoretical leap in the 1930s. First of all, they are compacted and

at the same time they are divided into three distinct branches, outside of which there are a few works of a certain importance for this field, for example those of David Riesman.

Beyond the significant differences of approach, these three branches have in common:

1 the use of consolidated theories of personality, where their predecessors tended to construct them from time to time *ad hoc*. Moreover, these theories, with rare exceptions, are borrowed in various forms and for various means by psychoanalysis;

2 the methodical use of the concept of culture as an unavoidable element of the processes through which the relationships between personality and society are configured;

3 the evolutionary or historical perspective.

The first branch assumes the general theory of action as a common basis for the analysis of both the "personality" system and the social system and their interactions. The second focuses on the problems of structuring and adaptation that are placed on the individual personality by culture, understood as the set of values, norms and customs that predominate in a society. The third focus of studies on the relationship between personality and society highlights what defines the cultural involution of advanced capitalist societies, the irrationality of instrumental or technological reason, the authoritarian tendencies inherent in them (the fact of being born in the Thirties has weighed particularly on this direction) and with this, the conflicts and distortions that they introduce into the personality of their members. Although with significant changes respect to the origins, and to a different extent, all three of these guidelines are still present in the studies on the relationship between personality and society and continue to characterize the field.

5.1 Theory of action

According to the systemic conception, which had its greatest exponent in Talcott Parsons, from the analytical point of view, the general framework of the theory of action is articulated, into four systems: the cultural system, whose constitutive elements are symbols and meanings; the social system, consisting of interrelated and interacting social roles; the personality system, formed by “dispositions of need”; finally, the physiological system in activity, that is the acting organism. It should be emphasized that the categorical differentiation of the four types of system has value only from an analytical point of view: in every concrete action, whether it is performed by an individual or a group, they are all simultaneously present. At the same time, they are not reducible to one another; the distinction between the four systems - for decades Parsons opposed interpretations in this sense - is not a mere tautology (Parsons, 1959: 612-711). The four systems form a hierarchy of organization and control. The psychological system, the personality, controls the motor activity or the actuator behaviour of the organism. Social systems organize and control psychological systems; cultural systems orient and control social systems. By reversing the point of view, each system represents a condition for the overlying system. A relatively efficient organism is a necessary condition for the personality to affirm its provisions of need in reality. Properly and fully formed personalities are a condition for the functioning of any social system. Finally, culture can perform its function of orientation and control only if the social system is properly structured. The peculiarities of this scheme with regard to the relationship between personality and society are evident. In it, the traditional contraposition of individual and society, together with the dilemma of which of the two is to be privileged in order to explain social phenomena – a dilemma solved by methodological individualism in favour of the first element, and by the various forms of holism in favour of the second - appear to be meaningless. Society, or the social systems that comprise it, and culture are at the same time the environment for psychological systems and their constituent element. Social systems penetrate the personality with their role prescriptions, but this in turn penetrates them, in the sense that it provides them with their own motivational resources, their ability to control the organisms, making their construction and functioning possible.

The concept of interpenetration of the different levels of action is therefore at the centre of the analysis. Every concrete

action of an actor in a given situation is explained as the result of a particular type of reciprocal relationship and of a certain measure of interpenetration of such systems, each of which, taken in itself, follows its own laws (Münch, 1988: 66). Starting from Parsons’ conception, innovative developments of the concept of interpenetration between psychic systems and social systems have been formulated by Luhmann (1990), in a direction, that strongly emphasizes the autonomy of the latter in their formation and autopoiesis, based on its own elementary operations. Psychic systems are part of the environment of social systems, and each of them introduces its own pre-constituted internal complexity into the other; but the operations in which social systems are formed are communications – not psychic processes per sé, nor therefore processes of consciousness (Luhmann, 1990: 351-ff). Compared to the original version of the systemic conception of personality / society relationships, this is a crucial dislocation of the psychological level in the general framework of the theory of action. In light of the above scheme, in fact, some fundamental concepts of psychoanalysis were recovered and placed in the foreground as constitutive elements of social action. The social and cultural systems penetrate the personality, contributing to its structure, through those channels that in the Freudian lexicon are the Ego and the Super-Ego. The Ego, for Freud, is composed of the precipitate of lost social objects: people from whom the subject has been attracted, who have for a while also made up his world, and who have left this world. The Super-Ego represents the internalization of the prescriptive orientation of a community, usually mediated by the family in which the subject is socialized. In the systemic scheme, these two instances become within the psychic system, fundamental components of the interchange with the social and cultural systems of which they represent internalized traits. The approach to the relationships between personalities and social systems followed by Luhmann intentionally leaves aside these contributions of dynamic psychology.

But also, in the original systemic conception, where psychic processes of strategic importance for the insertion of society within the personality are subsumed in the basic scheme, others no less relevant for psychoanalysis are left in the background. Thus, the starting point for some severe criticisms to the systemic ancestry scheme of Parsons was indirectly provided that will continue to be raised until the present day Hence the accusation that the systemic conception of the relationship between personality and society is an ultra socialised conception of man. If the fundamental components of the personality derive largely from the internalization of the components of society, critics point out that every element of autonomy, or of at least potential opposition to the prescriptions, values and interiorly depicted social objects within the personality is missing. In the Freudian scheme, it is known that this element of opposition was formed by the ID, the turbulent representative of instinctual drives, as well as, in its own way, the indomitable nucleus of biological reason opposed to the reasons of society and culture supported by the other two instances. In the systemic conception it is formally present in some of the later formulations (Münch, 1988: 118) but appears to be largely weakened compared to the Freudian scheme. This is not to imply that the personality in the systemic conception is by definition a system without internal conflicts. They are possible, but they do not derive from the contrast between the development of concepts of biology and culture, between endogenous impulses and internalized representations of other meanings, but from an incomplete or inadequate socialization - that is from an unsuccessful internalization of values, norms, meanings of the culture transmitted by the social system. Incomplete socialization means that one of its phases has had a precarious outcome, or, in the most serious cases, it has been skipped, permanently compromising the balance between the personality subsystems. The socialization resulting from the internalization of social and cultural objects that would lead the individual to act in accordance with the requirements of system A is inadequate , if while the individual enters the system B they favour behaviours that - from the point of view of B - tend to be deviant. Intrinsic component of the systemic conception is a method for the delimitation of personality types, which as it derives from a local application of the same general

reference scheme, allows a direct link with types of social system and society. Each action system is faced with four functional imperatives:

a It must adapt to the environment through autoplastic behaviours (i.e. aimed at modifying itself), alloplastic (directed to modify the environment) or exotropic (i.e. exploration of new environments);

b It must formulate and pursue some purpose;

c It must take care of the integration between its components;

d It must aim at preserving its own latent structure, that is (in the most recent lexicon of theories of autopoiesis) its own basic organizational plan.

In a normally action system developed, those imperative or functional problems give rise to a double differentiation. From a structural point of view, they give rise to as many subsystems, each of which is characterized by the primary contribution offered to the functioning of the system as a whole. On the other hand, from a dynamic point of view, the same functional problems are reflected in as many operating phases. In fact, the variability of situations does not allow any system to remain perpetually involved in solving a single problem. In the operating cycle of the system there will be - in an order that depends as much on the situations as on their effects on the internal states - phases of activities aimed at time for adaptation, the pursuit of a purpose, integration, conservation of the latent structure and complementary tension control.

Applied to the psychic system, this scheme generates four basic types of personality, distinguished by their orientation towards the functional problems referred to above. In terms of values internalized in the course of socialization, a personality is characterized by the primacy it assigns to a given problem rather than to others. Thus, there will be personalities that structurally favour the adaptation, others the pursuit of a goal, others the integration, or the preservation of the latent structure. Each basic type is therefore able to differentiate into subtypes, in relation to the values that follow the primary value in the second, third or fourth place. Each of these personality types will also be oriented, in terms of the ways to dynamically address the needs posed by the situation, to solve each problem differently. For example, the type of personality that attaches the highest value to the pursuit of a purpose will be inclined to solve the problems of integration by rationing the opportunities for gratification, while the type dominated by the imperative to maintain the latent structure will tend to face the same problems by resorting to the repression of conflicting needs (Parsons, 1959: 641-644). In this way there are specific and different modalities of relations between personality and society, or more exactly, between personalities, social systems and cultural systems. This is due to the fact that the same values of orientation are a constituent part not only of the personality, but - at a different level - also of the social and cultural systems. It should be noted that the scheme does not prefigure a simple juxtaposition / contraposition, or conformity / deviance, between the personality type X and the system or society type Y. Designating with A, B, C, D any type of structurally oriented system from one of the imperatives / basic values, multiple combinations are possible. The maximum of structural-functional congruence will evidently occur if the personality, cultural system and social system are of the same type - for example A. But it may happen that the personality is of type A, the social system is of type B, and the culture of type A. In this case the personality appears - and inwardly feels - legitimized by culture; but at the level of the social system it will be subject to prescriptions and expectations of role in conflict with its values. While if the personality is A, and the social system is also A, where the culture is B (or C, or D), the personality itself will be gratified by interactions with the other actors of the same system, but will appear and feel conflicted with the meanings and symbols of culture. It should also be noted that if the personality is of type A, and the social system of type B (or C, or D), this does not automatically lead to a conflict between A and B. In some cases, it is possible that the individual with personality A is placed in a relatively neutral position of the social system, where his formal non-conformity does not create difficulties in the relations between the two systems. Or it is possible that the subject A, inserted in the social system of type C (or B, or D), performs in it an innovative function (as, for example, the function of the Schumpeterian entrepreneur in the economic system), that after some initial tension is ratified positively by C. Therefore, despite a certain schematicity, which seems inevitably more evident in a synthesis like this, the systemic conception of the relationship between personality and society remains an organizing apparatus of considerable effectiveness for the description and understanding of these relationships.

5.2 Culture and personality

The school of "culture and personality" originated from a reaction, concerning merit as regards the method, towards the objectivistic notion of culture that had dominated anthropological research throughout the first third of the Twentieth century. Since 1917, Edward Sapir, considered by most as the greatest inspirer of the school, argued against the concept of culture as a 'superorganic' entity formulated by A.L. Kroeber, according to which the individual appeared totally subordinated to his cultural environment. Culture, Sapir objected, is not only made up of outwardly observable traits, such as artefacts and behaviours, the meanings that individuals construct mentally derived from the social interactions in which they are involved are an inseparable part of it. Accepting the notion of culture proposed by Kroeber would have meant giving credit to such a radical social determinism that it could be assimilated to a religion. It is a serious error of method when the observer deduces the presence in a certain population of certain traits of culture from the descriptions given by individuals, then proceed to reason on the ways in which individuals adapt psychically to those same traits. In a large series of essays which appeared in the Thirties, Sapir reformulated these criticisms, presenting research guidelines that have influenced a whole generation of anthropologists (Sapir, 1949, It. Transl. 1972). Along these lines, intended to bring the subject into the foreground as an active vehicle, plastic interpreter and creative producer of cultural traits, rather than a *tabula rasa* on which culture inflexibly inscribes itself, the studies of authors such as Ruth Benedict, Cora Du Bois, Margaret Mead, Ralph Linton, Clyde Kluckhohn, to mention only the best known also contributed. Important, and still current, the results of the school 'culture and personality' have been the elaboration of the concept of "basic personality" and the reformulation in more rigorous terms of the ancient concept of national character, even if it is to be noted that several authors of this school have often used the two terms as synonyms.

Thus, the structure of the basic personality was defined in one of Kardiner's later works : "*Configuration of the personality that is shared by the mass of the members of society as a result of the experiences they have in common at an early age. It does not correspond to the total personality of the individual, but rather to the projective systems or, in a different terminology, to the evaluative attitude systems that underlie the configuration of the personality of the individual. Thus, it is possible that the same basic personality types are reflected in many different forms of behaviour and are found in many different personality configurations*."(Kardiner et al., 1973: VII) This definition contains various assertions that represent as many preventive answers to some of the main criticisms addressed as a result of the concepts of basic personality and national character. The assertions inherent in the definition of Kardiner are:

- the basic personality is a section or a subsystem of the total personality;
- the same type of basic personality may be subject to many different behaviours;
- the basic personality is not a sort of representative sample of the psychic traits of which the total personality consists, nor is it a subsystem whose structure is wholly determined by the supersystem, but it is given to find it in different total personalities. In other words, it is undetermined by the total personality: it cannot be inferred by extrapolation from the other subsystems of this.

Thus, various objections to the psychoanalytically founded concept of basic personalities, according to which in any population of a certain size the hypothesis that there is only one type of personality is not seriously feasible, have been emptied of meaning in advance; it is not said that there is a direct relationship between the type of personality and behaviour; in the face of situations in which their common values are involved, it

is only the presence of a common type of personality that makes a unified emotional response possible. This was, in particular, Linton's objection, which by giving weight to behaviour as an exhaustive element, rather than as a psychically undetermined expression of the character of a population (Linton, 1945, cited in Gallino, 1996), re-established an equation between typical behaviour and character, between character and personality, which from Freud onwards was abandoned by the majority of social scientists influenced in a non-superficial way by psychoanalysis. Individuals with different kinds of personality act in many situations in the same way, because under the pressure of incentives and threats, compensation and deprivation they inflict on their psyche variable measures of anguish and other suffering in order to act in a manner consistent with social demand. The psychic costs of sociocultural conformity are an inseparable feature of studies on culture and personality.

The idea of behavioural traits shared by most of the members of the population of a given ethnic group, or nation in the strictly socio-anthropological sense, or of an entire country (being almost all nation-states in multinational realities) is instead natural to the concept of national character. In this case, the deep layers of the psychic system are not the object of investigation, but rather the disposition to act in a certain observable way in different types of contexts and situations. This interest in how individuals behave, rather than for their inner state, was strengthened by the fact that between the end of the 1930s and the 1950s, or between the Second World War and the Cold War between the United States and the Soviet Union, the study of national character received impulse from political and military needs. It was a question of understanding, in the words of Margaret Mead, "*the behaviour of the enemies of a nation, of its allies, of its own population, and their reactions to the bombardments, the scarcity of food, the war of nerves, invasion, to occupation.*" (Mead, M., 1951: 65) With this intent, important research was done on the Japanese national character (Benedict, 1946) and on that of Soviet citizens (Inkeles, 1959). After these decades of emergency, studies on the relationship between culture and personality then returned to focus on relatively small populations, mostly configurable as distinct ethnic groups., we will return later to the basic personality and modal personality, deepening the concept and seeing it from other angles.

Studies on the relationship between culture and personality, which remain an almost exclusive domain of Anglo-Saxon scholars, would perhaps deserve greater attention from both researchers and policy makers, when one considers how in reality this prospect of investigation is current. In the first place, the concepts of basic personalities and of national character are a misunderstood element in, but in fact central to, the numerous ethnic conflicts of our time, in two senses. Serious mistakes by political and military decision-makers from other nations are regularly committed because of their misunderstanding of the basic personality and national character of the members of a particular ethnic group, with whom, for example, they are negotiating in order to reduce the bellicosity or induce them to sit down at the negotiating table. Moreover, the two concepts are apt to describe and understand not only the scientific knowledge of the personality or character of a group, but also the stereotypes that a given ethnic group applies to another. Another topical factor in the concepts of basic personalities and national character derives from the globalization of economic processes, information flows and cultural exchanges. For them, through a number of individuals socialized in different societies and cultures never previously seen in history, they come into contact daily, in person and electronically, acting and reacting mutually under the influence of incalculable emotional, evaluative and cognitive misunderstandings. In fact, the standardization of organizational models, of technological lexicons and of situations represented by the media, erroneously leads everyone to believe that there is now a universal sharing of meanings, emotional states and values. The concepts of basic personalities and national character refer to the fact that this presumptive situation is normally misleading. Any kind of message, contact, representation coming from culture A, is subjectively interpreted by the evaluative and affective orientation subsystem of which the basic personality of the members of culture B is formed; a system which, it should be noted, was formed in the very first stages

of primary socialization and is difficult to modify later. Communicating effectively with the cultural other would therefore require, on the two sides, an understanding of the most significative and significant traits of the basic personalities compared.

5.3 Critical theory of society

The analysis of Fascism and Nazism as pathological manifestations of late capitalist society, the scathing criticism of the cultural industry started in the forties, the penetrating accusation of the Enlightenment as having been reversed in a sort of mass obnubilation, the denunciation of contemporary science and technology as structures of domination whose procedural rationality masks the irrationality of their purpose, and the highly critical attitude assumed - before any other group of European left-wing intellectuals - towards the Soviet regime, which was seen as incarnation of a new bureaucratic despotism, are some of the main points of reference that have delimited the field of research of the critical theory of society from the Twenties onwards, The Institute for Social Research, synonymous with the Frankfurt School was founded at this time, where all its major exponents such as M. Horkheimer, T.W. Adorno, H. Marcuse, E. Fromm worked up to the early 1970s (but no longer today, since forms of critical theory are cultivated in many other places). Within this vast field, not as a parallel sector to the others, but as the backbone of the School's reflections on the destiny of industrial civilization, the theme of the relationship between personality and society was always in the foreground. In these studies, critical theory has represented the irruption of history - understood as the specific social and cultural history of the West - and of political theory; de facto entities absent in the previously considered studies. The doors through which the breakthrough took place were the analysis of authority and family; its vectors were psychoanalysis and a Marxism revisited through Hegel that assigned to culture a weight no less than the economy in the determination of social structures,. The authority "*is much more important than one tends to believe*", wrote Max Horkheimer in the Thirties, forcibly moved to Paris after the advent of Nazism, referring precisely to Hegel in one of the major collective works of the Institute about authority and the family, in which E. Fromm, H. Marcuse, K.A. Wittfogel and others collaborated. In all forms of society developed in history, there is the predominance of a few people, small groups of men, on the rest of the population - from the most primitive situations to more advanced societies, Such situations of domination "*are not kept standing only by immediate constraint*", but also by the circumstance "*that the men themselves have learned to be consenting to them.*" (Horkheimer et al., 1974: 21-22) In some cases, as in the defence against attack, authoritarian behaviour can be in the real and conscious interest of individuals and groups. But in other cases, they may be social relationships and ideas which are kept artificially standing and which have long become false, contrary to the real interests of the community. Thus paradoxically, blind and servile submission, as well as the conscious discipline of work in a developing society, are both based on authority. Only the analysis of the social situation in its entirety can say whether men, by instinct or in a fully conscious way which accepts the dependence of their existence, are defrauding the growth of strength and happiness that would be accessible to them, or contribute to bettering themselves or for humanity; "*if, finally, the unconditional subordination to a political leader or a party historically means progress or regression.*" (Horkheimer et al., 1974: 23-24)

The family is the institution which provides for the reproduction of individual characteristics as social life demands and gives them the indispensable aptitude for authoritarian behaviour. The Protestant conception of the family - here Horkheimer refers to the social doctrines of the Christian churches and groups by E. Troeltsch - has prepared the ground for an education oriented to the justification of reality, to the introjection of the conviction that whoever wants to reach something, he who does not want to succumb must learn to adapt to others. "*Recognizing the facts means accepting them [...] Inasmuch as the child respects a moral relationship in his father's power and learns at the same time to love with his heart what he establishes through the intellect, he receives the first training for the bourgeois relationship of authority.*" (Horkheimer et al., 1974: 48-49)

The body of the studies on authority and the family consists

of empirical investigations conducted in Germany, England, Switzerland, Austria on samples of thousands of employees, workers, educators, technicians, children of different social strata and the unemployed. The researchers wanted to find out how they conceived and lived under the forms of authority to which they were subjected in the family, in the school and in the economic system. In these chapters are the data that describe similarities and differences between social groups, birth and evolution of this or that movement. But in the background of the historical-philosophical pages laid down by Horkheimer to such investigations, together with those of Fromm and Marcuse, are evident the intellectual and ethical-political concerns that would have characterized the Germanic strain of critical theory, in terms of personality and society, until its actual depletion in the 1970s. Jürgen Habermas' later work, even if it is still possible to include it in critical theory, appears to be almost completely unrelated to this specific theme. Similar questions will be identified in the other major field research promoted by the Frankfurter School namely the authoritarian personality (Adorno, 1950), realized with the collaboration of eminent American scholars in the United States, where the Institute for Social Research had moved when the Nazis had invaded France in 1940. The questions that echoed in the researches of the exiles of the Frankfurt School were: how could it have happened that the German people, the most civilized in Europe, had been in fact consenting to the Nazi regime? Is it possible that even in American society, the most democratic in the world, authoritarian tendencies, anti-Semitic stereotypes, forms of ethnocentrism emerged? According to what psychic mechanisms, millions of men faithfully obeyed orders that they themselves considered infamous? Why do men allow themselves to be expropriated without reacting to their identity and conscience? How can it be, that in advanced industrial societies, where well-being has become widespread but social inequalities are more important than ever, not only external opposition, the real conflict between different political formations, but also the internal opposition between psychic instances, between the unhappy conscience and the hope of a complete liberation of the affective and creative potentialities of the individual have disappeared? In dealing with the latter theme, in The One-Dimensional Man, published in the United States in 1964 but translated in Europe a few years later, Marcuse would have inflamed European universities in sixty-eight. The answer to this constellation of questions must be sought, according to critical theory, in a psychology of the profound that is also a history of the profundity. By reconstructing this story, the same factors that in the structure of the European and American family, religious culture, the scientific and technological culture of the Twentieth century - in so far as it gives absolute dominance to the instrumental reason over practical reason - have favoured the development of types of blocked and distorted personalities. They are personalities distinguished by an exceptionally rigid Super-Ego, by an Ego incapable of mediating easily between inner drives and external situations, and by mechanisms of defence against excessive reactions. Such structured personalities predispose the individual to blindly obey the orders of the constituted authorities - here is the Kadavergehorsam, the obtuse obedience required at one time in the German military - and to behave in a severely authoritarian way as soon as they are placed in position to do so. As proof of how central this theme was for the Frankfurt Institute for Social Research, psychoanalytic researches on the authoritarian personality carried out until the last years of life of the Institute itself (von Freyhold, 1971), selectively targeted samples of different social strata by means of repeated adaptations of the famous A Scale - a test to measure the degree of authoritarianism of an individual, initially elaborated by Adorno and his collaborators in the American period. In our days, scattered elements of critical theory - again with regard to the study of the relationship between personality and society - survive with a certain vigour in various countries. In France and in Italy much attention has been given to the work of the Greek-French philosopher Cornelius Castoriadis. Although he disagrees with Freud on some crucial points of the psychoanalytic project, Castoriadis has recovered the idea of autonomy of the unconscious as a creative force of pre-social images, placing the salvation of these at the base of a political project that opposes them to the exclusive dominance of an established, or

pre-established social imaginary. The appropriation of the social by the psyche, in which socialization consists, cannot happen without costs, a fact that the great majority of psychoanalysts, including Freud, insist on ignoring by concealing the social and historical components that accompany it. Society, asserts Castoriadis, "*must prepare [...] for the individual the possibility of finding, and making for him, a sense in the established social meaning, but he must also prepare [...] for him a private world, not only as a minimum circle of 'autonomous' activity [...] but as a world of representation (and of affection, and of intention), in which the individual will always remain alone at the centre. In other words, society can never reabsorb the psyche as a radical imagination, and on the other hand it provides a positive condition for the existence and functioning of society. The constitution of the social individual does not abolish and cannot abolish the creativity of the psyche, its perpetual self-alteration, the representative flow as a continuous onset of other representations.*" (Castoriadis, 1995: 199, 205) With this defence of the autonomous creativity of the psyche, which, if not suppressed, would benefit the same society, Castoriadis, among the various representatives of critical theory, appears close to H. Marcuse, who had touched on similar themes in Eros and civilization (especially in the chapters on the origin of the repressed individual and the origin of repressive civilization) and, of course - but with much more limited use of psychoanalytic theory - in the aforementioned One- Dimensional Man.

In the United States authors and themes of critical theory have been taken up in the 1990s especially in the psychoanalytic field. The position of the psychoanalyst and philosophy professor Joel Whitebook of the New School for Social Research, one of the American centres of social research more oriented since the beginning for purposes of criticism and social reform, stands out in this field. He sees a convergence between Adorno's critique of the structure of the Ego in modern societies and those of Lacan. There are three theses that according to Whitebook allow the two authors to converge - on this specific point -: "*1) the unity of the Ego as such is stiffened, obliged and coercive, 2) the Ego is a narcissistic structure (or paranoid)) to the extent that he can learn the object only in terms of his own reflection (or his projections), 3) the* *rigidly integrated Ego is deeply implicated in the will to power and in the dominion of nature.*" (Whitebook, 1995: 133)

Compared to Lacan, however, Adorno would have been wrong, despite the criticism of the Enlightenment, of not knowing how to abandon the last two typically illuminist concepts, such as the concept of rationality and Ego. As in all critical theory, we are not dealing here only with methodological subtleties in the analysis of the relationships between personality and society, but of radically divergent evaluations on the destiny of the identity and autonomy of the individual in advanced societies. Adorno and Horkheimer wrote in the *Dialectic of Enlightenment that we are totally convinced that social freedom is inseparable from enlightened thought* and it is not institutions or collectives that think so, but individuals. Elsewhere, Whitebook attacks the primacy of intersubjectivity and communicative rationality theorized in the late works of Habermas. This primacy, and the whole foundation of the Habermasian theory, would be shaken if one were to admit that at the centre of the subject there is a large tangle of non-linguistic processes. For Habermas (1987), the notion of a prelinguistic unconscious is an anathema. This rejection is based on an erroneous conception of the extra-linguistic reality as pure chaos, a sort of amorphous clay according to Castoriadis. The unconscious is indeed an extra-linguistic reality on which society cannot impose its own linguistic grids at will, it is not subject to external determinations. It possesses an intrinsic imagopoietic capacity, which grounds the possibility of an authentically autonomous thought and action and, with them, of the creation in history of radically new meanings. In this way, Castoriadis appropriates Freud to radicalize social theory by elaborating a theory of historical creativity that avoids the conservative tendencies of orthodox psychoanalysis, "*which tends to consider the fantasies, and the social institutions that derive from it, as the eternal repetition of an 'old mixture' based on a small number of motifs related to drives.*"(Whitebook, 1995: 133). Nothing else has been, since its origins, the inspiring principle of the reconstruction of Freudian theory operated by critical theory. As still vital and practiced in university research centres, it must be said that none of the three branches in which the field of studies on the relationship between personality and society is articulated and summarized, appear to have particular relevance for the practice of politics, education, mass communications, intercultural relations at the turn of the century, in spite of the permanent centrality of the topics in question.

6 Phases, mechanisms and actors of socialization

Returning to the concept of socialization, culture, once integrated into the personality, becomes part of the conscience. It is precisely the latter that induces the individual to conform to the society in which he lives. Learning and inner appropriation of the meanings and general rules that characterize a given society not only perform a regulatory function, as they allow the individual to move within society as in a reality with meaning, but they also confer him a specific identity. The identity of the social group he belongs to. This distinction between adaptation function and identity function is analytical. In the empirical reality of the socialization processes these two functions are strictly interdependent. The "*terrible*" situation evoked by Smelser (1987) is avoided to the extent that socialization is successful and the individual acquires the knowledge, values, behavioural patterns and symbols of the groups of belonging that allow him to live within a given society. Therefore, the analysis of socialization processes is a crucial junction to observe and understand how the dynamics that tend to include, or to exclude, disabled people are generated.

The definition We have given earlier helps to define even better what socialization consists of and what are its basic components, among which we distinguish: the temporal phases, the socialization mechanisms and the socialization actors.

6.1 The temporal phases

When we talk about socialization, we talk about a process that begins with early childhood and continues throughout life. From this point of view, it can be distinguished in phases.

The social psychologist E. H. Erikson (1996), for example, articulates the process of personality formation in eight phases characterized, in passing from one to another, by as many psychosocial crises. Childhood consists of five phases, while the others correspond to different moments of adult life. The relevance of the model developed by Erikson for the purposes of our research consists in the fact that it covers the life cycle of the individual, from infancy to old age. In the latter, the probability of experiencing disabling conditions that make it difficult to carry out the usual activities of daily life increases. Entering this phase, according to Erikson, poses the dilemma between the integrity of the ego and despair. The more one is aware of having lived his life positively, the more his identity will remain firm. On the contrary, the recrimination for missed opportunities will tend to increase the sense of frustration. The use of wisdom allows us to look at the past convinced of this positivity and overcome the risk of despair, keeping alive the sense of integrity of the person. At this stage it is extremely important to have confidence in oneself. This is not an easy task in modern societies which, compared to traditional ones, tend to devalue old age and to relegate older people to the isolation that often precedes death (Elias, 1982). For this reason, according to some research, the intervention of a plurality of professional figures in support of the elderly when disabling conditions arise is necessary (*Reynolds and Silverstein, 2003: 1875-1889)*. The phenomenon has long since become the subject of study by various medical, epidemiological, economic, psychological and of course sociological disciplines.

Here, I limit our attention to the first two phases in which sociology usually distinguishes socialization: that is, primary socialization and secondary socialization.

The term "*primary*" has a double meaning. From the temporal point of view, it is the process that takes place in the first years of life of the individual, up to the school age, through which the child, within the circumscribed environment of a few very strong significant relationships (family), begins to be inserted in the small society, assuming a role and maintaining a certain hierarchy. From here, he begins to become aware of his personal identity and to feel different from the other significant ones. During this period the family transmits the basic social skills, that is the language and the ability to relate with the other

significant ones.

Moreover, this phase is called primary because of the importance it assumes in the construction of identity, since the foundations of the fundamental structure of the personality are laid.

In the "secondary" socialization, so defined because it follows the primary one, individuals enter into other institutional environments such as schools and the world of work, and learn the behavioural patterns typical of those worlds.

Our attention will be focused in particular on primary socialization, because during this period the human individual is in its most "plastic" phase. Thus, in the relationship of dependence that is established with the parents, its human nature can be shaped according to the cultural models of the society in which it is destined to live.

6.2 The mechanisms of socialization

It has been said that socialization makes it possible to integrate a series of cultural elements into one's personality (knowledge, norms, values and symbols). The individual's internalization of external reality and how these become part of his personality is a problem to which the mechanisms of socialization respond. Two types are distinguished: learning and internalization of the other (**Rocher, 1980: 116-117**).

6.2.1Learning

Learning is a process that involves experiencing events that allow the adaptation to changes that occur over short periods of time during the life of an individual and therefore to change his behaviour relatively permanently. Learning can be conscious or unconscious but the urge to learn is powerful throughout life. The psychological theories of learning can be divided into two broad categories:

- theories that conceive learning as a gradual and continuous process (learning by trial and error, classical conditioning and operant conditioning)
- theories that see it as the result of an intuition that involves a rupture and a restructuring of the previous cognitive structure (learning by "insight").

Cognitive theories of learning tend to see it as a gradual process, even if they emphasize the mental processes that underlie it and the ability to predict the outcomes of one's actions or events, rather than simply establishing linear associations between two stimuli or between response and stimulus.

According to classical conditioning, the organism is completely passive, determined by the environment. According to operant conditioning, the organism is active and acts on the basis of the reinforcement and punishment it receives to reach the goal.

According to insight learning, the body acts in the environment and achieves a goal following a cognitive restructuring of the environment.

Learning can also be divided according to the presence or absence of associative character. Classical conditioning and operant conditioning are typical forms of learning by association because it occurs by means of stimulus-response associations; insight, on the other hand, is an example of non-associative learning, as it happens following a restructuring of the elements present in the phenomenal field.

Pavlov's classical conditioning represented a springboard for behaviourism that made it the main object of study. Behaviourists were convinced that conditioning could explain almost all animal and human behaviour; however, although this theory still offers a useful explanation for some behaviours, a series of more in-depth studies has highlighted the role of three fundamental components in the acquisition of a conditional behaviour:

- the neural component
- the cognitive component
- the evolutionary component

A series of experiments (for example Garcia and Koelling, 1966:123-124) highlighted the role of evolutionary mechanisms in conditioning, especially some related to taste and smell that proved to be particularly effective and long-lasting (especially with little-known foods or odours). They also highlighted the existence of a propensity to learn some types of associations more easily and more quickly than others.

As has been said, classical conditioning concerns those learned behaviours that occur independently from the voluntary control of the organism i.e. the involuntary reflexes or behaviours; however, in most of our behaviour, we act voluntarily and deliberately to achieve a goal and, to this purpose, we act on the environment around us, modifying it. Thus classical conditioning is suitable to explain only a small part of behaviours that we could define reactive behaviours. Other types of conditioning, like the "operating" one, refer to all the forms of learning that depend on the consequences of behaviour, which favour or not the repetition of that behaviour. In this case we could talk about active behaviour. Thorndike examined active behaviour before Pavlov elaborated classical conditioning. With the experimentation of the *problem cage*, Thorndike elaborated three fundamental principles for learning:

a learning takes place through trial and error: initially blind attempts are made, with a random number of errors and right answers.

b an action followed by a reward or satisfaction, will tend to be repeated; on the contrary, a situation followed by a punishment or a state of dissatisfaction will tend to be avoided in the future: it is the law of the effect that explains the so-called "animal intelligence".

c the most exercised behaviours tend to be learned more firmly, and it is easier for them to be issued at a later time: it is the law of exercise which emphasizes the importance of the adaptivity of human and animal behaviour.

Learning is therefore gradual, proceeds by "trial and error", and leads to the consolidation of the body's reactions that are rewarded.

Despite the methodological differences, Thorndike's work was in line with behaviourism: it was observable, quantifiable and not "mental".

Watson, the father of behaviourism, did not accept the work of Thorndike, since he assimilated the concept of reward to some mental work. Skinner developed Thorndike's ideas further with operant conditioning.

The term "operant conditioning" was introduced by Skinner to define what occurs when an organism performs a behaviour that can have an impact on the environment. According to Skinner, when we operate in an environment, the latter responds with events that can reinforce that particular behaviour and make it more probable, or with events that weaken it and make repetition less likely in the future. The answers are defined as "operant" because they "operate" on the world to produce effects. To explain the events that increase or decrease the likelihood of an event being reproduced in the future, Skinner introduced the concepts of *reinforcement* and *punishment*. *Reinforcement* is any stimulus or event that increases the likelihood that the behaviour that determined it will occur again whereas *punishment* is any stimulus or event that can diminish the likelihood that the behaviour that generated it will occur again. Reinforcement and punishment can be both positive and negative and it must be said that the same stimulus can be received by some as a reinforcement, by others as a punishment.

When the external rewards tend to diminish the initial interest in a certain behaviour, the over-justification effect occurs. In an experiment by Lepper and Greene (1978: 109-ff) a group of children was given a drawing task; one half received a prize ("good" certificate), while the other half was not given anything. In subsequent tests, the children who received the prize were more involved than the non-award-winning group. However, when the experimenters stopped assigning rewards, the group that received them showed less interest than the other group.

Tolman (1959) was the first supporter of a cognitive approach to operating conditioning and conceived operating conditioning as a more complex means-end relationship than the simple stimulus-response model adopted by many behaviourists. In other words, according to Tolman, reinforcement produces a cognitive change, and it is this mental state that then produces the answer. Tolman's studies focused on two cognitive aspects: latent learning and the cognitive map.

For both classical and operant conditioning, evolutionary components have been highlighted. In some cases from a developmental point of view, a reasonable behaviour prevails over learning by conditioning. For example, it is easier for a pigeon

to establish a link between pecking and receiving food than between flapping wings and receiving food while on the contrary, it will be easier to associate the open wings to an escape behaviour than to peck.

An alternative model of learning to the associative model is represented by learning by insight. Developed by Kohler (1917) in the context of Gestalt psychology, insight is a learning that occurs as the result of an active and intelligent process of the animal (e.g. experiments with chimpanzees). It consists in the ability to connect in a unitary way by cognitively restructuring, elements that were previously disconnected in the environment. The connection operation happens suddenly as a kind of intuition and involves a restructuring of the cognitive field.

So far we have considered an individual type of learning, but part of learning is also done through a relationship with one's peers. In these we can talk of cases of social learning or from models.

Social learning is:

- economic, because much of the work has already been done by others and saves time and energy;
- fast, because it allows the avoidance of initial attempts and errors;
- stable, because we learn from models or behaviours that have already been tested and considered effective.

Thus, social learning has a number of advantages, but we must consider that in some periods of life some models may be obsolete; in that case, only individual learning allows us to disengage and update oneself.

Among social learning can be considered:

- imprinting: a form of early learning - qualitatively different from the associative learning - typical of birds, which establish a strong association relationship with the first living being with whom they come into contact during the sensitive period. Cognitive ethology states that certain conditions must be met in order to establish a bond as strong as imprinting: the model must be comfortable in order to activate endorphins in the brain of the child (Hoffman, 1978: 170).
- observational and imitative learning: based on a series of

devices, including mirror neurons, on the perception-action relationship and on a series of cognitive processes (mental representations, mental images, etc.); Bandura (1997) called it vicarious learning, because the child repeats gestures and behaviours under the supervision of the adult. This type of learning then leads to imitative learning in which the child voluntarily imitates the gestures and behaviours he has observed previously in social interaction. The neural bases of imitative behaviour are to be found in the mirror neuron system, located at the level of the pre-motor cortex, which are activated when a primate observes another primate performing a movement. Their function is to prepare the neurons of the motor cortex to perform an action and allow the execution of imitative movements. More generally, mirror neurons are activated both in cases in which an action is actually performed, and in cases where an activity performed by other individuals of the own species is observed. A. Bandura and R. Walters in their work "*Social Learning and Personality Development" (1963: 4)* set out to observe the imitative behaviour of human beings and formalize their theory of learning, inspired by the studies of Dollard and Miller, based on a group game for children called "follow the leader" (once the line is formed, each child had to imitate, in turn, the movements or behaviours performed by the leader).

Learning can also be thought of as a process in which an individual changes his or her actions based on someone else's actions; learning by observation and learning by listening are examples of emulation of a model and, consequently, of learning by imitation.

Once a behaviour has been acquired, it can be modelled by processes of inhibition and disinhibition, two forms of functional imitation of learning processes that make use of the social dimension. This type of learning occurs in cases where an individual, who has already learned to perform a specific response, learns to repeat it only in some cases and to avoid it in others. The learning of the inhibition of a behaviour learned by observation is a process that occurs in numerous circumstances of social life; for example, a pupil in the classroom (first grade) cannot sit still and quiet, disturbing the rest of the class group, the teacher

scolds him and the reproaches follow each other over time; the child then learns that this behaviour is not suitable for the situation and at a certain point starts to behave in a more adequate way. Similarly, his class mates, by inhibition, understood that their peer's initial behaviour is wrong and not socially accepted.

In the case of learning of disinhibition, the individual who has learned not to give a response previously learned under certain circumstances (e.g., make a fuss in the classroom), when he observes an individual who emits the inhibited response in the same context, reactivates the emission of the inhibited response by imitation. Imagine that in the same class in which the child had been inhibited to move and talk, a new pupil who had recently moved to the city arrived mid-year. The new pupil is a lively and loud child and struggles to stay silent in the classroom, the child who, after an initial phase, has calmed down, observes the newcomer and starts to make noise again. In this example, an inhibited behaviour was uninhibited by imitation.

Another form of learning is that based on the induction phenomenon, in which an individual is induced to emit a previously learned response. Induction is a frequent process among children but relatively common even in adults. Imagine a situation in which someone starts behaving in a certain way and the people watching him want to join him and do the same. A typical example is the beginning of a buffet or the start of the dances at a party. If someone starts dancing at a party it is very likely that the person will be followed by others who will join the dances. In children, it often happens that if a child starts to use a game, the other children will want that same game.

Such a situation can be positive if it is necessary to involve more people in a certain activity. For example, in team sports or group games.

It is not always easy to distinguish whether an imitative behaviour is determined by disinhibition or induction. In fact, both cases provide that the observation of a response tends to increase the probability that the same action is also emitted by the observer. However, from a conceptual point of view, the two mechanisms are profoundly different.

The processes of inhibition, disinhibition and induction are linked to the consequences that would result from the course of the action. Specifically, Bandura is interested in the extent to which aggressive models conveyed by television can stimulate aggressive behaviour in children. His research and, after him, the research of other scholars has shown that children tend to learn aggressive behaviours that they observe in the models and then manifest them in the game situations in which they tend to be more aggressive.

More recently, some studies seem to strengthen the pioneering results of the Bandura group. Anderson and Bushman (1997: 19-41) highlighted that witnessing scenes of violence in the media has both immediate and long-term effects on the likelihood of developing aggressive behaviour.

The change in behavioural pattern manifests itself in the learning of new responses, in the disinhibition of learned and subsequently inhibited actions and also in the induction of learned responses that were not subject to inhibition.

According to Bandura, learning by observation is the fundamental component that characterizes model emulation. Besides observing what is actually done by the observed individual, the observer learns the consequences of the actions issued, draws conclusions and takes into account what has been acquired in order to put in place suitable and adaptive behaviours appropriate to the context in which he operates.

From Bandura's point of view the operative conditioning elaborated by Skinner can also be interpreted in terms of a learning process by observation of the consequences of one's actions, analogous to that which occurs by observing the behaviour of others.

Bandura identifies four components which are necessary for the occurrence of learning by observation:

a attention is essential, since it directs the resources towards a particular event and not another; in fact, the attention devoted to the observation of an event is selective;

b retention is a psychological process and indicates that the selected information remains active in memory for a sufficiently long time to be used;

c execution is a fundamental process, since the simple observation of a behaviour is not sufficient for its reproduction;

d motivation provides the incentive for the behaviour to be reproduced.

The role played by social interaction in learning has been reassessed in recent decades and today, more than in the past, it is believed that young children are active and competent and are able to process the information they receive from the environment. From birth children show a range of skills, a starting endowment, that allows them to gradually learn and develop through a series of interactions. In these contexts of interaction, the child does not learn by trial and error, but by means of routinized interactive sequences (format) that indicate how to proceed (Anolli, Mantovani, 2011: 43, 119).

Cultural learning presupposes a specific human ability to acquire new information regardless of biological endowment. Kashima (2009: 53-77) argues that cultural transmission occurs through social interaction during joint tasks (for example, during meals, family gatherings, etc.). Cultural learning is sporadic and episodic and occurs in circumstances of sharing, in which the individual has the opportunity to observe his fellow men in a situation of relationship with other people (for example, prayer before meals). Rogoff (Rogoff and Sarracino, 2003: 292-336) defines this as an "*acquisition*" process, to distinguish it from a purely associative one. In fact, cultural learning presupposes an acquisition of behaviour with an adaptive purpose; moreover, these behaviours or attitudes are inserted into the personality of the subject who learns them, models them and integrates them with their own characteristics. Cultural behaviour allows the accumulation of learning, and consequently the transfer of knowledge from one generation to another. According to Anolli and Mantovani (2011: 234), Man increases his knowledge by building on what is known already in a process of constant growth, which can be very rapid in some periods and very slow in others.

The mechanism of learning, however, only partially explains socialization, because it attaches little importance to the intentionality of the subjects. Studies of the sociology of childhood

(Corsaro, 2005) show that the child does not passively accept the stimuli coming from the external environment, but re-elaborates them autonomously.

In the course of primary socialization, socialization agents contribute to the formation of what Parsons (*1996: 237-238)* defines as fundamental personality (or basic personality), which is structured through the internalization of the value orientations expressed by those who socialize with the child. Such models of value orientation are decisive "*because they constitute the main common denominator between the personality as a system and the structure of roles in the social system.*" (Parsons, 1996: 238). In this way, the personality formed in childhood can be considered stable. However, the socializing agents, at the same time, pay more or less conscious attention to a general type of personality, considered widespread and therefore, also to a large extent shared. In this case we speak of modal personality, the type of personality that is most frequently encountered in a given social system (Gallino, 1972a: 64). First of all, let's consider the process of structuring the basic personality during socialization and its reference to the social structure.

The basic personality, as we have said, is constituted in the primary socialization, during which the fundamental structure of the child's personality takes shape. Habermas underlines the importance of early childhood for the very structure of the adult personality, precisely because "*the experiences that occurred during that period of formation in a still weak ego have decisive and durable effects, and under certain conditions may affect future learning processes*"(Habermas,1980: 90).

Many authors, among them Parsons, pay attention to an internal differentiation during the formation of the single personality in relation to some fundamental factors, such as sex, the social class (status) of the parents, and the roles that they represent. Therefore, differences are created both within the socialization process and in its outcomes. Parsons states that "*it becomes totally impossible for socialization [...] to put in charge a strictly uniform result.*" (Parsons, 1996: 239)

The relationship between basic personality and modal personality has been studied in various disciplines, particularly in cultural anthropology, by authors such as Linton (1973) and Kardiner (1965), through a concept that usually makes the formation of the individual personality strictly dependent on the appreciation of certain cultural traits, which are therefore learned during the course of inculturation.

The modal personality represents the most congruent and therefore expected type within the social structure. In the course of the formation of the basic personality, although the elements of differentiation are active, a continuous reference to this socially appreciated modal type occurs, and therefore the single concrete personality will tend to assume the traits of this general type. In this way, the personality is also to a large degree dependent on a certain social configuration, but - it must be emphasized - congruence implies at the same time non-congruence (Gallino, 1972a: 69), otherwise we have a total deterministic view of the relationship between individuals and society. The personality is therefore at the same time defined, but not totally structured, by the social environment. In particular, Gallino (1972a: 71-72) points out the elements that urge people to consider personality as an independent variable: it is in fact able to select values and norms, so that they are taken in a different way. Moreover, personality also represents a resistance factor both to conditioning and to change; finally, the personality itself can be a factor of change. An analysis of the personality cannot therefore disregard the examination of the social determinants that push towards attitudes and behaviours which are congenial to society, as well as the analysis of personal variability, sometimes required by society. For example, in relation to specialization in the division of labour, whereas in other cases personal variability appears to be linked to individual motivations and aspirations, which tend to counteract social pressures towards compliance.

Facing these considerations, it is clear that the formation of different types of personality does not happen by chance, but must be related to the demands and expectations of different social groups, which express expectations of uniformity and therefore "ideal-types" in the form of modal personalities, meaning those most frequently present within social groups.

As we saw in the short excursus dedicated to the different conceptions related to personality and society, several authors have paid attention to the types of modal personalities that can be found within a given society. Examples come from those who, within the "culture and society" school, have studied the national character as a set of specific personality traits that refer to a specific nation. The anthropologist Ruth Benedict (1960: 223-249) speaks for example about the "spirit of culture" of a given society to define the coherent organization of some elements of culture that give life to a typicality of the members belonging to it.

Frequently, the modal personality examination is carried out in an evolutionary or comparative key, whereby different types of modal personality are highlighted in succession. This is what Durkheim does, for example, when he compares traditional and industrial societies, which involve two different kinds of solidarity and therefore different personalities on the level of the relationship with other men and with the collective consciousness.

Riesman (1956: 13-25) - in controversy with Parsons on the prevalent personality that he considered representative of US society in the mid-Twentieth century, the self-directed personality, strong and steady in its orientations and motivations - distinguishes three types of personality according to what guides and defines them: the man directed by tradition assumes the traditional cultural models as his constant references and is typical of the Middle Ages. Compliance in this "high growth potential" society is ensured by tradition. As noted by Riesman, the person directed by tradition "*hardly considers himself an individual. Less so happens that he can form his own destiny in personal and lasting terms and that his children's destiny can be separated from that of the family group.*"(Riesman, 1956: 24) The second type, the self-directed man, typical of the Renaissance period, has a solid personality formed through processes of internalization during childhood that make it safe and stable. In a society in transition such as during the Renaissance, the source of direction for the individual is "*interior in the sense that it is inculcated early in life by the elder and directed towards generalized but nevertheless unequivocally determined ends.*"(Riesman, 1956: 21) The self-directed person is therefore able to maintain a delicate balance between what his aspiration for life demands and the obstacles of the external environment. Self-directed persons possess "*a sense of control over their lives and see their children as individuals with careers to travel.*"(Riesman, 1956: 24) Finally, the third type, the heterodirect man, is instead guided by the opinion of his contemporaries and therefore has a variable personality, which adapts to fashions and ideas and is typical of the middle class that was formed in the cities. In this phase of decline, observes Riesman, "*more and more the 'others' constitute the problem, and not the material environment.*" (Riesman, 1956: 24)

As we can see, the examination of the relationship between social structure and modal personality is of particular interest for socialization processes, as it is questioned on what are the mechanisms that govern its formation and which instead enhance personal variability. In modern society, it seems that we should speak of plurality of modal personalities (multimodality) more than a single modal personality. This allows us to better understand "*the internal dynamics of a pluralistic society, its tensions and its intercultural conflicts.*" (Cesareo, 1967: 112). For example, Gallino (1972b: 3-33) identifies four types of personality in relation to the process of industrialization: the adaptive type, which develops to the best an interchange with the environment and therefore its domain; the acquisitive type, which develops a tension towards a specific goal by neglecting others; the integrative type, in which the concern for maintaining a harmonious balance of his personality is evident and therefore tends to defend his personal integrity; the idealist type, which binds the achievement of a goal to respect for principles or values that are essential to him.

These typologies, but above all the one that provides for the appreciation of multimodality, makes the analysis of socialization processes even more complex precisely because it is difficult to identify which elements contribute to form one type rather than another. In any case, the existence of a plurality of modal personalities undermines the principle of uniformity and in general an exclusively conformist reading of the process of socialization itself.

6.2.2 The development of the Self and the interiorization of the others

Talking about personality also means tackling the issue of identity and, in particular, of the formation of the Self and its stabilization.

The Self undoubtedly appears as a multidimensional concept, with respect to which man has always questioned himself and which therefore constitutes the meeting point of reflections and empirical research coming from various fields. From its origins, it was psychology that dealt extensively with the theme of the Self, first on the individual level, because there is nothing more intimate and private than the Self, in what is commonly referred to as personal identity which is defined, or better, built in the context of relations with others, thanks to specific experiences of mutual comparison, and therefore possesses a fundamental social dimension. If on the one hand, the process of constructing the Self presupposes an encounter with different partners, on the other it implies in parallel, the implementation of cognitive processes of an intra-individual type (as we have seen), of not only organization, attribution and re-elaboration of meanings, but also of regulation and control of affective states associated with lived experiences. Finally, an important role, within the definition of the self, is played by the component of the evaluation, that is the value that is attributed to oneself, so-called self-esteem. In essence, the notion of the Self realizes within it the meeting between individual, social, cognitive and emotional-affective instances, and the outcome of the process of self-construction, in every moment of the evolutionary cycle, is the product of a dynamic equilibrium between these instances.

The multidimensionality of the construct under examination makes sense of the multiplicity of studies carried out and in particular of the plurality of approaches - cognitive, social and motivational - from which the Self has been defined and investigated. Since our work focuses its attention on disability, a synthetic excursus on how to build the Self from the psychological point of view could be interesting.

As I have written, the concept of the Self is multidimensional. The first to postulate this aspect was W. James distinguishing between:

- I: the conscious self
- Me: the known self (material Me, social Me, spiritual Me)

He also made a distinction between:

- Current self: actual, real
- Potential Self: desired, product of the mind and personal expectations.

Let us now consider some models related to the concept of the Self.

G. Mead considers the Self the product of the mirroring (looking glass self) that each individual performs in others. Thanks to increasingly complex processes of a cognitive, symbolic and social type, the individual internalizes the attitudes, social roles, representations and expectations of the social group of belonging ("generalized other") and builds his own self.

According to Bruner, thanks to the language and the narrative structure of thought, the individual, since early childhood, tends to give meaning and coherence to their experiences, placing them in the cultural context of belonging. In this way, he organizes them into a coherent construct that will progressively constitute one's own self.

Guidano (1988: 61-69; 75-77; 84-88) considers the Self a complex structure of a systemic type, whose stability and coherence (identity) is guaranteed by the balance between the need to have relationships with others (opening of the system) and the need to establish oneself, separating and identifying (closing). This dual instance is already evident from the first core of the Self, defined by one's social amiability and the first forms of autonomy and competence.

According to Self Determination Theory (Connell and Well*born, 1990; Deci and Ryan,1985)* the self-perception that an individual experiences during his actions in social contexts is the product or the resultant, of the meeting, between one's own basic individual needs, from one side, and the patterns of social relationship in which he is inserted, on the other.

The basic needs of the individual are three: competence, connection and autonomy.

According to Cornell, the individual satisfies the need for separation when he experiences himself as the architect and regulator of his actions and when he feels that the motivation that drives him to act is promoted by himself, which is internal and intrinsic. The basic processes connected to the satisfaction of this need are those of self-regulation and perception of an internal "locus" compared to the control of one's actions. In short, those who have identified separation as a basic need, even if in different perspectives, have emphasized how such an evolutionary instance leads, if satisfied, to a differentiation of self compared to others and to perceive oneself endowed with one's own individuality.

The other side of the coin of the need for separation is connection. Separating oneself from what one is in relation to is necessary, but the condition for separation to happen is to build the relationship.

The social needs facing outwards, towards others, are:

- the need for attachment / security
- the need for social relations
- the need for belonging
- the need to confront / identify oneself
- the need to have a partner

Connection as a basic need is a central and dominant theme of the psychology of development and is, undoubtedly, the most investigated. There is a continuity between the classical philosophical conception, belonging to the past, which sees man as a social animal, and the current idea that sees, above all, man as a more technologically connected individual..

Connection as a basic need refers to the biological necessity of feeling safe and protected in the social context, of feeling part of a whole, of feeling capable and worthy of being loved and, in turn, of loving. In fact, the need for relationships appears satisfied when the individual has contact or proximity with other individuals and when their requests are received, in essence, when he perceives a sense of connection with the outside world. Among the significant processes that contribute to the fulfilment of this need are those related to the construction of relational patterns from which can merge an idea of self, of others and of the relationship in terms of security, love, connection, but also

of competence. International Working Models (IWM) (Bowlby, 1989) are a good example of this.

Developmental psychology is predominantly psychology of the relationship. The theories and models that relate to it are:

- the psychodynamic theory of object relations
- attachment theory
- the interactionist model of development.

The psychodynamic approach to object relations describes how the link between the child and the investment object of the drives leads to autonomy, as it is realized. Only if the child has built a deep and secure relationship with a sensitive and caring mother (who satisfies his need for connection), but at the same time is non-intrusive and respectful of his need for separation, will he be able to stand alone (Winnicott, 1970) and achieve inner separation (Klein, 1978) and self-awareness (Mahler, Pine and Bergman, 1978).

Attachment theory emphasizes the importance of the relationship, but through the construction of a relationship, the individual proceeds from a condition of total dependency to one of autonomy (internalization of the relationship). The point of arrival is the construction of the first schemes of self (IWM) in terms of loved/unloved, competent/non-competent.

Therefore, the attachment bond on the one hand satisfies the need for connection, while on the other it allows to experiment the first forms of autonomy (the first nuclei of the Self) and competence (ability to love and be loved).

The interactionist model of development has underlined how the individual is predisposed to sociality and has shown how interactions with others are powerful evolutionary factors, as they contribute to the construction of various skills (linguistic, social, emotional...), thanks to the which individual defines his own way of being, that is, acquires information about himself (categorial self) that allows him to differentiate himself from others and to play a role in the social context (Dunn, 1998: 187-210).

In summary, those who have emphasized the connection as a basic need, although inspired by different perspectives, have all stressed how such an evolutionary instance leads, if satisfied, to perceive that sense of security and competence that allows the individual to both separate from others, i.e. to live without the others, and to differentiate themselves, affirming their own identity and their own individuality.

From a reflection on the basic needs of separation and connection, it has emerged that they can hardly be distinguished: it is as if they constitute two sides of the same coin of development, which, in turn, is nothing but a progressive acquisition of competence. Thus, separation, connection, competence are three basic evolutionary instances intertwined with each other.

The need for competence (Elliot, McGregor and Thrash, *2002, pp 501–519)* refers to the need to produce an effect on the environment. The latter is perceived as satisfied when the individual experiences being able to produce a desired effect (a positive outcome), or to avoid an unwanted one (negative outcome). A similar mechanism is triggered when an individual expects to succeed in a task or in the implementation of a behaviour.

Two processes appear to be crucial to the sense of competence, and therefore to the possibility of perceiving oneself as such and of satisfying this need: the knowledge of one's own abilities (experimenting with know-how, having confidence in one's own abilities) and awareness of the strategies useful for knowing to do (how to act to achieve a positive outcome and to avoid a negative one).

In short, the need for competence is satisfied when an individual knows what to do and how to do it in a given circumstance and compared to a specific action.

Satisfying the need for competence leads to the exercise of some form of control over action - and therefore external reality - from within. The individual experiences, therefore, not to be at the mercy of the external world, but to be distinct and autonomous with respect to it.

Thus, the experience of perceiving oneself as competent, of exercising an effect on the environment, actually leads him to understand his sense of autonomy and to feel that he is different and separate from what he controls.

The paths to satisfy the need for competence are:

- secondary circular reactions (Piaget, 2000) thanks to which, around six months, a movement, or an action that produces an effect on the environment comes to be generalized and included in the repertoire of action schemes.
- self-conscious emotions that appear towards the end of the second year of life and are closely connected to a first form of self-assessment, and, in particular, to the effect that one's own behaviour exerts on the external reality.

The close link between the three basic evolutionary instances and their importance with respect to self-construction emerges from the previous reflections. Competence, connection, and autonomy are the main dimensions of the system of the Self, because the processes through which such instances are satisfied allow the individual to perceive and experience the different components and characteristics of their way of being in various situations.

Some interactive patterns can, in a specific situation and during a given activity, be more or less functional to the satisfaction of individual needs, and therefore allow the individual himself to experiment, in that situation, a more or less positive sense of self.

The variations in the system of the Self, therefore depend on the degree to which the basic instances are accepted and fulfilled by the relational context.

The characteristics of the relational environment able to influence the satisfaction of the basic needs of autonomy, competence and connection are:

- structure
- support for autonomy
- involvement

These should be read not only as elements objectively possessed by the context, but also with respect to the perception that the individual has of them.

When we talk about the "structure" of a context, we refer to a very clear and defined environmental framework, such that the individual is aware of what he can expect.

Experiencing a "structured" relationship means perceiving it as coherent and stable, and therefore well-defined and predictable. On the contrary, in the absence of structure, the individual perceives incoherence, instability and does not know, in a particular circumstance, what he can expect from it.

Support for autonomy is perceived within a relationship in which the partner recognizes the need for separation and internal control of their actions and therefore is not intrusive and does not exert excessive control over behaviour.

Involvement characterizes that reaction or that socio-cultural context in which the individual perceives the attention, participation and concern of others; he feels that he is accepted and participates in a whole, experiencing a sense of belonging and connection. Otherwise he will perceive a sense of isolation and loneliness.

The characteristics of the context are expressed not only in terms of relationship, but also with reference to culture: i.e. either as collectivistic or individualistic cultures, because they are differently characterized with respect to their structures to support autonomy or involvement, differently meet the needs competence, autonomy and relationships, and therefore influence the perceptions of the Self in particular circumstances (Dennis et al.,*2007: 729-749)*. Also, the socialization models present in the different family and/or educational contexts, can guide the action of the relationship partners in such a way as to satisfy the social or individual needs of children in a different way (Corsano, 2004: 21-26).

The characteristics of the context may have different meanings, with greater or lesser significance with respect to:

- to the domain of life: home / school / peer group.
- to the development phase of the individual.

The same basic needs, however, are expressed with different strengths and methods depending on the age of the individual.

In the development path of the concept of Self, two significant moments are identified (Lewis, *1990: 93-116)*:

a that of the existential Self: the awareness of oneself that is the ability to understand that one exists as a distinct individual, separate from others and endowed with continuity in time.

b that of the categorial Self: the real concept of self, that is, the attribution of characteristics to oneself, the placing of oneself within categories that define it: age, sex and size.

The existential Self is built within the second year of life. It is evaluated by:

- evidence of visual recognition in the mirror (Lewis, 1990: 93-116)
- appropriate use of personal pronouns and proper name
- presence of self-affirmation and complex emotions (shame, pride ...)

The experiences that support the acquisition of the existential self are:

- Secondary and primary circular reactions (Piaget, 2000)
- Protoconversations (Stern, 1985)
- Contingency between one's actions and their effects (Piaget, 2000)
- Emotional dialogue (Stern,1985; Trevarthen, 1979)
- Observation and exploration of one's own body

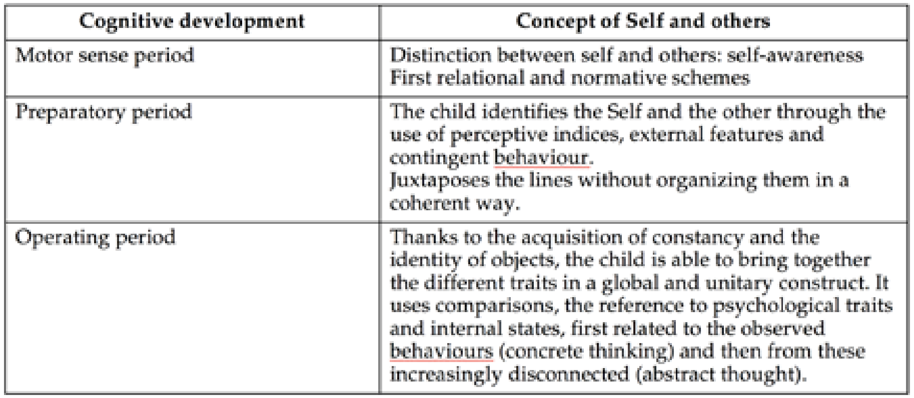
The acquisition path of the existential Self concerning the process of construction of the object (and differentiation of the subject) has been described on the cognitive level by Piaget (2000): and on the affective level, in regard to the process that, at the fusion and symbiosis with the mother, leads to separation and individuation by M. Mahler (1978).

The categorial Self is built from about two years, parallel to the knowledge of others and follows cognitive development (cognitive schemes gradually become more complex allowing new knowledge and new ways of reworking knowledge) and social affective development. Relationships with others allow us to obtain information about ourselves. The categorial self has been studied mainly through the use of language (narrative method): the definitions of themselves that children create, gradually incorporate the following categories: age, gender, physical characteristics, owned objects and activities carried out, skills and psychological *traits (Schaffer, 2004: 159-171).*

According to Guidano (1988: 61-69; 75-77; 84-88), the very first nuclei of the Self (early childhood) originate in family relationships and concern social amiability, safety, basic skills related to autonomy, which are the first norms. These nuclei are then consolidated within other relationships, especially with peers, building a self that is always made up of relational, normative and competence patterns, adapted to the level of development reached.

Structurally, the concept of Self changes in the following directions (*Schaffer, 2004: 159-171)*:

- from global to differentiated
- from juxtaposition to organization
- from inconsistency to coherence
- from the concrete to the abstract
- from induction to deduction
- from the absolute to the comparative
- progressive distinction between public and private Self, real Self and ideal Self.



Cognitive development	Concept of Self and others
Motor sense period	Distinction between self and others: self-awareness First relational and normative schemes
Preparatory period	The child identifies the Self and the other through the use of perceptive indices, external features and contingent behaviour. Juxtaposes the lines without organizing them in a coherent way.
Operating period	Thanks to the acquisition of constancy and the identity of objects, the child is able to bring together the different traits in a global and unitary construct. It uses comparisons, the reference to psychological traits and internal states, first related to the observed behaviours (concrete thinking) and then from these increasingly disconnected (abstract thought).

Table 2 – Stages of development

From the 1990s onwards, studies conducted with new methodologies (Eder and Mangelsdorf, 1997; Brown and Dunn, 1996), have shown that children of preschool age are able to attribute not only physical characteristics, but also psychological (emotional, social, personality traits) and to organize them in a coherent way.

The experiences that influence the categorial Self are:

- socializing with peers and with adults
- the expectations of parents and peers
- the attribution of meanings
- experiences of storytelling and reminiscing
- cognitive maturation (memory, language...)

- self-esteem, meaning the assessment or the judgment that the individual expresses about himself.

This is built in parallel to the Self-concept and is the product of:

- experiences (successes, failures ...)
- the expectations of others
- judgment received from others

The experiences within which it builds the self-esteem are:

- the child/parent interaction
- the interaction between peers
- play (solitary and social)
- school activities and extra-curricular
- the profession
- relations with the partner

Self-esteem is consistent with the assessment of reference adults. According to Berti and Bombi (2005: 92-93; 169-170; 284-286) up to school age, self-esteem tends to be predominantly positive because of protective optimism, comparison with oneself and the past, with cognitive limits. Self-esteem is a stable and self-referencing construct.

However precociously, the children express judgments about themselves, deriving conditions of well-being / malaise; many authors believe that a true self-esteem construct is present only after school age. In fact, self-assessment involves comparing three instances (Higgins, *1987: 319-340)*:

- the real Self: "as I am"
- the ideal Self: "how I would like to be"
- the normative self: "how I should be"

The self-assessment capacity is structured over the years according to different levels:

1 First level (First year of life): the child perceives only contingencies between his and others' behaviour that gradually lead him to the distinction of himself.

2 Second level (2-3 years): the child relates his behaviour to the emotional states of others that constitute a first form of evaluation.

3 Third level (preschool age): the representative capacity and the theory of the mind allow to anticipate the effects of one's own actions and the emotional reactions of others.

4 Fourth level (childhood): The Self is stable differentiated internally and evaluated with respect to norms and values.

5 Fifth level (adolescence and adulthood): the normative and value standards used for self-assessment and self-regulation must take into account different social contexts and are not always in agreement. An integration based on a stable and coherent identity is necessary.

Several studies have correlated the patterns of self-constructs of pre-schoolers with familiar, social and individual variables. Different profiles of children and psycho-social adaptation have emerged: positive self-relationships are related to psychological well-being, social adaptation, autonomy, attachment, social competence and perceived competence; otherwise negative self-schemes are related to anxiety, depression, difficulties in the relationship with adults (parents, and teachers) and with peers, low perceived competence.

The construction of the self recalls the concept of identity and identity refers to the personality. In examining this relationship, there are at least two distinct positions: one that considers identity as a component of personality, as for example in Parsons, and one that instead believes that identity can be considered distinctly from the personality and therefore in some measure also as an autonomous entity, partly or totally disengaged from social conditioning (Sciolla,1983: 9).

This last interpretation of the relationship between identity and personality is interesting in relation to contemporary society, which is characterized by an increase in the possibility of mobilization of identification processes, especially during secondary socialization and in adulthood, and therefore of liberation from social conditioning of primary socialization, while the coincidence of identity and personality may be more adequate to describe situations typical of pre-modernity or early modernity, when personality traits corresponded largely to the socially valued types and to which the same processes of identification converged.

After examining the construction of the Self from the point of view of psychology we consider the construction of the Self from the point of view of social psychology and the identification of the mechanism of the internalization of the other. The definition of the relationally understood Self, that is, a social construction that implies the internalization of meaningful others, is due to Cooley (1963: 8, 23), one of the greatest representatives of the interactionist perspective. According to this author, by mirroring oneself in the gaze of others, each constructs his own self. Our perception of ourselves is formed through the opinions that others have of us. The "reflected self" consists of three elements:

1 what we think others see of us;

2 how we think that others react to what they see of us;

3 what will be our reaction to the reaction we perceive in others.

Ultimately, existential consciousness, according to Cooley (1963), is constructed through perception and communication. Since the subject takes on the attitudes that others express towards him, these reflexive evaluations define what is metaphorically referred to as the looking-glass-self. The quotation is necessary to understand the position of Georg Herbert Mead, a philosopher and social psychologist of the behavioural matrix, father of symbolic interactionism. At the heart of his reflection are the notions of "mind", "self" and "society". These three notions give the title to the famous book written by Mead: Mind, Self, and Society (1934).

Sensitive to the influence of pragmatists (especially John Dewey), Mead is convinced that action is taken according to the principle that an appropriate response to a stimulus from the environment is always implemented. In particular, in the case of man, the symbol is placed between the stimulus and the reaction, coordinating with which one's own actions are oriented. The *self* and the *mind*, far from being innate, are developed in an attempt to adapt to the environment around us. Mead focuses on how the *mind* develops from our childhood: from a wide range of gestures the child selects those that the family can understand, gestures that then acquire a common meaning for the child and his family, assuming the form of *conventional gestures*. These shared gestures allow the child to communicate their desires and needs accurately, guaranteeing his survival. This marks a big step forward in the development of *self* and *mind*: in fact, the ability to interpret gestures is the ability "*to assume the perspective of the other*". Without this capacity, the cooperation that characterizes every society would be impossible, as it implies that the individual also considers himself from the point of view of the other: in this way, the ego can better evaluate the consequences of its action towards the Other. Mead is convinced that, among the peculiarities of the human species, there is that of making itself an object of representation, objectifying itself; moreover, the author analyses this experience in terms of social interaction. According to Mead there are three levels of *self*-development:

1 play, through which the child learns to assume the perspective of his playmates (the parents);

2 the game, in which multiple different images of own self are acquired (at kindergarten, at school, with classmates, etc.);

3 The generalized Other: in this way, individuals acquire the prospect of a community of attitudes, thanks to which they cooperate with different people by identifying with them. In fact, society is the organized interaction of individuals.

Starting from the preconditions of the Darwinian evolutionism that had also informed Dewey, Mead formulates a theory of the emergence of the Self, which is of the conscience, from the relationship, from the social interactions. These interactions, which always have a communicative function, are at first purely gestural (as in animals and primitive men), then linguistic. Language is expressed by the use of significant symbols that are such as to have the same meaning both for those who use them and for their recipient, allowing the identification of the first in the second and vice versa. The habit of carrying out this identification has caused the Self to arise which is therefore neither a metaphysical substance nor an individual function, but a behavioural consequence of linguistic intercommunication. Within the Self, Mead then distinguishes between the *Me*, which expresses the behaviour of the social group internalized by the individual and having on him the function of social control (the "spirit" of Dewey), and the *Ego*, which represents the component of spontaneity and originality inherent in the response of the individual to the environment and therefore constitutes the condition for the modification of social relationships.

The genesis of the Self in the social process is a condition of social control, the Self is an emerging property that maintains the group's cohesion as individual will be harmonized through the means of a well-defined reality. There are two dimensions in Mead's social theory: the internalization of the attitudes of others towards oneself and others, and the internalization of the attitudes of others towards the aspects of common social activity. The Self refers to social projects and goals. It is through the means of the process of socialization that the individual is led to assume the attitudes of others in the group and others are involved with him in his social activities. The Self is therefore one of the most subtle and effective instruments of social control.

Freud's psychoanalytic theory (It. transl, 1977) highlighted the role of libidinal components in socialization processes. The idea that Freud has made of this process does not come from a direct study of childhood, but derives from the retrospective information given to him by his patients. The central assumption of his theory is that human nature is driven by impulses, the most pressing of which is that of pleasure. However, since a pleasure-oriented society cannot function, it is necessary that these impulses be channelled and their gratification inhibited or postponed.

Freud distinguishes three components of the personality: the Id (pleasure principle), from which all the impulses that demand immediate gratification come from; the Ego (the principle of reality), which is directed to the external world and which directs the instincts of the Id towards the most suitable objects to satisfy them; the Super-Ego (principle of authority) that coincides with the internalization of the father figure and therefore with the social norms that this figure symbolizes. This element performs a coercive function analogous to that which Durkheim assigns to moral obligation.

The behaviour of a subject is the result of the equilibrium established between these three components. The Ego is held responsible for the actions of the child that the "reward" Super Ego through the attribution of gratifications and sanctions. Children experience strong conflicts between the impulses of the Id and the requests for conformity coming from the outside, and in particular from the parents.

These conflicts occur at the same time as the body's growth process that Freud divides into the following phases: oral, anal, phallic, genital. In each of these phases, specific physical functions direct the child's instincts in search of experiences capable of satisfying these. The oral phase is dominated by the function of sucking, the child's relationship with the world passes through the mouth, which becomes for him the source of pleasure. The psychological development of the child will depend on the way in which parents are placed in relation to nutrition and, more generally, from the educational practices they adopt in managing the mouth as a source of pleasure. Similarly, it happens in the later stages where the sources of pleasure change. The anal phase, characterized by the control of the sphincters, represents for the child the conquest of autonomy. During the phallic phase, in which the main source of pleasure is represented by the sexual organ (male or female), sexual differentiation emerges which will lead children to identify themselves with the father (once the oedipal phase has been overcome) and girls with the mother. The genital phase marks instead the beginning of puberty, where the main source of pleasure is represented by the relationship with an individual of the opposite sex.

Piaget (1966; 2000) was interested in the development of cognitive structures in children. He conceives such development as a process of construction proceeding by assimilation-adaptation by successive degrees. The object is assimilated into an action scheme that adapts to the specificity of the external object. The process, which develops increasingly complex schemes of action, is divided into four phases:

1 from birth to two years, the child goes through the sensory-motor phase during which he develops the ability to mentally build objects;

2 from two to seven years, in the phase known as pre-operative, the child learns to distinguish reality from the symbols that represent it;

3 from seven to eleven years there is the phase of concrete operations, during which the child learns to mentally perform those operations that previously carried out manually;

4 finally, between the ages of twelve and fifteen, formal operations are carried out; in this phase what has now become a youth is capable of reflexivity and of reasoning in an abstract way, even on problems of a moral nature.

The temporal periodization is data subject to change during time. In contemporary societies, the various steps tend to be anticipated.

Recently, the French sociologist Dubar (2004) has deepened the connections between Piaget's cognitive theory and social action. Already in Piaget's theory, mental structures are intimately connected to relational structures. At each stage - according to Dubar - "*we can match the typical forms of socialization that constitute the mode of relationship of the child with other human beings*" (2004:14). In the first stage, motor and individual, the rules are represented by the motor rules. In the second stage, defined as egocentric, the child receives from the outside examples of already codified rules, which therefore exert a constraint. Subsequently, at the third stage, that of incipient cooperation, the rules of conduct are still, for the most part, informal, but from time to time they are negotiated. In the fourth stage, instead, the codification of the rules takes place: the need for formal rules with intellectual coherence and justifiable on the moral level is felt. As Dubar notes, even if Piaget has not been able to separate the two structures (not even on the analytical level), his theoretical contribution makes it possible to analyse the social from an objective point of view, in terms of forms of collective organization, and from the point of view of individual mental contents and their detection.

Interest in the recent developments proposed by Dubar derives from the importance they assume in the case of the socialization of disabled people. The organic impairments and functional limitations can condition and / or alter mental structures (such as in the case of psychic and sensory impairments) and directly affect the relational structures, and therefore on the normativity of the relationships corresponding to each stage. According to Piaget, socialization can be summarized by the following four transformations:

- from respect for parents to mutual respect among children;
- from personalized obedience to a sense of the rules;
- from complete heteronomy to reciprocal autonomy;
- from energy to will.

Even these changes can occur in different ways. The socialization of a disabled individual requires new paths to be followed on which the family, alone, is not able to begin. In the relational context of the disabled person, new figures and new roles (starting from the same parents who can assume ambivalent attitudes towards him) can appear, which offer him new opportunities for transaction and identification. During primary socialization, the disabled child builds his social identity in the constant tension between the desire to be like others, accepted by the groups to which he intends to belong, and his diversity.

The problem of the multiple forms and multiple meanings that are attributed to the Self is addressed by Rom Harré (1992), within a theorization situated between discursive psychology and cultural psychology, breaking this concept into three distinct parts: the *Self1*, the *Self2* and the *Self3*. For Harré, the *Self* is a grammatical fiction necessary in the speeches related to people, and a place from which to perceive the world and from which to act that is characterized as a synthesis of different alternating identities within the multiple interpersonal and social relationships. Although divided by a more linear approach, detaching itself from recent theories, the Self is no longer seen as a fragmented element but as a psychic nucleus aimed at the coordination and integration of psychic processes. The *Self1* represents the sense of where we are placed, as a person, within the social environment and coincides with individuality; the *Self2* constitutes the sense we have of ourselves as something that possesses a unique set of attributes; the *Self3* represents the set of impressions that a person produces on another person in relation to his personal characteristics.

Following this discourse, the *Self1* denotes the sense that a person has of himself and is unique, except in pathological situations, the *Self2* is the totality of a person's attributes, including

beliefs about himself and the *Self3* symbolizing the type of person that we are considered by others. The *Self2* and the *Self3* can be multiple, since *while in space one can have a single Self, since it exists in only one body, in time the person can have and has many Self* nevertheless considered that there are various *Self* called into question on different occasions and in dialogues with different people.

Chapter 3

The family as educational and relational model

1 The family

1.1 Definitions and functions of the family

The family is the main socialization agency during the primary socializing phase. Despite the difficulties and contradictions found within many contemporary family contexts, it constitutes the primary group of reference, according to the definition given by Cooley (1963: 23), because of the fundamental role it that plays in the socialization of the child and for the *deep emotional ties* that bind together the members of the family. However, it has a double value: in fact, in addition to being a primary group, it is also a social institution, in the sense that it has a *regulatory framework that is socially defined.* In this perspective, the existence of a narrow relationship between family and society is underlined; where the latter looks at the family as an important entity, that defines the juridical position of its components. Nevertheless, the family is an institution, because the life that is unwinding inside is not simply articulated by the norms defined by its members, but it is pervaded *"by models that regulate the behaviour of those who live in it and who simultaneously link this behaviour with much wider contexts of meaning"* (P. Berger and B. Berger, 1977: 24). The other institutions, such as the school, therefore consider the family, from time to time or even simultaneously, as a group or as an institution. For example, the family is the institution responsible for carry out of educational obligations . The school often finds itself having to enforce this right and duty going far beyond the purely institutional relationship, entering the examination of the family as a group, in the way of thinking and living and also in the relationships that exist between parents and between them and the child.

The institutional approach to the study of the family was challenged in the 1970s, when institutions suffered a hard attack from anti-authoritarian and anti-institutional movements. In those years, a critique of the "bourgeois" family emerged, in which the authority of the family was considered a reproduction of the broader authoritarian structure of society, and as well as to the condition of women, subordinated and marginalized both in the family and within the labour market (Saraceno, 1976; Balbo, 1976). The 1970s are also a watershed for the family, , which generates the break with previous patterns and models and brings out alternative hypotheses. In the study of the family, we tend to replace the institutional approach with an approach centred on the analysis of interpersonal relationships and exchange processes. The family is therefore valued in terms of interactions: "*the family loses its institutional character to become pure companionship, based exclusively on affection and mutual consent matured day after day*" (Rossi,1990: 7). This emphasis on the family as an emotional group, however, has its own limits related to the risk of closure, implosion and therefore loss of relevance as a social institution of reference.

The family, like all social institutions, has been transformed over time. From an evolutionary point of view, there has been a transition from the extended patriarchal family, typical of the pre-modern, to the limited nuclear family consisting of only two generations, the adult couple and the children. Other authors believe that this is a reductive view of the complex processes that led to the current configuration of the family and, above all, that it is wrong to consider the nuclear family as an exclusively modern product (Donati and Di Nicola,1989: 38). Therefore, if we consider the development of the family, we must distinguish between a historicity of the family, for which it assumes different characteristics in different periods and instead the linear development of progressive quantitative-qualitative contraction of the family itself, up to the hypothesis of its dissolution. While the historicity of the family is undoubted, linear evolutionary vision appears to be reductive.

If we consider the family from the point of view of its historical evolution, the transition from pre-industrial to modern society is particularly significant and is marked by the dissolution of the patriarchal family, connected to the progress of urbanism and industrialization. This has led to a loosening of the family ties as exclusive sources of obligations and morality (Ardigò,1966: 636). As Parsons clearly emphasizes, during his work on the family in collaboration with Robert F. Bales "*the family group is a solidarity unit in which, once the unit is established, the member's quality and status are ascribed […] For much of the world and of history a very large proportion of man's habitual work is, and has been carried out in the context of kinship. The professional organization understood in the modern sense represents the antithesis of this.*" (Parsons and Bales, 1974: 17)

With the advent of industrial society, as happened for the individual who reached an increasingly higher level of self-awareness, there is also a process of progressive "subjectification" for the family which is found in a transformation of interpersonal relationships between husband and wife and between parents and children. Moreover, concurrent with this process, we note "a polarization of the private moment against the public, while in the premodern context the family has always been, at least in its dominant model, at the same time a "private-collective-public" fact. Here is the main contradiction between today's family and the social system (Donati, 1978: 23).This process of progressive subjectification and constitution of a family privatization dimension corresponds to the birth and development of the bourgeois family model, well described by Peter Berger in his important work *The War Over the Family (1983, It. Transl. 1984*) in which he shows the strength of this model precisely in its compactness around an *ethos* and a cure both of the internal bonds and of those with the outside: the bourgeois family model corresponds at the same time to a process of rationalization of family life and to a development of the process of individualization and therefore of valorisation of the individual within *(Berger,* 1984: 164). The author underlines how the bourgeois family - for its compactness with which it presents itself as a "revolutionary" form compared to the models consolidated up to the Eighteenth century - has been the engine of modernization and a reference point for other social strata as well as for the school reality that has being created. The values that distinguish the bourgeois family are, in fact, on the one hand a particular emphasis on the ethical and normative dimension, while on the other a specific attention to the care and growth of children, with a central role of women in the construction of a balance between individualism and social responsibility. Berger focuses on a discussion to defend this model, precisely because of the compactness and reassurance it provides, this model has been in crisis since the 1960s and progressively emptied: it is therefore a model that is no longer usable and in fact no longer replaced, which leaves a significant gap as a point of reference and reassurance for society and for the individual: the family ceases to be a given objective, an institution, to become a space for the project of individuals *(Berger,* 1984: 18).

In different historical realities we see different family models, both on the structural and quantitative level, both as regards, the number of members of the family unit, the functions performed by the family and the distinction of roles within it, for the performance of these functions. Functions and tasks assigned to the family are the object of different interpretative approaches that we can find, for example functionalism, in particular of Parsons, or the Marxist and neomarxist position of criticism of bourgeois ideology.

According to Parsons and Bales (1974:15), in the industrial society the role of the isolated nuclear family narrows, but specializes. Substantially two specialized functions are recognized: primary socialization of children and the stabilization of adult personalities, intended as the regulation of the personality balances of the members adults of both sexes. As we can see, these are functions that mainly concern the sphere of personality and, in particular, the psychological and emotional aspects. In this perspective, the family is configured as an "*agency specialised in affection*", because, as Bergers affirm (Berger and Berger, 1977:

113*)*, it mainly performs functions that "*essentially concern the subjective needs, hopes and fulfilment of the individual*". Besides, we should keep in mind, that the family determines the position of the child, both as regards the hierarchical position inside the family nucleus, as well as the *ascribed status*, that is the social position occupied inside the social stratification. Nevertheless, it is evident that child's realization, in terms of attainment of a social and occupational position, must be set in relationship with a series of roles that are no longer ascribed, but must be acquired. In this direction, the family, according to Parsons, must lay the foundations for the development of that attitude of realization that we have seen to be important for life trajectories beginning from school and from the fruition of the learning experience.

Therefore, the reduction of functions does not mean a loss of importance of the family. In fact, for functionalism, the family plays a primary role, functional to modern society, which requires emotional balance on one hand and, on the other, freeing the subject from ties of kinship or community, an availability to mobility and change and development of an attitude towards achievement. According to the functionalist perspective, the functions of the family are tightly related to the reference society with which it shares cultural values and models and the individual development is directed to the progress and development of society. Therefore, the family depends on the historical and above all macrosocial and structural dynamics, in fact "*the attainment of the integration / adaptation of the family core contributes to reduce to the least one the tensions that could threaten the equilibrium of the general system.*"(Rossi, 1990: 5)

According to the positions of Marxism and new Marxism in its various declinations (the Frankfurt School – Adorno, Horkheimer, Marcuse, Fromm -, Foucault, the deconstructionism of Derrida) the progressive emptying of functions of the family would mark its decline, above all as an institution and place of reproduction of the society and its relationships of domination. In this critical perspective, we can also include the political protest movements of the 1960s and 1970s and the feminist

movements claiming autonomy and emancipation of women from male domination.

From the 1980s there has been a revaluation of the family and a recognition of the functions that it performs. If it is misleading, both on the theoretical and on the empirical level, to relegate the role of the contemporary family only to the functions of reproduction, emotional rebalancing and psychological support, it seems necessary to supersede the sociological analysis that considers it only functional to the social system, especially as a central element of institutionalized social control. Donati, in the second half of the 1970s, underlined how the solidarity of family turns out to be something more and different from the mere performance of socially tasks defined from the outside. It is, rather, "*a resultant of various levels of reality, which correspond specific social functions. These levels can be orderly according to a decreasing degree of energy and increasing regulatory control as follows:*

- *biological level (social functions of reproduction),*
- *psychological level (personality maturation),*
- *economic level (cooperation in adaptive problems),*
- *social level (assumption of family and social roles),*
- *cultural level (cultural and symbolic integration functions).*"

(Donati, 1978: 48)

This corresponds to a revaluation of the functions performed by the family in a multifunctional key, which is confirmed by different empirical research carried out over the last few decades in Italy (Scabini and Rossi, 1977; Vv. Aa.,1983; Di Nicola, 1989; Rossi, 2001, 2003a, 2003b; Carrà Mittini, 1999; Donati, 2001a, 2001b; Donati and Colozzi, 2006; Crespi, 2003; Besozzi, 2009; Scabini and Cigoli 2012). In this way, it is noted that the family today is assumed to take on a whole series of assignments in a stable manner at different phases of the life cycle: from primary and secondary education and socialization, which means the primary role of formation and stabilization of the children's personality and of socio-cultural control in a context in which, far from having relinquished the relationship of dependence of children to parents, we see an increasing legitimation of the role of parent, to an economic function, which is no longer seen in the narrow sense of production of goods, but in a wider sense of the management and allocation of resources and services; to the care of the weakest members, without neglecting the more expressive functions, such as the stabilization of the personality and of the personal identity that happens in the life of a couple (Rossi,1990: 26).

Today, therefore the family appears as a reality with multiple dimensions and multiple functions, that show not only the processes of transformation that have intervened on the functions of the family, on the contrary also its "estate" and its ability to elaborate discontinuous processes of adaptation from one generation to the other (Rossi, 1990). As Saraceno also observes, "*the family is not a simple passive terminal of social change, but one of the social actors that contribute to defining the ways and the senses of social change itself.*"(Saraceno, 1988: 101)

As regards to the carrying out of the different functions and therefore the structure and the inner organization of the family, a modification in the roles performed by the different components can be observed in time, both internal to the roles themselves as well as among the roles, above all with respect to their importance and hierarchy.

In premodern society, the family is extended, the nuclear family is not isolated from kinship and "*the roles of the husband-father and the wife-mother are therefore at the centre of a complex network of social relations, which are simultaneously constraints that limit the individuality, but also guarantees of social solidarity.*"(Donati, 1978: 19). In this context, tasks and functions are defined on the basis of a patriarchal authority, which establishes a dividing line according to gender and age, although authority is essentially exercised by elderly males (*pater familias*), even if the woman, although subordinate, holds part of power connected to domestic management. It is with the industrial society that both the structure and the functions of the family are transformed. The isolated nuclear family, in which the working role is separated

from the family role, is the prevailing model (Donati, 1978: 21). This kind of family is structured around the couple and in general on only two generations: parents and children.

In particular Parsons (Parsons and Bales, 1974: 9-39) studied the isolated nuclear family typical of the American urban middle class, for whom the perspective of social promotion (Ardigò,1966: 644) is particularly meaningful and Therefore it has, as its typical characteristic, that of an internal solidarity built on a tension of an acquisitive character. "*In the measure in which the acquisitive family shapes its cohesion in operation of the search of the social success, it forges its inner structure*" (Donati, 1978: 24). The family is essentially a system organized on *four fundamental kinds of role,* differentiated according to generation (adults / children) and gender (male / female). This implies both a clear distinction between roles and their complementarity with regard to mutual expectations.

The model of the nuclear family, which continues to be prevalent within the family types found in contemporary Western societies, is flanked by a different model, defined as a *symmetrical family*. This model - which presents the version of the dual-career family, emphasizes the symmetry of roles in the working roles of both partners - is characterized by a revision of the concept of role division and therefore by a progressive shift towards sharing and the interchangeability of role "*tied in particular way to the evolution of the female role and to the fact that women work more and more out of home. We are dealing with processes that weaken the distinction between family roles and make the role of women and men more flexible as a spouses and parents. In the symmetrical family becomes therefore central the relationship of the couple, more and more invested of egalitarian mutual expectations and with a pressing request, above all from the woman, of continuous negotiation inside the "conjugal pact.*" (Avanzini, 1990: 41-44)

However, the shift towards the symmetric family model is not generalizable. The subdivision of family roles remains a problem, especially as regards the "dual role" of women, who often experience difficulty in balancing time between working and family time, and above all of management of the care activities of children and of elderly (Scisci and Vinci, 2002: 115).

1.2 Psychological functions of the family

These considerations on the structure (morphogenesis) of the family allow us to underline how difficult it is, at present moment, to identify a univocal model of the family from the point of view of composition, functioning and educational styles and behaviours. The heterogeneity of managing family relationships and the distribution of assignments has a direct impact on the socialization and education of children.

To such intention, the study of Parsons and Bales on family socialization, referring to the reality of the American middle class of the 1950s, remains perhaps the most important point of reference for those who use this approach as their yardstick.

These authors delineated a model of socialization articulated on four stages or phases of development borrowed by Freud's works on the psychosexual development:

1 the oral stage, which corresponds to the mother-child identity;
2 the anal stage, in which occurs the differentiation of oneself from the object of the parents;
3 the oedipal phase followed by the latency phase, during which is realized the integration of the family roles, diversified according to sex;
4 the genital stage, that brings to the attainment of a psychosexual maturity and it corresponds to the period of the adolescence.

This development process has a spiral pattern and a discontinuity, because each phase "*requires a specific, extended reorganization of the personality structure as a system.*"(Parsons and Bales, 1974:44)

According to these authors, the development of the personality rests on two basic concepts: the first affirms that personality is organized on the internalization of social objects (seen as meaningful objects for the actor inside an interaction); the second sustains that personality develops, not through a process of modification of primary impulses or instincts, but through a process of differentiation from a simple system of objects internalized in progressively more complex systems (Parsons and Bales, 1974:57-59). The internalized social objects (the meaningful symbols according to George Herbert Mead) become an integral part of the personality, giving it a structure. This happens from through the mechanism of the internalization, connected to the processes of interaction and, through the inner work of the personality that constitute itself on these social objects. The process of socialization, as a formation of the personality, presents these two aspects (an external one of the interactions, and an internal one of a psychological ordering) systematically articulated with each other (Parsons and Bales, 1974: 61-64).

Family socialization revolves around important adults, the parents, who represent the parental reference figures for the child. Parsons and Bales underline how parents, as socializing agents, always play a dual role: on the one hand they are set as model, on the other, since there is no immediate complementarity, due to immaturity or non-correspondence of socializing, they are shaped as agents of social control, putting in action a series of techniques or strategies (such as permissiveness, support, remuneration management) which are suitable to bring socialization to the development of the complementarity required by the proposed model. The fundamental process during primary socialization is identification, defined by Parsons and Bales as the process of internalization of any common or collective "categorization of us" and, together, the process of internalization of the common values of this collectivity (Parsons and Bales, 1974: 95-96). In this sense of the term, in the Oedipal stage of the development a child faces not one, but three new identifications: two of these are common to the members of the two sexes (the internalization of the category of the "us" as family) and of the category of siblings ("we children"). The third identification differs according to sex of the child: the boy identifies himself with the father, the girl with the mother.

A particularly meaningful contribution to the study of the socialization comes from the developmental approach that introduces a temporal dimension as essential to understanding the various phases of the process and the evolution of the relationships inside the family on the basis of the different moments of the "cycle of life" of a family. In this sense, not only the developmental stages of the child, central theme of the studies of Erikson (1996) and Piaget (1966; 2000) are considered, but the family as a whole is considered as an evolving system, and this is also important for sociology, particularly when giving attention to the educational processes that happen during the different stages of each person's life.

The systemic-relational studies have defined the phases of the family's life cycle which is an ideal model that follows some predictable moments that a family can meet during its evolution. The first researchers that studied the developmental stages of the family at the beginnings of the 1950s were Hill (1949), although a more complete proposal of the phases of the "normal" family life cycle date to the 1980s thanks to the work of Carter and McGoldrick (1980), summarized by Scabini (1985: 83-88; 110-111). The phases follow an evolutionary approach:

1 The first phase concerns the birth of the couple, which, in our society, is characterized by the search of the romantic love, passion and the correspondence of expectations. The experience of the construction of the couple is characterized, in a first moment, by a phase of total reciprocity to which follows, generally, a period of oscillation and ambivalence, until when the stabilization of feelings leads to the choice of sharing together a life project enacting the union with marriage or cohabitation.

2 The following phase of the cycle of life, which does not always occur, is the birth of one or more children. The couple makes a generational leap because it passes from the situation of being children to being parents. Both members of the couple must mature in their new role as parents, therefore, it becomes necessary to reorganize the family structure from a practical and mental point of view. The period of growth of children is relatively long and depends on the number of children that the family has. This second phase is characterized by taking care of the offspring, until adolescent age. Through the adolescence of the children, the family enters, in fact, in a new phase of the life cycle.

3 The third phase is represented by the adolescent conquest of a progressive autonomy of children, which culminates in the child's independence from the family of origin. In this phase, the parents must reduce the asymmetry with the children, who, contemporarily, seek their own spaces of expression to build a distinct personality.

4 The fourth phase concerns the exit of the offspring from the native family nucleus: the children have become adults and are able to handle the satisfaction of their own needs alone and are able to create a new family nucleus. Parents can invest their energies back into the original couple that after a long time remains alone.

5 The last phase is the empty nest, in which the two members of the couple are again alone, as they were at the beginning of the conjugal pact. The time spent in taking care of their children has changed them profoundly and they are no longer the young spouses in love. The couple, which lives in the empty nest, must put itself in discussion to looking for a new way to be together and to find the strength to face ageing, illness and death.

The model taken in examination mirrors an ideal course which is hardly verifiable in the plurality of existing families; the cycle of family life remains a theoretical reference on which it is possible to identify critical moments. Every passage from a phase to another is source of stress and involves, accordingly, the reorganization of the family functions; during the "*transitions it emerges what type of bonds connect the members of the family and guide the attempts that they put in place to face the challenges that life entails. Precisely because the transitions reveal and challenge the relational pact of the family, they shake the whole organization and question its balance, giving life to the chaos that can create transformation, but also to be precipitated*"(Scabini and Cigoli, 2000: 60). Faced with the difficulty and destabilization of balances, the family proves to be able or not to carry out *coping* processes, that means strategies and resources that proceed toward the resolution of the problems and create the favourable conditions for the research and the reconstruction of a new optimal equilibrium. The implementation of coping processes depends on the characteristics of rigidity or flexibility of the family, but also from the relation with the institutions on the territory, above all the school.

Scabini and Cigoli confirm that the relationship should be understood both as a reference of sense (*re-fero*), elaborated at an intersubjective level by the individual members of the family; both as a relationship, or mutual bond (*religo*), that consists in the formation of the expectations toward the other members of the family. The relationship becomes, therefore, an anthropological-psychical matrix. The two authors define the bond that unites the individual members as the *familiar*. This includes the symbolic dimension, which is a "*latent structure of sense that connects among them the fundamental aspects of the family relationships.*" (*Scabini and Cigoli, 2000: 39).* The *familiar* constitutes a symbolic tie that links members in an exclusive and primordial relationship, allowing the construction of meanings of the single-family stories and constituting the matrix with which the single members form their personality, their own way of thinking and of acting. For the authors this relational-symbolic bond is revealed above all in the moment of the transitions, which is in the moment of passage from one phase of the life cycle of the family to another. The family, in fact, tends to the affective balance and to the immutability of the relations of its members, but this inclination inevitably enters into conflict with the need to modify the reference parameters to face the inevitable changes due to the growth of its members.

The family, during its life cycle, is faced with situations, even though predictable, full of stress that require activation of resources and strategies to cope with the problems that arose. Implementing skills and methodologies to create a new family organization brings out the quality of the bond that connects individual members. In addition to predictable events, it is necessary to add unpredictable critical events, such as the premature death of a family member, changes in residence, illness, the birth of a disabled child, etc. It should be remembered that an event can be defined as critical relative to the way in which the family lives this event and to the social meaning that it has: the gravity of the event is not given in an objective way, but is influenced by

the context in which the family lives, by the society to which it belongs, and also by the *implicit myth* of that family.

2 The education of the family

Since pedagogy investigates and promotes the educational and formative role of the parents toward their children, its approach on the family differs both from the socio-anthropological approach that studies the differences among the structures and the relationships of the family in time and in space and the psychological approach that observes the pathological family dynamics and the possibilities of intervention. The pedagogical interest on the family is rather recent; Cives (1990: 15-16) speaks of the family as *the great forgotten* in the pediatric researches, because the focus of the research of this discipline has been the school, educational place *par excellence*. Putting in discussion the formative values of the school, a window of inquiry has opened up for pedagogy to go beyond the traditional learning places to involve the family, recognizing it as formative agency and, therefore, as an indispensable part of the formative process. In recent years, we have assisted in the creation of a bridge of collaboration and mutual responsibility between school and family, on the educational function of the subject.

The investigation of the family role in education has opened a great reflection in both the pedagogical and psychological fields that has seen some meaningful studies as those of Bettelheim (1987) and G. Petter (1992) To these it is necessary to add the intervention in the USA, of Gordon (1997) with a strong European resonance. As Rogers points out in the presentation to the text "*This book can really improve the quality of the relationships parent-children and to help to overcome the generational gap with an approach that sets the emphasis both on the right of the parents to be themselves, both on that of children to be themselves." (Rogers,1970, It. Transl. 1997: 7)*

In the pedagogical field, within the area of personal pedagogy, it is important to remember the works of Galli (1991), Pati (1995), Viganò (1997); in the area of phenomenological pedagogy the studies of Bertolini (1966), Iori (2001), Formenti (2000), in the pedagogy of problematics, the studies of Gigli (2007), have contributed to create the foundations of the recognition of the family as educational agent and to define how the intent of the pedagogy of the family is not to create an external support to it, but, through the work *with* the family, to form competences and educational strategies within the system itself.

Tracing a history of family education is not easy because, as systemic psychotherapists have pointed out, every educational intervention on a member of the system ends up to completely modifying the system itself. "*It should be specified however that the adult's assignment, to educate himself and to educate to some fundamental virtues, in the past manifested itself as inter-generational transmission inside a vast group of coexistence that [...] was identified more in the public life that in the private one.*" (Formenti, 2000: 99). This happened above all because the children started to work while they were young. It so happened , that the work master or the housekeeper from which the young woman learned how to work, became real educational figures that would have contributed notably to the education of the young person; such educational role today is almost exclusively referable to the parental figures. In the past, the family was not thought of as an institution inside which to insert an educational intervention because this was developed by a wider system, provided by public life and from the strong bonds with the social class that ended up having effect which was *"much more significant in conditioning and determining individual life."(Formenti, 2000: 100)*

The change in family relationships initiated toward the end of the Eighteenth century, has contributed to form more intimate dynamics among the members of the family system and it has seen the parents give progressively more attention to the educational processes of the children. As Contini reminds us, the problem of education in the family is relatively recent, because in the past it was developed by a social organization in which the family relationships were rigidly encoded and their (obliged good) functioning did not correlate to the experiences and to the emotional relationships between the various components.

When the family as an institution started to be considered for its relational and emotional aspects and the problems that derived from it were considered, only an indirect "educational" intervention was requested: or to those who had more experience (parents or elderly relatives) or to those who were more "educated" and therefore more prepared in that kind of problem, like the doctor or the priest (Contini, 1992: 112).

Another element that has contributed to the family's acquisition of an educational role is constituted by changes brought about by law. The law, in fact, represents only the constraint given by the juridical norm, but it also pays attention to the unstoppable process of transformations in customs and values within society (Saraceno, 1998: 37-48; 52-70; 11-135), transformations that have occurred thanks to an ever-greater attention to the world of childhood (Ariès, 1994; Trisciuzzi 1976, 1990; Becchi, 1994) and to an intention to build equal opportunities between men and women (Ulivieri, 2007; Covato, 2006; Durst, 2006).

"The introduction of divorce changed the old definition of marriage-institution into a modern conception of a revocable marriage contract" (Saraceno, 1998: 43). The new family law brought to completion a process of transformation already taking place in the social system, which eliminated the figure of patriarchal authority over the wife and children, thus contributing to building processes of negotiation and consensus among family members. Furthermore, in the family law lies the principle of economic solidarity, with a clear reference to caregiving for the weaker subjects of the family system.

Moreover, with the law 194 of 1975 there is the legalization of the means of contraception and the voluntary interruption of pregnancy. Parenting thus becomes a choice because it opens the possibility of planning the birth of children. "*On the psychological and pedagogical level, the possibility of being just 'mothers by choice' appeared as the promise of happy relationships with the new born, hence of a more just and happier world. A defect of this approach lay precisely in identifying parenthood too quickly as a once again female problem.*" *(Formenti, 2000: 103).* However, it is necessary to point out that a further evolution of the customs has contributed to creating a greater participation of the fathers in the education of their children (Argentieri, 2005).

From these brief hints, we can understand how complex and articulated the evolution of the family system is, which in Italy presents a combination of three aspects (Bimbi, 1995: 58-71): the first of economic nature, concerns the long dependence of children on their parents especially for the extension of the course of study; the second, of an organizational nature, concerns the uneven distribution of roles between husband and wife in the division of tasks in the domestic and working sphere, where the latter still have a heavy workload, a sort of double presence (Balbo, 1991: 56); the third, analyses the shared values that concern the parents' commitment to ensure the well-being of their children by investing nearly 30 years of their lives on them, apparently obvious aspects that do not correspond to models from other countries (Saraceno,1988: 123-166).

On this highly complex terrain, the role of family education has metamorphosed in a change that can be traced through five dimensions: a first phase is characterized by family education *a tout court*, which is born with the family itself and recalls a traditional and highly exhortative education centred on the "having to be" that is well reconciled with the Catholic matrix, which, while on one hand has contributed to the formation of consultors and centres for family support, on the other it has provided ideal values within which to recognize the family itself (Galli,1997: 54-55), for example, devoid of conflicting dynamics among family members. An education focused, on an ideal that reflects the archetypal image of the family but does not help to solve the conflict in a constructive way: it is not denying the conflict that family relationships can improve, but it is in welcoming it that it becomes possible to create the space of comparison that can lead to unimaginable scenarios (Contini and Genovese, 1997: 87-88; 151-152).

A second phase can be identified with the definition of family education, which refers to the educational practices implemented within the family system and which contribute to transmitting values, judgements, lifestyles and identity from the parents towards the children. Research in this area was initially aimed

at investigating the educational styles of parents (the division of roles, the use of more coercive or more democratic methods, the transmission of myths and family secrets, etc.). At a later stage, the research concerned both the reciprocity of the parent-child relationship and the horizontal relationship between the generations that make changes to the structure of the family, sometimes ending up in an inverted caregiving process: the children who take care of their elderly parents (Camdessus, 1991).

A third dimension can be traced in an approach towards an education *to the family*, or better *to family life*, in line with a process centred on the individual (seniors, adults, women, men, children) rather than on the whole system. It is a matter of investigating the choices, the individual behaviours and the results they provoke, in order to track down the response of the latter in family life. The approach to this dimension is very broad and complex and takes its cue from the analysis of the subjective experiences of adult subjects, since the "*educational biography of an adult subject is primarily the history of his family relationships and the strategies learned to cope with the vital tasks through the different ages, as well as to give meaning to the inevitable personal and relational crises. Each of us is the bearer of an experience baggage that can become a resource for change. Education to family life thus becomes, above all, education for change, bearing in mind that it is not just a personal change, whether it is inner or in visible behaviours, but it is a matter of implementing co-transformation capacity. Listening and caring for oneself, which become listening and caring for others*" (*Formenti, 2000:* 129).

A fourth phase can be traced in the education *of the family*, in which the subject of the intervention is the family itself with its own history, its own tradition and its own identity. The perspective underlying this dimension is based on the idea of the intervention that is expressed in contributing to cover the shortcomings and gaps that the family brings with it and which contribute to the deterioration of a healthy environment in the family system. The approach that is found in this phase is that of the first-generation systemic approach whose intervention is external to the family one.

Finally, as a fifth phase, we find education *with the family*, in which the autopoietic and self-educating roles of the family system are recognized; therefore, the educational intervention consists precisely in the activation of these resources. The methodology used, which is reflected in the '*with*' that appears in the name of the fifth phase, comprises the fact that the educator is not the bearer of a knowledge that observes the relational dynamics of the family from the outside or that intervenes from above to promote a change between the dynamics observed. Despite having professional knowledge, the operator enters the system and interacts with its components. The circularity of relationships generates new questions and new awareness on one's own work and on the method adopted; therefore a change takes place, because as "*every other educational activity is by its nature aimed at promoting the autonomy and personal responsibility of the individual; in this perspective, the active and meaningful participation of the researcher's interlocutors in the ongoing activity, not only as investigation objects but also as subjects of the educational process, assumes essential value in relation to the research itself.*"(Viganò, 1997: 9)

The pedagogy of the family in its educational purpose aimed at the family system put itself in the perspective of the 'with', finding in this approach the dimension of phenomenological pedagogy, which recognizes the historical character as a basic point of reference, since man cannot transcend from his own temporal dimension, from his own history or context (Bertolini, 1990: 139). Phenomenological pedagogy thus "*aims to read the experience and to grasp its original sense and intentional directions: it wants to put into practice the attempt to let things speak, catching, in their words, those aspects that most interest human consciousness (like values, essences, etc.). In order to grasp them, the researcher must free himself from all preconceived opinions*" (Gigli, 2007: 155). The implementation of the suspension of judgement implies the assumption of non-judgemental positions and, within the family, a direction devoid of ideal moralizing models that responds to "must be" *a priori*.

This position is in strong contrast with the personalist pedagogy, which looks at family dynamics in terms of faith, for which there is an ideal model for the family set up. This point of view filters the social problems with which the family finds itself having to deal with. Galli writes in this regard that false values have taken the place of the true ones because: "*the pursuit of individual happiness, not the stability of marriage but the freedom of cohabitation, not the legal link with the partner; the lack of children or the greater reduction of their number, in order not to have the constraints imposed by their education; single-parenthood instead of the couple for not being bound to the spouse. These and other ideas typical of permissive anthropology or of the anarchist conception of the family are rapidly spreading in the Western world, although it is well known that each of them triggers painful situations that are difficult to remedy in adults and minors.*"(Galli, 1997: 25)

The phenomenological and personalist positions diverge above all from the basic premise that in the second consists of a background given by religious belief that can't be left aside, while the former does not require it, but at the same time does not reject it. Pedagogy that has its roots in the terrain of secular thought is not characterized by anti-clerical or disrespectful attitudes towards religious sensibility; it appeals to ethical principles that place the subjects in a position of responsibility of making choices in cooperative, regulated and shared terms, according to a welcoming perspective for human beings considered in all their concreteness and diversity (Gigli, 2007: 170).

The phenomenological discourse on the family meets that of pedagogical problematics, which only indirectly deals with the family as a subject, as Gigli points out, above all on taking into consideration the importance of the historical dimension of experience. Another point in common is the call to responsibility in the construction of an existential project that recognizes the limits and potentials of the individual and the family to which it belongs, in this way the family is given the opportunity to live and choose as an active part of the process of change and the process of raising awareness. This is not a straightforward path and requires constant commitment during the process of becoming aware of, and critical reflection on, *repressed will.* With this term, Pourtois intends the educational models implicitly transmitted from one generation to another. According to the Belgian author, "*this transmission takes place implicitly. The pow-*

ers of this implicit education are extremely strong and little is known about this. This legacy constitutes the basic pedagogical model, which we assimilate to the point of counteracting every change to it" (Pourtois 2001: 23).

Implicit education, on the one hand, constitutes a basis on which the individual grows and develops his own identity, on the other it creates a bond that ends up limiting the space of the construction of identity. It then becomes important to know this implicit matrix in order to weaken its binding power. The techniques that can be put in place are many and among these we find the form of narration, so dear to the second generation of systemic psychologists. Creating the space for narration means creating a place and a time for comparison, for sharing autobiographical episodes and helping to build a ground on which to activate critical analysis processes on issues related to being a parent, so that they themselves are the protagonists of the construction of their awareness and their behaviour. The operator does not place himself as the one who has the ideal model (e.g. of how to properly educate children), but poses himself as a part within this path, possibly creating a frame to reiterate that a well-functioning family is not a family without problems, but a family that is willing to take on the problem by recognizing parents as competent subjects in resolving it. In this way, the parents are treated as subjects capable of self-orientation and responsible for their role that is renewed with commitment even on the occurrence of a conflict and, as the pedagogy of problematics teaches, conflict is not something to avoid, because it can hide spaces and scenarios of meaning and happiness that would not have emerged without it (Contini and Genovese, 1997: 107-ff). To the concept of conflict must be added that of commitment, because the path to be taken must be built critically and rationally: there are no miraculous recipes or methodologies that are *a priori* correct.

Interventions with the family can be addressed to the parents, as in the previous example, or to the entire family group. In this case, the work on narration also becomes a moment of mutual listening, a good practice that is often no longer present in families and which is often a starting point of the problems. Not

because family members do not talk to each other, but because communication, trapped in the daily routine, ends up being always the same. Here, opening a scenario in which it becomes possible to narrate and to narrate oneself is an element of reactivation of the communicative interests that allow us to see the other in a different way (*Formenti, 2000: 69-74)*.

The intervention settings are varied: they may be more institutionalized, such as the centres for family mediation or family counselling, or less institutionalized such as in grass-roots associations of parents , social centres and self-managed and informal groups, which because of their characteristic of being born "bottom up" often have great educational value and effectiveness. In particular, self-help groups, which are frequented by subjects who share existential situations and problems , offer the possibility of sharing and mutual understanding.

Although still not widely present in Italy, these aggregative practices are based on the principle that the participants themselves must give life to the group: the assistance logic is in this way subverted by the fact that the help relationship is not lived passively, but with a good degree of activation and involvement.

Deciding to follow this path means making a choice in a constructive direction, which responds to the rational ethical imperative of realizing yourself by realizing the other as proposed by the pedagogical problematics of Bertin (1953) and Contini (Contini and Genovese, 1997). According to the two pedagogists, individual personalities mainly follow two models: egocentric or heterocentric. The first coincides with a strong and dominant personality which, in order to realize itself, is willing to destroy those around it; the other model is in complete opposition: the heterocentric personality sacrifices itself to realize the other. Faced with this binomial Bertin and Contini introduce the third personality, the rational one, for which the right / duty of a person is subject to a rational choice according to which the right / duty of the others is also taken into consideration. It is from this meeting of needs, ideas, desires, etc. that a negotiation can be found, that leads to horizons of meaning to which the subject would not have arrived without comparison. To promote this perspective, it is important, as the two pedagogists maintain, to construct an authentic existential design that takes into account personal and cultural potentialities, limitations and differences. However, building an authentic existential design means freeing oneself from prejudices and conditioning and meeting the other with the willingness to accept the difference, so as to promote the formation of the personality of the subject.

2.1 Education in families with disabled children

The change in the relationship between parents and children also contains in itself the particular relationship between parents and disabled children. This fact, which over time has brought a change from the privileged form of institutionalization to the taking up of care duties by the disabled person's family, a fact that has involved a wide-ranging rethinking on the issues of disability and on work with families.

The enhancement of the skills and educational knowledge of parents of disabled people arise and are articulated from the pedagogy of the family (Tortello and Pavone, 1999: XV) an aspect that has already been taken into consideration in the Portage Project[1] and other rehabilitation programs. The intent of this research is to start "*from the dignity of the ideas of the 'non-technical', who however operate in the reality, contributing to its transformation and proposes to identify elements of scientificity in daily action.*" (Tortello and Pavone 1999: XV). Giving parents of disabled children the name of "experts" regarding their children (Dal Molin and Bettale, 2005: 11; 27-28), means making the subjects involved in the educational process as an active and non-passive part of an intervention. The goal behind the pedagogy based on the parents is to make the family nucleus competent and aware of their possibilities and responsibilities. Since "*the objective of competence [...] indicates the need to ensure that members of the domestic core acquire capacity, independence and self-sufficiency in internal and external interactions, to be able to satisfy the desired needs and goals. The awareness of one's own possibilities (empowering) urges the domestic team to internalize an attitude and a sense of responsibility for their own development, understood as a result of the intentionality and commitment of individuals and the group*" (Viganò, 1997: 67). Increasing and activating family resources also means reducing the risk that the family favours a passive role dependent on the figure of experts and their conceptions about the values and meanings of the family itself (Tortello and Pavone, 1999: 158-159).

The pedagogy of parents and disability can be summarized in three key words: meeting, accompanying, empowering (Canevaro, Balzaretti and Rigon,1997).

The meeting is meant to go and discover (and not cover) the child, in order to trigger the mechanism by which the subjects become a son or a daughter. Not all parents are able to provide the new-born child with material assistance or guarantee the formation of a basic fundamental trust to build a harmonious and happy growth because when "*a child who betrays expectations is born, family members need to make sense of his particular needs; they have the right to be helped to discover, even in the effort, the originality of that son or daughter.*"(Canevaro, Balzaretti and Rigon, 1997: XVI)

To accompany, the pedagogy of parents and disability means the commitment that involves taking a road, that is certainly not easy. It can lead to unexpected encounters and unexpected possibilities, because it is about accompanying the family to discover their potential and those of the child with disabilities: the discovery of autonomy and the discovery that a family can be happy even with a disabled child (Vv. Aa., 2005: 211-212).

The responsibility phase mainly concerns building today looking at the future. In this regard, Canevaro says that "*experience produces a responsibility and knowledge linked to experience is no longer a limited horizon, but leads to very large dimensions and has distant repercussions in time and space.*" (Canevaro, Balzaretti and Rigon,1997: 320). In this phase, the concept of "*think of me as*

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[1] The Portage Project was born in 1969 in Portage, Wisconsin (USA), by a group of operators who worked on the recovery of disabled children. The program consists of a type of intervention that can be carried out at home: parents recover centrality in the educational process of their child and the operator, who visits the family once a week, is not so much a performer of activities on the child, but a planner of the intervention: it guides the observation of the parent and compiles the weekly activity cards that the latter must conduct by recording daily successes and failures on a chart; the activities are aimed at pursuing precise behavioural objectives in multiple areas of development.

an adult" takes place (Cuomo, 1995), to get out of the prejudice that the disabled person is linked to the stereotype of the eternal child, but instead has the possibility to plan life in the future.

Parental pedagogy also analyses some critical points that the family of a disabled person face such as communication of diagnosis, school inclusion, the use of free time, job placement. The methodology that is applied involves a comparison that arises from parents of disabled children who are sharing their experiences, to seek together with local services, a dimension that helps the family acquire tools and methodologies for overcoming delicate and particularly difficult moments constructively (Dal Molin and Bettale, 2005: 193-195). Helping families in situations of disability also means knowing how to listen and be able to enter into parenting experiences to acquire knowledge and set up a methodology of help involving parents and disabled children.

3 The family with a disabled child

After examining the family as a group and as an institution, the family types and models, its functions, its structure and the roles that take place within it, its life cycle, the development of relationships between parents and children and having investigated the contribution of family pedagogy, we now turn our attention to the analysis of family relationships in the presence of a disabled child. Through the investigation of studies on the topic that have been taking place since the 1950s, it is possible to retrace how families of disabled people were considered in the past up to the present day. We move from a pathological vision of the family that in some way reflects and amplifies the disability of one of its members, to a view to collaboration, where the family presents resources and strategies and parents play a role of primary importance towards the subject in development.

The first scientific approaches to the study of the families of people with disabilities date back to the 1950s and, initially, they focused mainly on mental retardation (Zanobini, Manetti , Usai, 2002: 9). The sociological studies of Bernard Farber (1959) are among the first attempts to provide answers to questions related to the influence that the presence of a family member with disabilities exerts on the relationships and general well-being of the family, as well as questions on possible supports that society can to offer. The author moves from the assumption that the presence of a child with severe mental retardation leads to an arrest in the family life cycle, with consequent repercussions on inter-family communication and socialization paths (Zanobini, Manetti and Usai, 2002: 9). Based on empirical data (Farber, 1959; Farber and Jenne, 1963) obtained from interviews and questionnaires from a sample of 233 families, he develops a complex classification system that considers, in addition to uncontrollable variables (socio-economic conditions, gender, birth order etc), the prevailing orientation of family strategies. Family paths are interpreted on the basis of game theory, widely used in the economic field in which family members are compared to participants in a strategy game, acting to respond to the crisis situation generated by the birth of a child with disabilities. Zanobini and collaborators recognize the merit of having considered the diversity among the families because of the interaction of several variables and having pointed out that similar choices can result in different outcomes on the basis of different circumstances and strategic orientations.

In the literature on the social consequences of disability, it is common to assume that the presence of a child with disabilities determines, in an unconditional way, a situation of suffering in the family that cannot be dealt with by individual resources and adaptability.

The idea of a necessarily negative impact of disability on family life is also prevalent in psychoanalytically oriented literature. Numerous studies offer a psychodynamic interpretation of the relationship established between the child with disability and family members, in particular the mother. Zanobini and Usai, in their interpretation of the work of Maud Mannoni *"The retarded child and the mother"* report how the latter would inevitably establish an anomalous relationship with the child since "*the imperfect presence does not allow the activation of the compensation process normally activated after the childbirth*" (Zanobini, Manetti and Usai, 2002: 13). In this perspective. great attention is paid to the dual mother-child relationship; the father occupies a marginal position. The intensity of the bond would push the mother to invest intense efforts, looking for less ill treatment or diagnosis. These are mothers whose destiny is still characterized by anguish and depression and whose dedication heavily affects the development of children who are unable to express their own desires and evolve autonomously.

Subsequently, the psychoanalytic study turned to investigate mainly the defence mechanisms that would characterize families with disabilities. The basic assumption consists in the fact that the parent facing the communication of the diagnosis would find himself living a situation as painful as mourning, since the communication of the diagnosis at the moment of birth immediately breaks the dream of a perfect child. In fact, the birth of a child is preceded by the creation of an imaginary child who responds narcissistically to the wishes and expectations of the parents. Breaking into the world of a real child who does not respond to the desired one, provokes a narcissistic wound and a mourning (Lebovici and Soulé, 1972: 501). Thus the communication of the diagnosis of disability brings with it a moment of severe suffering and pain given by the narcissistic wound and the depressive state of the mother in front of the real child who is different from the phantasmatically imagined child (Fratini, 1997: 126) because, as Gargiulo (1987: 10), *reality cruelly contradicts parents' expectations.* The adverb used by the American psychologist reflects in an excruciating and dramatically real way the mood of the parents who find themselves having to elaborate a real mourning for the unborn fictional child. As Sausse argues, every birth imposes a mourning process as the born child is never like what the parents had imagined. According to the French psychoanalyst everyone dreams for their children a great future that will inevitably be broken by their limits and their imperfections. The shattering of the dream placed in the imaginary child will however be rewarded by the satisfactions linked to the personality of the real child. The process of mourning consists precisely in the ability to be able to replace the child imagined with the real one. For parents of disabled children, mourning is insurmountable because giving up the imaginary child also means renouncing a vital part of oneself and an image

of their ability to produce healthy children. For the French psychoanalyst, it is not possible to overcome the grief because looking at the disabled child is like looking at an image coming from a broken mirror, in which the parent can not recognize himself and consequently cannot recognize that child as his own.

Therefore, the loss of self-esteem would push the parents to activate defence mechanisms, such as the denial of the event and a rejection of the child. These families often end up relegating the child to institutions by entrusting them with *the social task of a possible rehabilitation, freeing the family from tasks which are too difficult or school from assignments that are not theirs. It is a violence that the family also makes towards itself, deciding to cut emotional ties, but which it considers necessary for the "showcase", where other children can appear, as well as the parents themselves (Trisciuzzi, 2000: 145).* In fact, the often-discriminating view of society that is not always sensitive to disability plays a very important role in the rejection , so the family refuses to give an image of itself that does not reflect a socially accepted "showcase".

The rejection of the child can be masked by an all-encompassing involvement in the problem, particularly of the mother. Another attitude that the family can implement is the denial of the disease. The child is accepted on condition that he is healthy or able to heal. This category includes families who delegate their child to medicine and often end up making pilgrimages from all sorts of specialists, without seriously undertaking an intervention that could help the child to gain practical space for autonomy. Another defence mechanism in which the family can hide is hyper-protection, which at first may appear to be a real acceptance, since the child seems well integrated and wanted in the family context, but in reality he is prevented any possibility of autonomy, so much so that the disabled person remains labelled as an eternal child, without the possibility of experiencing anything on his own.

The critical issues recognized in this orientation concern, *on the one hand the undue generalization of the observations made on some cases, on the other, the rigid application of an interpretative grid that is not necessarily the correct one (Zanobini, Manetti and Usai, 2002: 14)* . This analysis of parental experiences considered the defence mechanisms too rigidly by framing them on a grid, sometimes forcibly inserting the statements of the parents, also entailed the non-recognition of some attitudes of acceptance of fathers and mothers towards the child disabled. Tracing only the painful experiences has often implied the choice of investigating only the experiences of suffering, leaving no space for research for the analysis of experiences characterized by different feelings. Moreover, the affirmation of a lack of basic acceptance has not been without consequences: it can still be seen today in the convictions of many operators in the sector and often results in attitudes of blame towards families or, in cases where this attitude is more nuanced, in a scarce willingness to listen to them. All that parents say and do is likely to be interpreted as a denial of the problem, or as a rejection of the child and excessive will of normalization, in a logic without escape where the postulate of non-acceptance is already in advance the interpretative filter of any behaviour *(Zanobini, Manetti and Usai, 2002: 17)*.

Concepts such as pain, mourning, and chronic sadness are also central in the literature on stress and , by analysing the psychological impact of disability on the family in the light of this construct, these behaviours have been interpreted as a reaction to *stress*. In everyday language, the English term refers to a negative and undesirable condition even if, in the scientific field, alongside the negative-valued distress, eustress is able to activate a capacity for positive resolution of problems. Despite this, the literature that analysed the connections between stress and disability considered only the negative dimension of the phenomenon, hypothesizing a maladaptive reaction to stress and confirming the inevitability of pathological responses in families. However, research in recent years has also investigated and recognized the presence of positive elements in the family facing disability. In this direction, the idea that parents with disabled children necessarily build a pathological family has been abandoned, focusing attention on the characteristics that produce and promote a good family and social adaptation. The higher levels of stress experienced by parents do not necessarily affect the quality of life, the life of a couple and the maintenance of wellbeing and family cohesion. Some families, in fact, even though living with a disabled child present a very similar trend to "normal" families (Soresi, 2007: 230-231). Many studies have analysed whether at the same level of severity of the deficit there was a corresponding greater or lesser social adaptation of the family. These studies wanted to investigate how some deficits of the different nosographic pictures could negatively affect family life compared to others. Some studies concluded that families with the presence of sensory disabilities respond, over time, more positively than parents with children with mental retardation. However, the lack of homogeneity of the results collected which showed that a particular type of disability did not deterministically activate some family dynamics compared to others (Zanobini, Manetti and Usai, 2002: 18-19), highlights the fact that the difference in the fabric and family cohesion is mainly given by resilience (Malaguti, 2005) and coping strategies that the subjects are able to implement (Soresi, 2007: 231), as we will see about family and territorial resources. In all the guidelines considered so far, a vision of the family emerges in which disability affects both the well-being of the individual and the relationships between the members, and the possibilities of relations with the context. However, subsequent studies on stress (Knussen and Cunningham, 1988: 335-350) have shown that this emerges from the relationship between the individual and the environment, when the latter is assessed as too demanding with respect to its own resources and therefore threatening personal well-being. Considering the presence of special needs that interact with other factors such as access to sources of support, family cohesion, personal characteristics, has allowed the transition from a pathological approach to a model of dynamic study and taking care of families.

As Scabini (1995: 39) points out, in the 1980s the interest in the adequately functioning family was followed by both clinicians, who assume it as an intervention model, and by researchers, who try to elaborate and verify theoretical models.

The shift of attention from the "pathological" family to the "normal" family oriented the studies to include the analysis, as well as the difficulties, of the internal and external resources that could be made available. Valtolina (2000: 18; 26-27) reports how the two main approaches that dealt with describing the mechanisms underlying family functioning, the Family Stress and Coping Theory and the Evolutionary Approach, have also been the conceptual reference for studies carried out on the functioning of families with children with disabilities.

3.1 Family Stress and Coping Theory

The perspective of Family Stress and Coping Theory has investigated the effects caused by unexpected internal or external changes to the family. The main model, elaborated by Hill (1949), foresees three variables from which the crisis originates. The latter would be generated not only because of the stressful event, but on the basis of the resources that the family unit can identify and the perception of gravity that the family attributes to the event. The crisis would also develop according to a temporal evolution, starting from a period of disorganization, which would be followed by the active search for solutions, until a new reorganization was achieved. The model, deepened by several authors, has been enriched by Burr (1982: 28) by the addition of two important concepts:

- the level of vulnerability to stress: closely linked to the perception of the severity of the event described by Hill, would lead to a decrease or paralysis of family resources
- regenerative power: a useful concept to explain the variability in the family system's ability to reorganize itself after initial disorganization.

Applied to research on the families of people with disabilities, the model has allowed the difficulties they encounter and the actions necessary to overcome the crisis resulting in the communication of disability to be highlighted. The birth of a child with disabilities represents an unpredictable and unintentional event, which disorganizes the family. The ability to overcome moments of difficulty is linked not only to the availability of resources and coping strategies by the family unit, but also to their actual use. Above all the most recent research focuses on the description of the variables that are predictive of a positive adaptation; the importance of positive characteristics in the conjugal relationship; of other relational variables such as informal support, adaptability, cohesion and, above all, of the family's perception of the situation, which, if based on negativity, would not allow the exploitation of the resources available and necessary for reorganization. The orientation of the Family Stress model contemplates that a reorganization follows during the crisis phase, , the outcomes of which can be both functional and dysfunctional.

The interdisciplinary evolutionary approach focused on the study of predictable events, which, in the course of time, involve changes in structure that the family must face. According to this perspective, the main task of family development is to face the inevitable changes in chronological and social order, adapting the family role behaviours to them.

The authors who refer to this orientation (Broman, Riba and Trahan, *1996: 908-916)* have analysed the impact that the disability of a family member has on the lives of individuals and on the whole nucleus. Adaptation to the stressful situation would be affected by both previous events, which continue to have a strong impact on the present life, and available resources. Coping skills are analysed in a double perspective, as characteristics of individual personality and as a result of the individual / environmental interaction. This approach was used above all in longitudinal studies that examined the evolution of care requests and activities and, at the same time, family coping strategies or those deriving from social support.

3.2 The Evolutionary Approach

Starting from the descriptions of the phases of the life cycle of a family, it is possible to analyse the differences in the developmental tasks that characterize the nuclei containing a person with disability from those with healthy children. We have seen what the main phases of a family's life cycle are. In the initial, brief phase of couple formation, there are specific development tasks such as the construction of the new couple's identity (taking care of the other, negotiating the various aspects of daily life,...) and the need to create a balance between loyalty to the family of origin and that of the spouse (Donati, 1978: 30).

The prolonged central phase takes about 20 years and ends with the co-presence of two generations of adults in the family unit. Initially there is the phase of the family with children in which the parents have to face the critical event of the birth of the child. It is at this stage that the family with a child with disability differs from that with a healthy child, since the birth of a child with disability represents an unpredictable event which has not been chosen. Even though the birth of a child is always a critical event which requires the reorganization of different entities, the presence of a child with disabilities involves a family adaptation of wider scope, with difficulties that also affect intergenerational relationships with the families of origin. The event can also affect the decision to have other children, influencing the structure of the family unit.

In the next phase, that of the family with young adolescents, the couple must be able to renegotiate their relationship with their children by adopting an attitude of *flexible protection* (Scabini, 1995: 172) that takes into account the difficulty of reconciling aspects of dependence, still present, with the emergence of the desire for autonomy. Adolescence is always a critical phase and, within families with children with disabilities, involves further challenges. In fact, hopes for improvement diminish (Vico, 1994: 174-175) and consequently confidence in rehabilitation interventions; the concern about the child's future increases as parents must accept that the child is no longer a child. Existential problems that are difficult for parents to manage can emerge, above all in the presence of motor and sensory disabilities. Like all adolescents, even the person with disabilities is looking for areas of autonomy that are often difficult to conquer. It is important to provide parents with adequate support that fosters understanding and acceptance of the differentiation process in place to allow the child to gain autonomy that takes into account personal potential and limitations. The phase of the family with young adults, which is quite prolonged today as young people , delay their exit from the nucleus of origin due to cultural and economic changes, is considered the conclusion of the individuation process that originated in adolescence. There are different tasks for the child and for the parents: the first must reach total responsibility, including work autonomy while the parents must favour this process, renegotiating the bonds, adapting them to the exit of the child from home, and reinvesting energy on the relationship of the couple and towards the previous generation. In families with children with disabilities, different tasks are expected, especially in the presence of severe disability, young adults are unlikely to reach full autonomy and full personal fulfilment. The child's failure to leave home does not allow the couple to reinvest in the conjugal relationship that can, consequently, be *tired* (Valtolina, 2000: 34-35), nor to take care of the family of origin, to which requests for help in the care of the child are more likely addressed.

The phase of the elderly couple or empty nest presents critical events such as the experience of loneliness for the exit of the last child from the home, retirement, illness or the death of one of the spouses. The development tasks that must be addressed therefore refer to the acceptance of loneliness, illness and death, events which are not chosen but which are in any case foreseeable. In the family with children with disabilities, the phase is profoundly different. First of all, the situation of the empty nest is hardly tested; and it is equally difficult that the child can support the parents in case of illness.

In every phase of the life cycle, the family relates to the social context in which it is inserted (Valtolina, 2000: 36). At the time of the formation of the new nucleus, the couple builds a relational network, through the sharing of mutual friendships. For families with children with disabilities, relationships can be reduced, partly due to processes, which are now more attenuated, of marginalization and self-exclusion (Goldfarb et al., 1986:15; 7-39), but also because the increased time needed for care makes the already difficult reconciliation of time dedicated to work and family even more problematic. For these reasons, it may be more difficult for the family to carry out the task of "*social mediator*" (Valtolina, 2000: 36; 157), which is useful for the insertion of the child in the community in which he participates. Many studies document the role played by parents for the development of social competence. Among the methods of parental influence, Nota and Soresi (1997: 59-60) mention modelling that includes the parents' general orientation towards social interactions and the creation of an environment that maximizes the probability of realizing social interactions which are useful for learning appropriate behaviours; both direct and indirect influence require the construction and maintenance of an adequate relational network.

In the last phase of the life cycle, due to the increase in the age of its members, the family finds itself having to confront and relate to the care system. The chronic diseases that can affect some elderly people bring them in contact with health and social workers: in these cases, it becomes important to possess the social skills necessary to properly manage relationships with professionals (Nota and Soresi, 1997: 52). For the family with a child with disabilities this relationship is established necessarily from birth or from the time of diagnosis and is maintained for all phases of the life cycle. the ability to relate to formal systems is particularly important, an activity that, as the authors point out, requires specific social skills.

3.3 Personal experiences of the parents

Although many studies have supported the existence of a close link between disability and family pathology, maladjustment and stress are not inevitable consequences for the families of children with disabilities. Vianello (2001) reports, based on clinical and empirical experiences, that the contact with the parents reveals that almost always the disability is not refused by them as it may seems to some professionals.

However, it is undeniable that the diagnosis, formulated in the neonatal period or in subsequent periods, represents a difficult moment, with wide repercussions from an emotional point of view, also determined by the manner in which the first communication takes place. The quality and modality of communication play a key role for the parental couple; the elements of dissatisfaction that emerge in the reports and research data (Regan and Speller, 1989; Singer and *Irvin, 1991; Zanobini, Manetti and Usai, 2002; Van Riper, 1999)* are due to the insufficiency and lack of clarity of information and, sometimes, to the harshness and incompetence on the part of doctors and operators. The experience of loneliness and abandonment in the moment of the diagnosis is frequent in parents' stories. The experience of loneliness can be maintained even in the later stages: parents lack the knowledge to face the event, there is not always a connection network between diagnostic and rehabilitative services and a generic message is transmitted on the necessity of activation from which a hard search for possible interventions originates (Erickson and Upshur, 1989: 250-258).

In this perspective, what in the literature is called the "mourning reaction" understood as a gradual development of mechanisms of acceptance, can be re-read as the time necessary to activate the emotional, cognitive and organizational resources necessary to face the event.

The presence of a person with disabilities involves additional difficulties for the family. Erickson and Upshur (1989) describe three characteristics that would differentiate these families: more difficult care tasks, social isolation and different role of the father. Ianes, Mazzoldi and Folgheraiter (1986: 12-43), while emphasizing elements of diversity referring to the ability of families to constructively use their resources, identify some further problems: health, raising and practical care, higher expenditure, leisure time, loneliness, relationship problems, education , in the retrieval of information in their relations with formal services. In fact, many conditions of disability are associated with health problems that require additional care, continuous assistance, frequent interactions with health personnel. The mother, or more generally the female figure, is primarily involved in raising and in practical care, tasks that, in the presence of severe disability, can be prolonged throughout life. The lack of self-sufficiency of the family affects the management of time, reducing the margins of freedom and increasing dependency on others. The family in which a subject with disability is present must bear the additional costs not only of specialist visits, special equipment, paid medical treatments, but also indirect costs such as the need to abandon work, usually by the female component. Moments of leisure are reduced in the presence of a family member with disability, with important repercussions on personal well-being, self-fulfilment, and intra-family relationships. Even in the presence of formal resources, such as daytime or informal services provided by organized voluntary service, insecurity and guilt over those who are experienced as "micro-abandonment" seem to prevail in parents. Experiences of loneliness deriving from self-isolation or caused by the estrangement of others are frequent; not surprisingly, over the years, researchers' attention has turned to the impoverishment of the social support network experienced by these families, considered a crucial factor for psychosocial wellbeing and family adaptation (Gallagher and Bristol, 1989: 295-317). Relationship problems can also occur within the family; there would seem to be greater vulnerability of the couple in terms of the probability of separation and divorce. Even if the research data are discordant, in fact the single-parent family is a present reality in the case of the child with disabilities, with important repercussions on care, the economic aspects and the possibilities of inclusion in an interpersonal support network. As already mentioned, the problem of finding information is crucial and not only in the phase immediately following the diagnosis, as it involves the most disparate fields: from the pedagogical-educational to the legislative-bureaucratic, from the legal to the medical, from the social to the psychological-moral. Closely connected to the problem of finding information is the need, already mentioned, to relate with the formal services and with the different professional figures working within them. Many of the frustrations of parents deriving from such relationships are due to attempts at delegation, mutual rivalries and masked conflicts, which result in a sense of distrust, impotence and anger.

The results of research conducted by Zanobini, Manetti and Usai between 1996 and 1999 on 91 families with a certified child with disability attending kindergarten or primary school are interesting. The investigation starts from an assumption of normality, in the sense that it does not intend to investigate the possible pathology of the family, but intends to analyse the factors that influence coping strategies, the processes of change and the quality/quantity of social support. The variables taken into consideration by the scholars concern the age of the parents, the levels of education and the type of activity performed (e.g. for mothers the difference is placed on the employed and housewives).

As far as the relationship with the institutions is concerned,

the survey shows that uneducated mothers claim to have good relations, while for the educated, the data is not so optimal. Probably because mothers with a qualification require "*more explanations and need a more participatory type of interaction, especially in terms of explanations and planning for the child. They may show a greater tendency to understand, not only the reasons for the illness but also the meaning of interventions and rehabilitation; this can produce more divergences followed by less satisfaction.*"(Zanobini, Manetti and Usai, 2002: 80-81)

The same is true for the school where unemployed mothers highlight a greater perception of collaboration with the professional figures of reference, while the employed (which also corresponds to the more educated) complain about the lack of educational continuity and often find themselves in disagreement with the support teacher. Age does not influence the perception of collaboration with the institutions, just as it does not represent a significant variable on the adjustment processes. In the adjustment processes, the areas that appear to be affected by the change are the emotional, financial, the relationship of the couple and the work situation. There were no statistically significant changes in the relationships with colleagues and other children, the house, the relationships with relatives and friends. Women with medium-high education complain about a negative change in the working and economic situation. A very high percentage (47%) of families show a worsening of the relationship of the couple, and also in this case it is above all women with a medium-high educational qualification to underline this negative change, which is in opposition to the perception of the fathers, which instead, paradoxically , underline an improvement in the life of a couple. Above all, the worsening of the emotional situation is instead highlighted by mothers with a low educational qualification. women with a higher level of education activate positive coping styles more.

The responses given by the fathers to the same questionnaire were significantly different, especially on two points: the first concerns the perception of the couple, where, above all those who have a medium-low level qualification , show improvement; the second concerns emotionality: those who have a medium-low educational qualification show an improvement, in contrast, fathers with high educational qualifications show, on the contrary, a worsening of emotionality.

Another idea that characterizes families with disabilities is the belief that the father has a latent and marginal role compared to that of the mother. The latter in fact would be more involved in the relationship of care of the child and therefore subject to stress. From the literature what emerges is that the roles between the two spouses become strongly and rigidly structured: on the one hand there is a mother who leaves her job, thus renouncing the possibility of career. On the other, the father ends up concentrating all his existence in work being absent and delegating the education of the disabled child. This trend is also highlighted by Sorrentino's clinical investigation (2006), even if it has less stereotypical and rigid characteristics compared to common sense.

Zanobini and Freggiaro (*2002: 123-150)* carried out qualitative research on the father starting from autobiographies. The analysis proposed by the authors aimed at investigating from a lexical point of view where the greatest number of words of the different texts regards the name of the child, or a relative appellative. Thus making the centrality emerge and in the passage that child in the thoughts of the father) both in retracing the peculiar nodes and in the stories of stories return redundantly (the impact, the reasons: the crisis situation, the dynamics of acceptance, the context and the family resources, the role of the father conclusions. The research conducted shows that the role of the father is not so marginal in the child's life, at least not always. The research also highlights the fact that apathy and flight are not the only answers that the father manifests, but there are other more complex behaviours which are full of meaning.

This analysis is also in line with the observations of Soresi (2007: 228), who states that if the first research identified greater stress in the perception of maternal experiences, the latter tends to affirm the fact that both parents live equally stressful situations. Both from the data that emerge and from a different reflection on the subject, the stereotyped images of the rigidity of the roles begin to fade.

Another line of research has investigated parental experiences in relation to the adult age of the child. In fact, with the improvement of medical techniques and instruments, life expectancy in subjects with disabilities has greatly increased, opening up new reflections and new problems that experts and family are also related to adulthood: the "*family members are more often than previously to interact with an adult person who, however, can hardly manage to organize his own existence. In most cases these people live with their parents while continuing to attend day care centres or protected places and cooperatives and because of their early ageing, they tend to experience more intense feelings of loneliness and depression" (Soresi, 2007: 227).* The ageing of disabled children coincides with the advancement of the age of their parents who often find themselves having to face situations perceived as increasingly difficult, also due to the worsening of the chronic illness of the child. Thus, they do not perceive the possibility of an autonomous space for the child, and also fear for what will happen in the future of that child, when they are no longer there.

Yet what emerges from research and as opposed to the fear of the future is the lack of autonomy that parents tend to have children develop, as if they were trapped in a glass bell, created by an overprotective bond. This hyper protective bond also invades interpersonal relationships: according to the parents, the children would show difficulties in relationships with normal peers. Most of the relationships that his the child has, outside the family, is limited to friends and friends of the associations, while relationships with other peers (extra-association) would cease with the end of school. The end of school also marks a "re-entrustment" of the child to the family, just in the phase in which the extra-family socialization would be necessary for the development of the reciprocal autonomy between parents and children (Cacciato, 2001: 47).

4 Disability, socialization in elder age and the family's reaction

According to a recent census estimate, in Italy there will be 4.8 million severely disabled persons in 2020. In the population with functional limitations, disability or chronicity, women (54.7%) and older people (61.1%) prevail.

About 5 million people aged 15 to 64 with severe functional limitations, disability or chronicity are not enrolled in courses of any kind (school, university or vocational training). Among these individuals, 8.4% have restrictions on the possibility of studying due to health problems. The share rises to 37.3% among those with serious functional limitations.

Disability, however, can take over, more or less suddenly, even at other times in the family life cycle, following a traumatic event involving one of the parents or a child living with them. In this regard, it should be remembered that the "*Cranial-Encephalic Trauma(CET) is among the most frequent disabling diseases due to damage of the nervous system, its incidence is higher than that of cerebral haemorrhage: in Western Europe there are 1 million hospital admissions for Cranial-Encephalic Trauma per year ... it is also among the leading causes of death in youth and adult age*"[2]. In many of these cases we find ourselves in the presence of true restructuring of the personality that will take on different characteristics depending on the type of impairment that has occurred. The events that compromise the brain and nervous system functions are, in all probability, the most traumatic and radical case of change, because the number and complexity of disabling outcomes have numerous repercussions, often unmanageable or predictable in their intensity, on behavioural, cognitive and emotional aspects of the person involved.

Among the behavioural problems, it highlights in particular the possibility of developing aggression and violence, in ways not consistent with the current situation as well as occasional impulsiveness or disinhibition and reduced self-control, with possible alternation of emotional crises. Inhomogeneous social phenomena, forms of childish behaviour, inability to take responsibility or to accept criticism and self-centeredness have been detected with diversified ways. These are all conditions that weigh on the performance of the family roles.

When the trauma occurs at a young or adolescent age, developmental conditioning is sometimes noticed, in other words the ability to mature emotionally, socially, and/or psychologically is compromised, while maintaining attitudes and behaviours typical of a child or adolescent.

From the psychological and relational point of view, those who suffered traumatic brain injuries experience a triple "*loss of self*" (*Nochi, 1998: 869-878)*. The first loss is at the level of self-awareness: the absence of memory determines the uncertainty regarding one's own identity. The second loss derives from the comparison between the new self-image that the person processes after the trauma and the self-image he had previously. The third loss deeply disturbs the sense of one's identity, because it is the loss of self in the eyes of others: the message that the other members of society send him is that "his person is different from what he thought he was". The fact that others reiterate the difference compromises the validity of their self-representation. The hypothesis of a multi-dimensional identity and the need to safeguard it are confirmed. The problem is how this can happen. The difficulty is given by the fact that it is "*produced and preserved in the model of the overall interaction of the person with the world*" (*Nochi, 1998: 875).* The idea advanced in this research, which aims to provide guidance to rehabilitation workers, is to induce a modification of their self-narratives, which thus become a strategy to minimize the loss of self. In situations of personality restructuring, what Berger and Luckmann would define as a problem of "*preservation of reality*" under conditions of "*emergency*" arises (Berger and Luckmann, 1969: 206). The conditions necessary for the preservation of reality in such situations do not differ from those operating under normal, routine conditions; however, they become more explicit and intense. The apparatus of conversation is one of these conditions. "*Subjective reality* - observes Berger and Luckmann - *always depends on precise structures of plausibility, that is, on the particular social base and on the social processes required for its preservation*"(Berger and Luckmann, 1969: 211-212). In cases where disability poses a problem of personality restructuring, it requires re-socialization processes that must resemble those of primary socialization, "*because they have to radically redistribute the values of reality and thus*

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[2] http://www.traumacranico.net

reproduce to a considerable extent the strongly affective identification that united the individual with the family environment"(Berger and Luckmann, 1969: 214). For the self-narration strategy to be successful, it must rely on effective plausibility structures, that is, on a "*social basis that serves as a 'laboratory' for transformation*". Such plausibility structures must be "*mediated by meaningful persons, with which to establish a strongly affective identification"(Berger and Luckmann, 1969: 215).* The only social context that can reproduce the required degree of identification is the family. The sociological implications underlying the experience of those who narrate their relationship with a disabled family member are then identified and identified in the awareness that they are "born twice".

Women are usually the first, if not the only ones, to be involved in the role of caregiver that is added to the social role of mother, wife or sister. For the family involved, the resulting emotional, material and welfare impact takes on the appearance of a real trauma with the risk of developing post-traumatic stress.

In addition to the material aspects which are definable, the psychological and emotional aspects are called into question with their considerable repercussions on intra and extra-family relationships and on their own identity. The change in lifestyle, which the family has to manage, is highly destabilizing, it can lead to continuous changes: the image of the self, the consideration and evaluation that had been created up to then of the traumatized subject, of the expectations in his comparisons, the dynamics of interpersonal relationships, dependency relationships and temporal perspectives.

This destabilization probably constitutes a major trauma and can become intolerable for family members, lead them to experiences of impotence, guilt, anguish, depression, denial of the problem, and numerous cases of panic attacks. Often the people who assist, especially mothers, adopt very different and sometimes contradictory attitudes towards the traumatized, , ranging from rejection to hyper protection. The most widespread attitude remains the total acceptance of one's partner with the assumption of a task that conditions all aspects of one's life. There are cases of the disintegration of the family and breakdown of the couple's relationship.

In addition, social consequences are found in terms of difficulty in re-entering school for the person with CET and for his family nucleus. They lead to a request for a greater and different involvement of the local welfare system, of the municipal social services and of the Territorial Area. Services are not always recognized as adequate or prepared, on the contrary they are sometimes perceived as being completely absent in offering the necessary support.

All this makes evident, in a particular way, the need to think of complex and prolonged interventions over time, modified according to the specific need of the person with brain damage, within the dynamics of the family.

In order to understand the implications of the disabling results of a serious head injury it may be useful to reflect on the results of qualitative research on the people who assist those with severe brain injury, conducted by G. Esposito on a sample of women - mothers, wives, sisters – contacted thanks to the Associazione Traumatizzati Cranici di Bergamo (AATC) and the Associazione Disabili Bergamaschi (ADB). The survey aimed to identify the subjective meanings that care givers attribute to their care activities, to the ongoing family dynamics and life contexts and to describe the way in which people react to the critical event and reconstruct their relational dynamics (through language and conversation). The specific objective was to identify the processes of definition/redefinition of the caregivers' identities following the changed relational conditions. The methods used in the research were participant observation, discursive interview andfocus group.

Qualitative techniques such as participant observation and the focus group allow us to grasp the human and relational dimensions that would otherwise escape the use of more "objective" quantitative techniques. In reality, any conclusions of a social research are always in some way conditioned by their implicit patterns and reference models).

With regard to family dynamics, it is important to reiterate that conversations confirm that the trauma suffered by a relative has always had a strong impact on family dynamics. It is capable of upsetting all the patterns and all the relationships. One mother said: "*I had to fall in love with my son again, because the one who came out of the hospital was no longer my baby*"(Esposito, 27). In general, the interventions of the people approached expressed very similar and coherent opinions among themselves, also regarding relations with spouses.

The differences recorded are minimal and in any case within a shared dialogue. An important thing is that the relationship between spouses is often compromised.

What appears to be divergent, however, concerns the attitude regarding memories of the past.

Remembering a child's childhood is too painful for mothers. Some mothers reported that they could no longer remember their children's childhood, as if they had forgotten everything. The beautiful moments of their childhood hardly came to mind: when they went to kindergarten, when they sang; they could not remember anything anymore.

As for the relationship of the couple, when the affected person is a child, the pain experienced differently began to open a gap between the spouses. The two ways of feeling pain, the fear of the loss of the child, the absence of words that can contain everything. The lack of moments or spaces to live alone, the workload that occurs, all build barriers and separations between two solitudes; maybe they can help each other in the work of assistance, cleaning and personal hygiene, but the emotions travel on different levels. Sometimes the distance is irremediable; sometimes, when the couple still resists, they live together keeping deep furrows in the relationship.

The individual, therefore, is not understandable outside the system in which he acts and he does not achieve the process of individuation alone, a person is also identified because others allow it. The person is not an abstract identity, floating in the social void, but is always a social actor firmly anchored to ethnic, relational, small group memberships, which give him a precise historical and cultural dimension. Precisely for this reason, they act more profoundly than when one can believe the environment of belonging, friends, the local community. In the interviews, the presence of this context so pressing and at the same time so absent and not very collaborative emerges.

In the case of people with CET, therefore, it is not only the person's personality who is subjected to a process of reelaboration, but all of his family in a dynamic succession that involves relations with the mother, between spouses, and with any other children or siblings.

Through a complex game of regulations between the ego, the others, the "us" and the institutions, the formation of the personality, becomes active, in fact, in a constant effort of division and re-personalization, of the struggle against the inner separations and exogenous alienations.

A conflictual process takes place in which the feeling of identity and the representations of self are confronted and contrasted, on the one hand, while, pushed to abandonment and the cancellation of oneself, by the stressful situation on the other.

But perhaps for the personality and for our identities it is never possible to think of a state or a definitive point of arrival, as happens in ordinary life. However, we must suppose that a dynamic system which is always in the process of restructuring exists. A family that is hit dramatically by these events is called even more to recalculate under the action of emotions and feelings aroused by the new role of care.

In the processes of building identity and in the identification mechanisms which allow us to ask ourselves who we are and what sense our life has, the constructive phase is precisely what allows us to increase the sense of unity of the self by internalising the qualities, skills and the emotional capacities of the people around us.

If the other becomes so extremely fragile, different from what we knew and loved, so deeply in need of care, this not only precipitates a crisis in the relationship, but also determines the impossibility of creating our own qualities, of appreciating his abilities and his affectivity, and consequently we are forced to redefine our own personal identity.

The life project that was imagined together with the other is lost, the definitions of lived experiences and those imagined for the future are in crisis.

For the women who provide assistance, a sacrificial dedication is registered in unconditionally engaging in aiding the relative while without being able to demand reciprocation. This dedication can be dangerous for the woman's ego, who often pays for this availability with depression.

The transformation and conditioning of daily life is very high and psychological suffering is combined with a deep sense of loneliness. What project is now possible for the child? What is he going to have to give up of his life, of his studies, of his work? And how much of herself will she have to leave behind? There is a risk of overprotection, a return to a role of eternal child who has to be protected and cannot get away from the baby attached to the breast.

This happens above all, when there is an absence of a valid dialogue and a full sharing of suffering at the family level; all these mothers react with a hyper-attention towards their child, neglecting the other dimensions of relational life.

The social bond, including that which binds parents and children, is by its very nature essentially conservative, even when the needs and the stated objectives of the group require strong changes. This is because the group usually opposes resistance to new ideas since making changes or revisions of a certain world view is always difficult, because it can call into question the bond of the family group and constitute a potential attack on the individual identities.

For mothers, it is as if in the disappearance of the previous child a mourning has occurred that includes the disappearance of the components imagined for the possible future that the child was about to undertake. There is therefore for them, a form of re-elaboration of separation charged with anguish is necessary. Her child will not fully mature towards an adult phase and she will no longer be able to grow and emancipate herself from her role as a nurse.

The depressive phase could be linked precisely to the reorganization of its relationship with the relative.

However, the difference between the beloved before and the person now in front of them is unbridgeable, the comparison is dramatic and full of suffering. The predominance of pain occurs and sometimes it is a real panic.

"*Psychic sufferings, generally called anguish, are dealt with at least from birth ... it can be redistributed in both the inner and outer world," Because within each social group, suffering can be transmitted by an individual to the other…*" (Meltzer and Harris, 1990: 15)

Following the teaching of Meltzer we can remember how the dynamic functioning of the personality has above all the purpose to modify psychic suffering, within limits that allow the assimilation of the emotional experiences. The levels of functioning of people are to be considered extremely variable from one individual to another, they are moreover influenced by the physical and psychological conditions of the moment.

The operations that people perform in order to modulate, modify or avoid psychic suffering, can be very different, the way in which these are inserted into what we call personality, or structure of character is different. The modulation of suffering is mainly achieved through mental processes which make it possible to understand actions, and produce positive changes for a better adaptation to the outside world, or through a better "equipment" of internal objects, which help to strengthen the personality.

"We believe that unconscious fantasies are the prime motor of thought and action and that therefore the modulation of psychic suffering must pass through the action of the meaning of experience in fantasy and through the creation of dreamlike thoughts that give active form to symbolic representations... The main techniques used to modulate the psychic suffering are imagination, thought, verbal thought and communication, ... , it is thought with its interior description, which precedes communication with others, it is probable that the verbal thought is closely connected to the conscience, if we consider this faculty in the Platonic sense, suggested by Freud, that is 'as an organ of sense' for the perception of psychic qualities." (Meltzer and Harris, 1990: 19)

One mother reported that in the end, she was waiting for the pain to come, because even if she was very strong, she would at least realize she was alive, otherwise she would not know who she was. You cannot even fantasize about a possible recovery and a return to normality. Precisely for this reason long psychological work to elaborate the loss and accept the unexpected is sometimes necessary.

Relations with the outside can be reduced enormously and restricted to people who "*can understand the problem*" because they have lived it.

"*We can understand how people are induced to meet in groups or social organizations of various kinds for two different reasons: because driven by the need to find companions with whom to go to the search for truth, with the aim of modulating psychic suffering, […] , in an attempt to modify suffering or to avoid it." (Meltzer and Harris, 1990:* 21)

There are no educational schemes or models that can act as a reference and are easy to adopt; every experience, every person is unique and each case reacts in an unpredictable way. We need to put in place defence mechanisms but we are also called to reach an adequate level of acceptance of the condition of one's child or husband.

Acceptance is never "complete" and usually ambivalent. It requires the acceptance of the other for what they are, facing the condition that is lived with realism, without denying it but without being dragged down by it. Trying to make the most of any progress, any increase in autonomy, when there are, but also building spaces for their own autonomy and self-care.

The theme of "*wounded*" motherhood comes out from rhetorical figures and must be dealt with in a more mature way by the same network of relationships in which one lives.

There may be several reasons that make dialogue in a couple difficult (lack of time, loss of tenderness, tiredness, laziness etc,), but a disabled child is a source of important discussions between spouses.

The trauma that affects a child also affects his family, forcing parents to take decisions about the life of the relative that can cause misunderstandings and these in turn prevent synchrony, cause imbalances in the evaluation of the best roads to be taken for the path that the child must fulfil.

"Since the central factor is the emotionality and since this is or seems to be a transferable phenomenon, the crucial question that determines the transition between two different positions will always be: 'who will assume the suffering?"(Meltzer and Harris, 1990: 27). We

can say that the most widespread answer to this question is the woman.

Several researchers have highlighted that the presence of a disabled child, regardless of the type of limitations to which it is forced, continuously strains married life, even if there are cases in which it is strengthened allowing the development of new sensibilities and mutual attentions...

"The couple [...] is a virtual mental field characterized by the overlapping of the cultural mandate of the design of a new generation capable of managing the sense of the world and of the flow of life as a subjective and social experience. [...] The couple cannot be defined by roles or functions, but by being aware of the hinge between two mental universes: the transgenerational in the past and the transgenerational in the future."(Pontalti, 1992: 85-87)

5 Family reactions and coping mechanisms

In conclusion, we have to remember how psychic suffering represents the ultimate factor, indestructible and irreducible to further subdivisions. The people involved continuously have to deal with this suffering. The ability to tolerate it coincides with the possibility of holding on to new responsibilities and represents an essential element in the system of relationships in which one belongs. No adult dimension can be fully realized if it tries to escape this requirement.

We can say that assisting and serving essentially means sharing the suffering of others, with the aim of reducing it within tolerable limits. When this succeeds, one's own suffering is also reduced to a level with which one can live together.

The sense of responsibility and the resistance to escape coincide with their own defence against anxiety, rather they are real tools to protect themselves and, therefore, to protect their identity.

The idea of a *normal* and *healthy* family coincides with the myth of a family without problems and without disease; *"This conception leads us to embrace the erroneous assumption that any problem is a symptom or consequence of the existence of a dysfunctional family context." (Walsh, 2008: 20)*

This idea has led families with disabled members to identify with pathological families, needy of receiving aid and care, without sufficient energy to activate any resources or potential within themselves (Zanobini, Manetti and Usai, 2002: 13).

Autobiographical stories and interviews revealed the presence of strength, determination and sometimes even authentic happiness in families with disabled children. Not that suffering, pain and anger are absent, but alongside these more conventional feelings and emotions for those who experience certain difficulties on a daily basis, at least in the stereotype of a family with disabilities that is still strongly present as a collective myth, there is also joy and the will to move forward despite everything.

The most recent systemic studies on the subject, highlight a paradigm shift no longer based on the deficit but on the resources (Walsh, 2008; Scabini, 1995). These studies have consequently been oriented towards an analysis of the mechanisms that allow families with disabled members to adapt well because the optimal functionality of this new organization depends more on the family characteristics than on the type of pathology of which the component, child or adult, is a carrier (Soresi, 2007: 230).

The ability of the family to implement strategies of *coping*, i.e. to identify individual and family resources to cope with the problems arising, or of *resilience*, meaning to resist the new and suffering situation, depends a lot on the particular characteristics of that family and the way in which it orientates these specific qualities the moment they face the birth of a child with disabilities or the occurrence of a disability in one of its members. Coping and resilience in the presence of traumatic events cannot be identified a priori because they are implemented after the event, however, it is possible to examine some characteristics that emerge in the families that the research examined.

The term coping means the implementation of strategies to deal with a problem. In the literature, it assumes a predominantly positive meaning, i.e. it refers to those strategies that are promoters of a change towards prospects of well-being and that prove functional for the family, not only in the short term but especially in the long term. Actually, the strategies that a family can choose in order to cope with the stressful event can be very

detrimental to the family structure itself, the consequences of which can be seen in the evolution of projects, such as a mother who, in order to cope with the management of time of the disabled child, renounces everything (work, friends, spaces for relaxation) to devote herself entirely to her child. This strategy first allows the maintenance of a family balance, as time goes leads her to be more and more stressed because deprived of personal space (Sorrentino, 2006: 24).

The activation of positive family strategies concern cognitive, relational and emotional aspects. In fact, parents who are more able to develop resources and positive aspects are those who on a cognitive level can give a reformulation of what has occurred, rereading the event in positive terms thanks to more information on the child's disability and a knowledge of resources that the territory makes available. The cognitive aspect also includes the strategies of *problem solving* and *decision making*, important for creating flexibility in the thought process in order to find new solutions and make important decisions (Soresi, 2007: 231).

The re-reading of the problem helps to put in place strategies of an emotional nature, thanks to which, despite suffering for what has happened and for what will be repeated every day, there are scenarios of greater awareness and acceptance for the child. Often the parents of disabled children feel that the event has raised them and made them more mature and stronger since they are able to deal better with stressful situations (Ianes, 1999: 157-183). Alongside these two strategies, there are the relational ones that consist in the ability of the family members to remain cohesive, collaborative and to each find a relational space within family relationships, continuing to cultivate their own interests and hobbies. As Soresi says, the *"families that resort with high frequency to these strategies (high coping) differ from those that occur only sporadically (low coping) for how they deal with the difficulties from the beginning, for the attitudes that they intend to take during the course of time, for the values to which they seem to adhere, for the activities they perform, for the participation in the care of the child and for how they live the social support they receive [...]: these parents seem more suitable at finding more solutions and they do it together, providing mutual understanding and support"(Soresi, 2007: 231).*

Coping, in a positive sense, is linked to the concept of resilience, which has, in Walsh's studies, similar characteristics to those described by Soresi concerning coping, that is, for a constructive and meaningful functioning family, communication methods, organizational style and the ability to attribute meaning to the event are important (Walsh, 2008: 61).

The term resilience comes from physics to describe those bodies that were able to resist a collision.

In the social sciences, the word resilience is characterized by a further positive aspect because it is not only a matter of resisting a pressure or an environmental impact, but also the possibility of getting out of a paralyzing situation. Here, the resilience of a person or family can only be seen after the occurrence of a dramatic event. It is from the vulnerability (*Malaguti, 2005: 57)* in which a person or a family is found that we can highlight the will to overcome the difficult situation: resilience is not a product given once and for all, it is a dynamic path, upon which the protagonists see the opportunity to grow and gather happy and meaningful moments for their lives which are sometimes unthinkable when the dramatic event occurs, whether it be a disabling illness or trauma or the birth of a disabled child. There are many characteristics that allow the development of positive adaptive strategies and resilience that emerge from stories. For example, among parents of disabled children; the most significant and recurrent characteristics concern the attribution of a meaning to the event, the myth (in positive sense), the presence and continuation of family rituals that remain even after the birth of the child, the collaboration with the formal and informal network of support that binds to a perception of control of resources and problems related to disability.

The attribution of meaning is connected to the cultural and social beliefs to which the family refers. Family beliefs are the perspective through which the family looks at the events experienced. "*Belief systems represent an essential functional core in all families and are powerful forces in terms of resilience. We face critical moments and adversity, giving meaning to our experience: connecting it to our social context, our cultural and spiritual values, our multigenerational history and the hopes and aspirations for the future. The way in which families evaluate problems and opportunities determines the difference between the ability to face and master difficulties and the precipitate in functional disorganization and discomfort.*" (Walsh, 2008: 61) A fundamental aspect regards the ability to attribute meaning to the event that occurred. The attribution of meaning can be linked to a religious experience or to a secular vision of life, it can be expressed explicitly or emerge from what the narrating parent says or writes.

Each parent attributes meaning and sense to the birth of the child, in their own way and with beliefs that are not easily transferred to the experiences of another parent, especially if the meanings of the other are imposed from the outside. The attribution of the meaning given to an event such as the birth of a disabled child cannot be dictated from the outside, but corresponds to a personal, individual or family research that is linked to one's beliefs and one's own way of seeing life. Giving meaning to the event that has happened is a personal journey and a dynamic process that constitutes a reformulation of the event and is flanked by it.

As far as organizational style is concerned, it has been debated whether other models centred on the one-sidedness of the act but different from the "maternal model" can exist to take care of a person. . A possible alternative lies in an act of mutual care that is not asymmetric and achievable by taking care of the relationship and the possibility of meeting with the other. Taking care of the relationship with the other means putting energy into possibilities of its development. It means focusing more on growth than on maintenance, and it means learning more than filling the gaps. Of course, taking care of the possibility of encounter is more difficult than taking care of the other, precisely because of the dimension of reciprocity that implies: "I can handle the needs of someone indefinitely without that this someone cares about mine. Maybe in the end I could get irritated, but in the meantime the cure would work. I can in no way take care of the meeting with the other if the other does not do the same". To meet you need to be two. Taking care of the encounter also means taking care of the growth of the other and of oneself in a perspective that concerns the future.

From the autobiographical stories and from the interviews emerges, other than the dimension of suffering and the search for meaning, humour is another element that proves to be a valid instrument in the re-reading of what happened. It is an element that often returns in the stories of the parents, and is seen as an aspect of intelligence that in the face of a difficult situation tries to redirect life by reading and giving to the dramatic event a sense that makes the drama lighter (Cyrulnik and Malaguti, 2005: 159-179; 195-213). Furthermore, "*humour helps families cope with difficult situations, eases tensions and allows recognition of one's own limits. Recovering a sense of humour in a situation of despair can help various members of the family contain the toxic potential of threatening contingencies and ease the anxiety*"(Walsh*, 2008: 146).*

Linked to beliefs and the attribution of sense and meaning, we find the family myth that plays a role of considerable importance. The family myth responds to two meanings one positive and the other negative. In front of disability, a myth that risks becoming extremely negative concerns the rigidity of the rule that identifies the family as perfect and therefore it is not possible to tolerate the difference given by the deficit because it moves away too much from the aspect of normality (Sorrentino, 2006: 44).

On the other hand, the possibility of narrating a sentence or a meaningful story is positive for the family so that, in addition to giving strength to move forward especially in difficult situations, , it helps to underline the family identity that is recognized in a certain way of doing and to see the world.

Some parents, reading by chance:

"*If you can't be a pine on the top of the hill*
Be a scrub in the valley – but be
The best little scrub by the side of the rill; […]
It isn't by size that you win or you fail–
Be the best of whatever you are."

(Douglas Malloch, "The Best of Whatever You Are")

Understand that the full realization of the humanity of their child (like that of every person) does not lie in "what" it will become or will do in life, but in "how" it will do these things (Vv. Aa.,2005: 28).

In this case, the narration of the myth shows how to tell oneself and share with the other members of the family a possible reading of the event, it frames the situation in another perspective, giving not only a meaning but also a goal to reach out because its attainment is seen as possible. In the case of those parents, there is no pretension to make their child a genius, but to structure an intervention. It allows him to develop his potential, since it is not a social position of prestige that makes a person better than others, but it is the way in which a profession is practiced, giving the best of what can be given that makes the difference. The strength of the family myth also resides in another aspect that regards flexibility and dynamism, since the myth is functional if it does not remain trapped in rigid structures, but it is increasingly enriched in a dynamic process to give strength and courage in the face of various adversities of life.

Another aspect that emerges is the ability to maintain one's own rituals in everyday life so that the new family structure does not limit itself entirely to revolving around the situation of disability, for example, by stopping traveling or going to some places that were habitual but that, with the birth of the disabled child, are abandoned forever. Family rituals allow the preservation of family identity and family beliefs, marking both the passing days on the calendar with celebrations of particular occasions (such as birthdays, anniversaries, weddings, festivities), and giving rhythm to the routine (such as for example dinner all together, etc.). Moreover, the rituals recognize the important task of recovering a sense of continuity with the family's cultural heritage (Walsh, *2008: 208)*. Caring for a disabled child also means implementing the routine of personal care day after day with a view toward normalization, i.e. "*thinking and acting in terms of culturally normative actions and life opportunities: living the behaviour 'of everyone', the places of all, the same goals and the same resources*" (Ianes, 1991: 179).

Following the ritual of the first day of school, for example, as it had been done for the eldest son, contributes, like other rituals, to focussing not solely on the disability of the child, but the ritual has the function of creating continuity and to re-sew the broken fabric between before and after. Of course, it will never be a perfect mending, but re-stitching allows us to glimpse the possibility of being able to do it, since one's life has not been completely distorted.

6 Community care

The birth of the welfare state, as the taking into care by the State of its members in order to guarantee to everyone the well-being through the implementation of social policies, has proved to be too expensive, as well as too centralized and normative for the State itself such that it can no longer fulfil this function. The problem comes from the fact that no one wants to renounce social welfare. After all, the alternative to the welfare state is not "*to abandon the goals of well-being, but to reformulate them, and to find other ways and means, in order to obtain more effectiveness, efficiency and equity, through new combinations of factors and a greater overall and local "reflexivity" of the welfare system*" (Donati, 1991b: 39). What is being developed is the attempt to create social policies from the base through the empowerment of citizens who are no longer just users of services, but become real co-protagonists through construction, for example, in the context of disability, of care in the community. Donati thinks that the term has an ambiguous meaning: with it, in fact, we mean care work both in the community and of the community (Donati, 1991b: 40), i.e. an activation of social policies within the community itself, but also a series of services that institutions put in place for the community. This ambiguity is partly overcome if we think of the community not only as to whom the help is formally referred, but also as a community whose members are able to develop attitudes of taking care of each other in such a way as to guarantee a state of well-being for oneself and others (Tortello and Pavone, 1999: 21).

The term community care refers to the entire community that takes care of difficult and problematic situations. The activation of work in the network helps the family to get out of some problems, such as isolation.

It should be noted that the family that lives in a context of disability never reaches a goal beyond which it feels free and carefree, because the demands placed on the disabled person

are always linked to special educational needs. If we consider the model of the life cycle of the "normal" family, we see that one of the foreseeable critical points is the acquisition of autonomy of the children that begins with adolescence. As a problematic event it involves entering into conflict with the world, values and family beliefs to build one's own identity. If these characteristics destabilize the family balance and the relationship between parents and children, it is also true that the acquisition of autonomy by a child also means the possibility of recovering personal spaces for the father and mother. On the contrary, for example, to travel alone or by maintaining a series of friendships that perhaps had been more neglected in the previous phase when the children required more resources for care, the recovery by the parents of these personal spaces is experienced with greater difficulty by the couple with disabled children, since for these, the achievement of autonomy is not always possible as they continue to require a series of treatments well beyond the time of childhood (Sorrentino, 2006: 42). The family with a disabled child needs support to cope with the problems it encounters. This help can be found through the activation of formal and non-formal services. The former is represented by institutions such as schools and health and territorial services, the latter are represented by a network built with other parents, volunteers, associations and neighbours.

6.1 Formal services

From the medical model, centred on the disease, we have moved onto an integrated model centred on the person and on his potential, yet despite Italian legislation being among the most advanced regarding disability and providing a series of measures to cope with social disadvantage and marginalization, it can often be observed, that the rules are neither fully implemented nor reflected either at the social level or on a cultural level. The spread of a culture of inclusion, in fact, is still hampered by prejudices, the heritage of our past and our social system. "*There is still a lot of work to do and common sense, the goodwill of the operators and the mission of the associations are not sufficient to guide the actions. The social networks of citizens and associations* *must be supported by a social policy giving lasting results*" (Fortuna, 2003: 91). The lack of sensitivity of those who are not in close contact with disability emerges from numerous testimonies, yet in the context of *community care* it is important to recover and strengthen network resources, perhaps helping to overcome and dispel prejudices about disability.

Breaking down social prejudice is not easy; we need a long process of awareness starting from service operators. At the legislative level, the attempt to offer an integrated service and institutional or personal solidarity benefits is based on the law on reform of assistance (Law 328 of 2000). The answer to the differentiated needs of citizens has been given through the creation of specialized services, which is a consequence of deinstitutionalization and of the emphasis on decentralization of services on a territorial basis in order to guarantee the creation of a working network, which actually is struggling to take off (Folgheraiter, 1991: 11-32). Among the obvious causes, we find that the specialization of services also leads to a fragmentation of social professionalism with the risk of uncertainty about which service should respond to a certain need. The sluggishness in the construction of a working network is also due to the excessive bureaucratization of the interventions that in fact limits the possibility for the user to take part in it. In fact, if "*on the one hand a process of approaching the person has begun, with the recognition of the peculiarity of his subjective needs and with the creation of specific services in response to his requests, on the other, this process risks failure if a network of social help that can tighten the links around the person is not built*" (Fortuna, 2003: 94).

What emerges from the biographical reports about formal institutions concerns mainly the school and the territorial, health and medical services. The family's ability to talk about their problems and to share them is also linked to the family's perception of knowing how to manage the problem itself or to depend entirely on local services and experts. These two extreme positions can be placed on a continuum within which we can find intermediate positions between families who think they know how to better manage the situation without resorting to the opinions of the school or service experts, a position generally

matured after bitter disappointments. At the opposite end there are families who continually need external opinions and advice, a position that suffers from an inadequacy to play the role of parents and which makes it more difficult to promote independence and collaboration like experts in the design of the subject in education (Zanobini, Manetti and Usai, 2002: 165-166).

If the school, although presenting some difficulties, is seen as a valid ally of the family for the construction of a significant educational project for the disabled child-student, the relationship established between parents and health institutions, however, highlights a larger number of problems, some of which are described as insurmountable, favouring attitudes of mutual distrust. The difference in evaluation that parents give for educational services over health care is mainly motivated by the fact that with the former it is possible to have a more prolonged connection over time. Marked by even daily discussions, in which the parent feels an integral part of the educational process of the child, while the health services lack the continuity of the relationship, since parents often turn to the latter only in moments of crisis (such as for the communication of the diagnosis). Thus, it becomes more difficult to change the negative image that parents build themselves of the service itself (Chatelanat, Panchaud Mingrone and Niggl Domenjoz, 2001: 214). Yet despite the recognition of the importance of the family role in the growth and development of the child with disabilities, and consequently the recognition of the importance of building a positive alliance with the family, the latter *too often still lives the relationship with the formal services and with the various figures of professional operators with sometimes even serious difficulty. Family members frequently have difficulty not only in identifying the most suitable services and accessing them, but sometimes also in using them optimally and in creating and maintaining a good relationship with the various people who work there. Too often, the family history is punctuated with frustrations, humiliations, offenses, doubts or burning awareness of being ignored, "cheated", or even exploited economically, resulting in a sense of distrust, cynicism, impotence and anger (Ianes, 1991: 160-161).*

One of the proposals that Ianes highlights as one of the most important concerns the communication of information, because parents need to receive clear, secure and useful news. Often, however, this is not the case, and the delays in communication are also added to the uncertainties of the answers they receive. By not receiving useful information from medical services, parents begin to lose confidence in the services themselves and learn to trust themselves more. It is true that it is not always possible to give the desired information and that the construction of a certain diagnosis requires time, in addition to consulting among various specialists (Martinetti and Stefanini, 2005: 13-22; 173-186). It is also true that development is not always predictable, but it is possible to give an answer that more significantly welcomes the whole situation that the family is experiencing, leaving an open gleam and pointing out that the services do not give educational recipes but directions to travel on a journey that also involves the family with its members.

The metaphor of the crystal ball raises numerous doctors from the taking of responsibility in pronouncing a judgement that could prove to be false. This position helps to hinder the construction of an educational alliance, because the parent feels neglected and not taken into account in his own situation of suffering, thus perceiving the doctor as cold, detached and indifferent (Chatelanat, Panchaud Mingrone and Niggl Domenjoz, 2001: 214). Nevertheless, a doctor, despite a lack of clues, a comprehensive diagnosis and prognosis, can take some time with the parents and tell them, according to his experience, what the possible outcomes of the deficit may be. This can respond to their need to be taken into consideration, listened to and partly reassured about what awaits their child and them. Furthermore, the doctor can shift attention from the deficit to the child (following the teaching of Milani Comparetti who, since the 1950s, promoted the slogan *from cure to care* in Italy): he can advise parents not to think obsessively about the future, because it is necessary to live the relationship with the child day-by-day without suffocating it with excessive worries for the future. He cannot say much about the disease, but he can say something meaningful about the relationship, because in any case these things can be improved by the parents. In this way, the doctor moves the idea that a family with a disabled child is necessarily a pathological family and manages to glimpse positive aspects that only wait to be experienced *(Zanobini, Manetti and Usai, 2002: 218).*

Finally, another important point is that a doctor with this kind of approach does not hinder the creation of a trustful relationship with the institutions by the parents, and, after a while, the parents will show gratitude.

Support for parenting, especially where there are disabled children, is a complex construction that also involves the communication methods chosen to address the family. Some parents feel they have not received enough from the services and then they have activated an informal network from which they felt supported and where they found answers to many of their questions, as well as looking for an alternative path that has paid off. What remains is anger for having lost precious time, for not having had the opportunity to choose the most appropriate intervention.

The lack of trust between family and services can lead parents to look elsewhere for more satisfactory solutions than the official channels provide. This research can be carried out by parents with a critical and as realistic as possible assessment of what is being done for the education of the child and whether it is worthwhile to try another way that better respond to their needs. However, this method of research can also be conducted uncritically: trying, without giving a fair evaluation, the best path and using as a criterion for verification on the effectiveness of the method, the presence of immediate improvements by the child, without considering that many times rehabilitative pathways take a long time before showing positive outcomes. This involves the continuous change of techniques and strategies, which cannot constitute a significant project because it is discontinuous. The fragmentary nature of rehabilitative experiences is often the result of the search for a miraculous solution that "heals" the illness of which afflicts the child. Often these alternative routes are devoid of scientific recognition and can sometimes be harmful to the person in education (Sapucci, 1999: 23).

The importance of formal institutions in caring for families with disabled children is extremely important, especially in the early stages when the parent is informed of the child's disability. In these phases, in fact, the vulnerability can lead to taking unclear or poorly thought out choices, the disbelief that disability can affect the family can push to try options that guarantee miracles. Disability scares, or rather what scares is what is not known, thus giving information that is as comprehensive as possible and leaving space and time that allows parents to return, involves increasing the awareness of the existence of a place and a specialized staff who takes care of their problems. Offering their skills and their humanity in explaining, if not what will be the future for the child, what it means to live with a disabled person without this being the end of all the positive aspects of life so far. Moreover, in the end the stories told are testimony to this: you can be happy despite the disability.

To avoid that users abandon the formal services, the staff of institutions should present more empathetic ways to enter into relationships with their parents, placing themselves on the same level with a view of collaboration: the family is not just a passive service user who expects only to receive something. It is an active component that has its own relational resources and networks, which perhaps only wait to be recognized by the family itself. In the past, "*service offerings have tended to focus on the existence of a problem, circumscribing the focus of clinical attention to the symptomatic subject or, at best, to the partner, a parent or an alternative and recognized caregiving figure, while the family network (and other constraints and potential resources) remained only a vague and indefinite background. When the service offer is centred on the family, interventions can be better coordinated and then declined on actions aimed at helping all its members through a series of integrated and joint actions*" (*Walsh, 2008: 213-214*). For families who live in situations of disability, it becomes extremely important to be able to count on the environment, thanks to formal and informal relationships, as we will see in the next paragraph. Walsh speaks of the importance of creating trust between operators and parents to allow them to open up and be more receptive to the forms of change. Services should also be more flexible by modifying the service itself to the current needs of users. This is possible only if a significant network of mutual trust has been created between

families and institutions, also to give life to a service that is an appropriate response to the needs that the family cannot fulfil on its own. Collaboration between the family and institutions can really give life to meaningful projects that help to create links with other families or other informal services of the territory.

Informal associations are of great importance in taking care of disabled people, both because they help to create spaces where it is possible to experiment autonomy while discovering skills that would otherwise have remained hidden, and because they contribute to manage free time giving it a qualitative and active aspect, which otherwise would risk being used in passive and unrewarding activities. In addition, informal networks contribute to creating positive resources for parents who can share their experience and receive additional tools to experiment with in relation to the disabled child.

The role played by local agencies offers the possibility to follow the interests that parents see in their children and make them become a concrete experience.

These alternative spaces, born from the real interests of children, can be a source of construction of certain skills, interests or abilities in which they can live the enthusiasm in being able to do something beautiful and recognized by others. These experiences are impossible if lived in the restricted space of hyper-protection which, in addition to being steady and passive under the reassuring walls of the glass bell, prevents the opening of gates and the possibility of security against the world, the basis on which to build autonomy (Zanobini, Manetti and Usai, 2002: 33-67) .

Work on family support oriented to community care, beside strengthening the relational network with informal associations and creating links between relatives, friends and neighbours, is important to activate mutuality as an exchange of help between people who find themselves living particular conditions. Generally these groups are made up of people who experience the disease or a difficulty and who seek from themselves, directly and personally, to 'help themselves', to face the best situations of their experience, to self-determine, to humanize health care bringing it as close as possible to the reality of needs, which they know perfectly, living it from within. It is almost a 'reappropriation' of an active role in relation to the problems, in some cases even in a relationship of clear antagonism and refusal towards the 'official experts'. Thanks to self-help groups, the parent gains awareness that he is not the only one to experience the daily difficulties related to the disability of the child, that there are also others and that it is possible to meet them even in "normal" places, i.e. outside from outpatient or health settings. In fact, the common experience of these parents is often that of feeling alone in a world where others have conceived healthy children and that this is why it is possible to feel like penguins in the desert. The construction of the group helps to see that there are other penguins, and that if they can walk in rough terrain, so can others.

Besides helping to get out of isolation, the group opens up the possibility of confrontation both in relation to one's own moods and emotions related to the difficult path of raising a disabled child in a society that is not yet ready to fully accept the differences of others, and in relation to the development and the conquests of skills of their children. Sometimes the group becomes a place where one becomes aware of the legal rights of their children, information that is often difficult to find in formal contexts. However, the activation of mutual aid groups is not always simple, because it still requires moving out of isolation to share difficulties which requires an act of trust. One would think that opening up with people who bring similar experiences is easier when actually communicating one's pain and difficulties requires mutual trust and to come out of isolation.

The activation of a social network also includes the relationships that the family undertakes with relatives, friends and neighbours. This is not a simple and easy network to activate because often the handicap is frightening, so it is not rare to find friends spreading the meetings until they end. Generally, it is the discomfort of entering into a relationship with the pain, the suffering and disorientation in which parents often find themselves. . Teamwork beyond the family makes a significant contribution to the family organization and it is an extremely important resource to be activated, especially if the people who

build the relational network of reference are able to overcome prejudices and are able to see in children not only disability, but other characteristics. The work of taking care of the child should also address a wider family context, such as that made up of relatives and friends. However, it should be remembered that the informal network alone cannot cover all of the needs. The relationship with institutions is important to find a way to have the support of specialized personnel, even though it may be dispersive in many ways.

Part three

Inclusive educational models

In this part we will consider again the contribution of sociology, with respect to psychology and above all to pedagogy, to the theme of socialization of disabled people and to the relationship between disability and education.

As Luciano Gallino observed a few years ago,

"the fact that a sociologist deals with educational and psychological issues should not be surprising. The dynamics of society often remain incomprehensible if we do not examine them, alongside the system of social relations that constitutes the specific object of sociological reflections, the set of culture and the types of people that incorporate that culture and give life to the system of relationships. Education is the main means to consciously transmit culture from one generation to another [...]. The educational problem has been at the centre of much of sociological thought" (Gallino, 1972b: X).

A distinction that must be drawn refers to pedagogy, which over time has developed a specific field of study concerning the education of disabled pupils: "special pedagogy." Also, considering pedagogy, Durkheim first established the disciplinary boundaries and although he held university courses in pedagogy, he did not consider it a science because he thought it lacked a specific method. According to his point of view, the true science of education was sociology, whereas pedagogy was limited to the "assembly" of data produced by other disciplines with a practical and non-cognitive purpose.

Chapter 4

The school and the inclusion of students with disability

1 The school

The school is defined as a formal institution, as it is specifically and intentionally directed to the transmission of culture and therefore to the education of the new generations. The education that takes place in the school environment is therefore "*socially sanctioned, institutionalized and oriented towards specific objectives.*" (Bonani,1973: 47). The establishment of a formal institution specialized in education modifies the framework of the formative structure of a society, above all for the fact that the school "*advocates to itself the explanation of the educational function, preserving, methodically arranging and declining according to differentiated criteria (by age and types of courses) the cultural baggage of society*" (Cesareo, 1976b: 14). What happens at school is only a part of the general education that the student receives in the various contexts of his experience, starting with the family. Steven Brint makes a clear distinction between education and schooling, which may perhaps generate some confusion: he defines the scholastic education "*an organized form of education that takes place in schools [...]. Although schooling is a more specific activity than education, it exerts a great influence on the members of society" (Brint, 1999: 9).* Privileging a more extensive and all-encompassing vision of the work done in schools, we start by considering the school as an institution, in other words a reality made up of values, norms, binding practices which form a "regulatory model" for those who frequent it. In schools, activity is organized and carried out on different fronts from the one more properly defined as schooling consisting of a set of contents, knowledge organized in curricular and didactic sequences, to what can be defined as education which refers to the dimension of behaviours, attitudes and elaboration of meanings. The school is considered here as an agency of socialization; that is a place of relational and intersubjective experience, fundamentally built on the backbone of the teaching-learning processes, but also outside of them. As it can be seen, the reference is therefore to a complex reality, consisting of a set of relationships and organizational processes, collective expectations and individual motivations, within which it is clear to everyone that there is a process of formalization and explanation of both the learning objectives (the cognitive dimension) to be achieved and the appreciated behaviours (the normative dimension). In this perspective of defining the school as a complex reality, one can observe how it is both an institution, a service and a community (Colombo, 2001: 17-53). As an institution, the school performs important functions for society. From an economic perspective, it is a context that promotes an increase in the level of education of the population allowing the development of a nation; from a social perspective it has the function of training the citizen to coexist in a civil manner and of placing in the various social positions related to the acquired skills; from a cultural perspective its function is to transmit a heritage of knowledge and skills as well as of values and rules necessary for good inclusion in the social reality of reference (Colombo, 2001: 18). As a service, the school provides services to individuals and groups, developing actions according to political and cultural indications, available resources and a social demand for both explicit and latent education and training (Colombo, 2001: 30). Finally, as a community, the school presents itself as a real life physical (space) and symbolic (attribution of meaning and belonging) environment oriented to the development and growth of the individual and the group. In in this sense it can be defined as learning community. In the interpretative line of the school as a learning community is highlighted "*a process of transformation of the guiding roles that guide the collective activities [...] such roles are not taken for granted or formally elected, but emerge from a complex relational work and symbolic recognition that affects both the level of formal and informal relationships*"(Colombo, 2001: 51).

In short, the school as a specialized institution presents itself as a community of learning and experience, which develops an educational intentionality, objectives, strategies, modes of action and interaction which are also largely linked to a culture that is intrinsic to the context itself. However, in turn it is a varied and heterogeneous cultural interface made of parents, pupils and a whole series of other interlocutors present in the territory where the school is inserted (local community) and as well as a wide range of real and virtual references, material, symbolic, normative, local and international, in a decidedly enlarged and globalized perspective.

The school has always been an organizational reality centered on culture, with its own idea of reference, which requires some preconditions and behaviours in order to access it and to be able to widely benefit from it. The student should be detached from immediate material or instrumental concerns, free to devote himself to the study and elaboration of ideas, knowledge, expertise. The Romans defined as *otium litteratum* (literary idleness) the time dedicated to study, and it was seen in opposition to the *negotium* (activity, work) of public duties. This idleness allows, in addition to learning contents and knowledge, to elaborate and build culture. This point of view on school allows it to be considered as a free exercise and mental experience for its own sake. This way of understanding school is therefore a particular point of view on the social world, language or any other object of thought, which takes shape through the institutionalization of moments of learning and idleness necessary for learning (Bourdieu, 1995: 197-198).

The school culture presents itself with at least three levels of configuration. In reality, they are broadly intertwined and not clearly traceable as we are identifying them. In them, the processes and dynamics of the activity of the school as a whole can be grasped, as well as the intertwining enriched encounter with "other" cultures, be they those of parents or surrounding environments, or those conveyed by the media, and in particular from television and newspapers or that available in virtual communities on the Internet. We can therefore identify:

a a first level, given by the culture as knowledge, whose reference is to an organized cultural heritage, shared, transmissible, declined in the form of written culture combined with a diffused orality and divided into curricula, modules, teaching units; it can be observed that it is mostly to this dimension of the culture that teachers usually refer to when they think of the heritage to be transmitted during the learning processes, and therefore express all their concerns about the shortcomings or gaps - linguistic and cultural - for the understanding aimed at acquiring knowledge;

b a second level is that of culture as a set of rules and shared rituals that form the latent, and only occasionally explicit, supporting structure of the institutional reality; it is a real culture of the scholastic community, with rules, even unwritten, and typification of behavioural modalities; this more strictly normative dimension refers to what is often referred to as the "hidden or latent curriculum" of the school, to that set of rules and practices that those who belong to it well know, but which can instead become a great impediment for those who enter for the first time; it is culture as a "set of underlying principles" that is observed in organizations, a real latent structure, through which one defines both the relationship with one's environment and the models of action, the nature of interpersonal relationships and authority (Piccardo and Benozzo, 1996: 5-6); moreover, reference can be made here to the well-known distinction made by Milton J. Bennett between culture with capital C and culture with lowercase c: the first is a type of objective culture (the one described here as a set of codified knowledge), the second is a type of subjective culture, that is "*the patterns of beliefs, behaviours and values learned and shared by groups of people interacting with each other" (Bennet Milton, 2002: 25).* Bennett emphasizes that "*intercultural communication focuses almost exclusively on subjective culture" (Bennet Milton, 2002: 26).* For this reason, foreign boys and girls encounter evident difficulties in a school which, as we shall see later, is presented in a multicultural form, and more generally in various areas of life. Therefore the pedagogic indication to activate a particular attention to the latent structure of communication is equally evident;

c a third level is that of *culture as organizational knowledge* or even organization as culture, which defines operating and management practices (in the case of school organization, calendar, timetables, organization of teaching, curricula, distribution of tasks, power and authority etc.). This dimension of organizational culture becomes relevant in a school with organizational and administrative autonomy. Thus, as well as teaching, as is the case of Italian schools, the law of 15th March 1997, n. 59, and the relative Decree of the President of the Republic 275/1999 makes the autonomy of schools effective, and the recent Law 107/2015 (known as "The Good School"), reaffirms its importance and draws the guidelines for its full realization.

The carrying out of the school's own functions, as well as the implementation of pedagogical-didactic strategies have to deal, , with a complex organizational and cultural reality as can be seen from this description of the institutional reality. It places constraints, operating conditions and at the same time calls for a continuous reshaping of actions and a reflective competence of teachers (Colombo, 2005: 45-88) as a capacity for critical self-reflection on their professional action, for a continuous adaptation of their actions to needs, expectations and tasks.

2 The functions of the School

Two basic specific functions are usually assigned to school: socialization and selection. Here we consider them separately, even if it is evident that these two functions are deeply intertwined with each other.

2.1 The socialization function

Steven Brint points out that socialization "*is not just the cultivation of values and standards of conduct [...] implies the attempt to influence behaviour, moral values and cultural styles*" *(Brint, 1999: 146).* For this reason Brint distinguishes three dimensions of socialization: a dimension that activates a behavioural conformation, which involves actions that activate the body and its movements; a dimension that builds a moral conformity, that is, actions aimed at the production of an internalized sense of the "right action"; finally, a dimension that refers to cultural conformity, which implies the learning of socially approved styles and points of view. Stressing how over time schools have progressively disregarded in part or largely these demands, true social directives towards education to be given in schools, Brint (1999: 149) notes that in any case, schools must guarantee a minimum of personal fulfilment. On the other hand, as has already been stressed several times, because of the profound social and cultural transformations that have affected Western societies, socialization is now presented in complex terms. Thus, socialization models and social practices are subject to revisions and transformations with a tendency to develop modalities that are more based on the communication and constructiveness of a consensus and an agreement.

At this point, we can briefly reconstruct the development of the school's socialization function.

As we said before, precisely from the moment in which the economic-productive function of the family contracts or, rather, changes, separating itself in its two aspects of production and consumption, the family relies more and more on school with regards to training, qualification and, therefore, the successful personal development of the children. The school, as a formal acquisitive institution, therefore fits between the world of family and work to continue that process of secondary socialization, which essentially consists, as Parsons underlines, "*in a situational specification of role orientations.*"(1996: 245). In other words, secondary socialization prepares for taking on adult roles and is achieved through "*the internalization of institutional or institution-based "sub-worlds" [...]. Secondary socialization requires the acquisition of vocabularies linked to roles, which means, to begin with, the internalization of semantic fields that structure the interpretations and routine behaviours within an institutional area [...]. The institutional "sub worlds" internalized in secondary socialization are generally partial realities in contrast to the "basic world" acquired in primary socialization" (Berger and Luckmann, 1969: 191).*

This distinction between primary and secondary socialization may be too rigid if applied to the contemporary situation within which there are anticipations of aspects of secondary socialization or an overload of the school due to shortcomings in primary socialization. Moreover, the perspective of continuous education implies the relevance of any role learning in every moment of the life cycle.

In general, however, it can be emphasized that scholastic socialization differs substantially from socialization in the family because it is a process, which, as Parsons points out in his study of the scholastic class (Parsons, 1972: 41), simultaneously involves:

- an emancipation of the child from emotional attachment to the family;
- an internalization of social values and norms that constitutes a step forward compared to those that the child can learn in the family environment, and above all it possesses universalistic characteristics with respect to the particularistic ones of the family group of reference;
- a differentiation of the scholastic class in terms of both effective achievement (success) and its differential evaluation;
- from society's point of view, a selection and distribution of human resources in relation to the system of adult roles.

In Parson's conception, as can be seen from these and other aspects highlighted above, there is a strong continuity within the overall socialization process and therefore also between the two fundamental agencies of socialization. This continuity can actually be found only in highly integrated societies. In contemporary society characterized by cultural pluralism and therefore by the presence of several cultural models and values of reference, on the other hand, the relationship between socialization agencies and in particular between school and family often assumes the character of discontinuity, if not of opposition and of open conflict. Basically, in advanced industrial societies, sharing both common values and an equal value attributed to education is at least problematic if not even conflicting. Moreover, to the extent that schools and classes are increasingly heterogeneous in terms of the cultural origin of pupils and their families, it seems at least problematic to talk about continuity between school and family. Consequently, the relationship between socialization agencies is configured from time to time in relation to the capacity and degree of openness of the interlocutors in constructing processes of exchange and understanding. Anyway, the main characteristic of scholastic socialization remains fundamentally the universalism of the procedures compared to the particularism of individual families and their educational styles as identified by Parsons. This allows children and young people to experiment with an educational style and a system of relationships in which both the decentralization process and the impersonality are evident. In this way, the child becomes a pupil and accesses a more general regulation and normative system which to a large extent reflects the norms and rules of functioning of social groups which are no longer of the primary type. The function of socialization of the school is in any case placed and therefore considered within the concrete reality in which it operates and this brings out the delicacy of this function today within an extremely differentiated social and cultural and sometimes definitely problematic scenario.

2.2 The selection function

The social selection function is the process through which subjects are filtered and distributed within the various social positions available. With direct reference to the history of the Italian school, but believing that these reflections can be applied to all school systems in Western countries, as Steven Brint (1999) points out in his comparative work, three connected dilemmas can be reconstructed, which have accompanied the events of education systems and, in particular, of the Italian school system.

The first is what Barbagli (1974: 21) calls the *selection / socialization dilemma*, the second is what may be called the *equality / selection dilemma*, the third is the *equality / difference dilemma*.

As far as the first dilemma is concerned, up until the 1960s, Italy, for example, had to deal with the problem of access and, therefore, of the characteristics that the users of the school system had to have at their various levels. It was therefore a matter of choosing whether to privilege the role of socialization of the school and therefore to accept the maximum possible number of students in order to guarantee the inclusion of the new generations, or to make a strong selection based on the formation of the future ruling class and the development of the job market. The direct reference of this dilemma is therefore the degree of openness or closure of the school systems. In Italy there are considerable fluctuations regarding these two alternatives. The

Gentile reform of 1923 is unanimously considered a turning point in the sense of closure of the system through the introduction of barriers that define the Italian school system up to the 1960s and configure it as a binary system. In fact, in 1929, a secondary school for professional beginners was set up, in parallel to the high school (gymnasium) for those who would continue their studies. The professional school lasted for three years and allowed immediate entry into the world of work but did not allow access to university studies. As Dogliani (2002: 54-55) recalls,*the professional school was essentially seen as an instrument to reduce child labour in the age group between 10 and 14 years, widely permitted both in the agricultural field and in the craft and trade.* The normative provision that determines a greater opening of the Italian school system is the Law 1899 of 31st December 1962 with which the single and obligatory middle school is established. This marks the passage from an elite to a mass school, above all because the binary sorting ceases. As was pointed out by various authors, in the mid-1960s a substantial coincidence was achieved *between the interest of the subaltern classes in entering the school and the interest of the bourgeoisie in a mass schooling (Balbo, Chiaretti,1973: 16).* The final provision that establishes the opening of the Italian school system is the Law 910 of 11th December 1969, which allows you to enrol "*in any university degree course for graduates of secondary schools of the second grade of five years duration*". Mass schooling explodes the problem of equal opportunities in education, no longer in terms of access opportunities but as an opportunity for success: the dilemma that arises is therefore between selection and equality of opportunities. But the problem of the degree of openness and closure of the Italian school system remains latent and periodically re-emerges. The Law 53 of 28th March 2003 (Moratti reform) gives space to conflicting positions on the purposes and functions of the elementary school and the first and second degree of secondary schools. You might want to put a footnote about the structure of the Italian school which differs to others. The contraposition was between those who want to anticipate as much as possible the choices and hence the selection of students who have the characteristics to continue their studies and those who believe

that it is necessary to delay the moment of these choices as much as possible in order to provide everyone with a solid basic training, within the same school reality.

The equal opportunities, which were understood as being successful, occupied a prominent place in the school debate in the decades following the 1960s. In those years, the concept of the right to study emerges as an inalienable right of everyone to education and training. The equal opportunities for scholastic success are also increasingly oriented towards an analysis of the link between selection and social origin. The classical liberal meritocratic ideology above all, considered the removal of external barriers to the educational system, especially economic one, sufficient for the promotion of the student, as it allows young people belonging to the lower social classes to take advantage of their innate gifts. In the United States, in the 1950s and 1960s there was a reflection on the crisis of investment in human capital, a factor considered extremely important for economic development and social progress (Becker, 1964; Thurow, 1972; Mincer 1984). It is noted that many young people belonging to the lower classes and with good learning abilities did not continue their studies and that their academic performance was often lower than their chances. Much sociological research has been conducted to try to understand the link between the socio-cultural conditions of origin and scholastic results. During this period, some English sociologists elaborated the theory of "cultural deprivation" or "deficit theory" on the basis of the results of research conducted on the link between socio-cultural conditions and scholastic results. They noted that young people who belong to the lower social classes have a low performance in their studies because the family does not provide them with the necessary values, linguistic skills, or the guidelines that the school requires. Thus, they clearly showed how an inequality of educational opportunities exists and how this is linked to socio-cultural and family conditioning. A particular aspect of this deprivation concerns language. Bernstein, states that there is a marked difference between the formal language, typical of those belonging to the middle and upper social levels, and public language, typical instead of belonging to the lower social layers, and emphasizes that a public (or restricted) language differs from other forms of language "*for the rigidity of its syntax and for the limited use of formal possibilities for verbal organization*" *(Bernstein, 1960:101-102),* while a formal (or elaborated) language "*is one in which the formal possibilities and syntax are much less predictable for each individual and the formal possibilities for the organization of the sentence are used to clarify the meaning and make it explicit*" (*Bernstein, 1960: 108-109*). Bernstein argues that this difference between the linguistic forms is determined by the different forms of social relations existing within the different groups and the possession of the public language alone would lead to a low level of conceptualization and therefore *a lack of interest in the mediated processes is induced, an inclination to be sensitive to responding to the immediate data, rather than to the implications of a matrix of relationships.*

To the theories that highlighted the waste of talent and connected the lack of educational success with cultural deprivation, there was a series of "compensatory education" interventions to reduce the burden of causes outside the school with failing outcomes both in the USA and in Europe. In fact, sociology has identified that social class, the status of origin, gender and ethnicity are among the many external factors that influence the scholastic success. As far as social origin is concerned, from the 1960s onwards, it has become increasingly clear that the success in study depends strictly on positive orientations towards the school, an enhancement of school learning by families, and, in particular, from strong motivations to success. Parsons also highlighted this need for achievement, an acquisitive orientation that the school appreciates, but which is developed in the course of primary socialization, and therefore in an essentially family context. For Parsons, within the scholastic class *the main structural differentiation develops gradually, on the basis of the only fundamental axis, defined as achievement (Parsons, 1972: 41).* For Parsons, therefore, this distinction of the students is a positive fact since the school, in this way, tests the attitudes and orientations of the individuals for the purpose of differentiating the future occupational roles of adults; other authors instead show how scholastic selection works in favour of those who are already advantaged. The theories of Marxist derivation, but also the group of new English sociologists and Bernstein himself argue that what happens in the school and in classes are a kind of black box that we need to enter to in order to understand how knowledge is transmitted. Alternative theories to functionalism generally consider the school as an institution that sanctions existing social inequalities as it ignores the existence of unequal starting conditions among the students, and a different possibility of understanding the very functioning of the school and its foundation, often based on an "invisible" code, in which the principles of educational action are mostly implicit (Malizia, 2012: 29-65). The real problem faced by children from the lower social layers is that they have to adapt to the culture of the school that has put in plac*e a system of teaching and a system of sanctions of attitudes that would favour the children of the advantaged classes.* Bourdieu and Passeron (1971: 117-123) through the concepts of "c*ultural capital*" and "*class ethos*" demonstrate how the school does not recognize the students' inequalities and thus reproduces the existing social hierarchies. Therefore, the cultural reproduction that takes place within the school determines the perpetuation of social inequalities. In fact, cultural capital is the sum of the symbolic assets transmitted by educational agencies, above all the family, and denotes the possibility for a subject to succeed and be placed in a social space and hierarchy. It is made up of the set of good manners, lifestyle, good taste as well as information and knowledge, and then outlines a habit that ends up being, to all intents and purposes, a product of belonging to a certain group or social class. Cultural capital also refers to social capital, that is to say, to all that set of relationships and acquaintances that enrich the possibilities of knowledge, information and positioning. This capital is precociously acquired within the family of origin, and therefore represents an advantage and a prerequisite for access to scholastic culture. The class ethos, on the other hand, is made up of the set of reference values that also contribute to defining attitudes towards school and scholastic culture and therefore interest and motivation in learning and school attendance. Cultural capital and ethos form the cultural heritage of each student, a baggage that he brings with him into the school reality. In the class, the different *habitus* and cultural heritage are compared. However, teachers tend to ignore these differences. Bourdieu affirms that the school by *treating all learners, even if in fact unequal, as equal in rights and duties, actually ends up establishing the initial inequalities in front of culture* and in this way transforms the privilege into merit, considering the educational results as if they were the result exclusively of natural gifts (*Bourdieu, 1978: 292)*. The contribution of Bourdieu and his collaborators to elaborate on the mechanisms that preside over the reproduction of culture, although important, is nevertheless characterized by a strong determinism that would make the career of an individual conditioned by an ineluctable destiny. On the other hand, it is also important to consider social phenomena as a consequence of individual action, which is not only an act within social roles. Boudon (1980: 174) advances the "*theory of scholastic choice*". In this point of view, the inequality in education would be the result of a constant dialectic between the functioning of social mechanisms and individual expectations: *the scholastic career of an adolescent can be considered as a sequence of decisions, whose frequency, nature and importance are determined by the scholastic institutions.*

With regard to gender, women in Western industrialized countries have achieved full schooling and access to education at the highest levels, even though this has been a slow and uneven process in various countries and in particular in Italy (Dogliani, 2002: 67-84). Girls have now reached the boys both in the rates of transition from medium to high school and in access to university. Their scholastic success, at least up to university level, is better than that of males. However, we can note the persistence of stereotypes and forms of "formative segregation" visible in the choices of the subjects, curricula and university faculties (Colombo, 2003; Benadusi et al., 2009). Today male students in particular present a whole series of difficulties, a disaffection towards education and therefore early exit from the education system not necessarily due to failure, a discontinuity in performance and poor performance in relation to potential (Gasperoni, 1997).

As we said, this applies to Western industrialized countries like Italy. In developing countries, women are still constantly excluded from education, a cultural fact that weighs on young people belonging to immigrant families.

This leads us to ethnicity, the other factor outside the school that affects an individual's educational outcomes. In the United States and Great Britain there is a long tradition of studies devoted to show to what extent ethnicity influences attitudes towards education and scholastic achievement, but we have had to deal with many variable situations, propensity to inclusion or exclusion, economic advantage, linguistic knowledge, and extent of cultural proximity. The problems concerning the link between ethnicity and education have gradually emerged also in the Italian reality, proportionally to the increase in the size of the population of non-Italian citizenship. In the years 2014 – 2015, there were over 800,000 foreign students in the Italian school system. Therefore, it presents itself as a multi-ethnic and multicultural reality within which the problems of fruition, choices and school outcomes in relation to the culture of origin have become crucial issues and not only for the foreign population, but also for the native population because of the impact on the learning styles and processes that transformations in the composition of the school population involve.

The influence of critical approaches to the functioning of education systems has been important, so that the objectives linked to the need for democratization of studies have progressively become not only to bring everyone to school, but also to realize opportunities of success for all, and therefore of permanence inside the education system. With this perspective, the selection function has progressively shifted from basic schooling (primary school) to middle school, and from the 1980s to the secondary school, especially the initial two-year period. The most evident result has been an overall increase in schooling rates in the higher grades of the school system and a general tendency to continue studies, even if not spread to the entire school population and not homogeneously across the national territory.

Coming to more recent years, it can be noted that the school selection function has long become an almost marginal topic when not decidedly opposed, precisely in the face of the process of democratization of education and a widespread and shared approach to schooling understood as a fundamental right and a realization of the principles of equality. This is a repression, albeit comprehensible, especially in certain periods of our national reality. Nevertheless and especially today, beyond the different ideological positions, it can be underlined how this inattention to the selection function shows a scarce ability to draw on the bases on which the functioning of the educational institution rests. As was said, the school as a test area of the abilities of the students, makes direct reference to the need to evaluate the learning outcomes and therefore to measure for each student the degree of achievement of pre-established and standardized objectives, even if they can be relocated inside of individualized paths. Only by changing, the objectives and functioning of the educational processes as they have been consolidated in Western countries could the school selection function in fact be completely disregarded. In essence, since the organizational structure of the school is what it is, as well as its functioning and its aims, the selection function, strictly connected to the evaluation function, appears to be ineliminable. The school also possesses, within this function, a certifying power, the importance of which, as Gasperoni observes, "*transcends the relationship between teacher and learner. Through evaluation, the school certifies, in relation to third parties (employers, universities, etc.), the possession of certain knowledge and skills by individuals who have successfully completed an education cycle [...]. In short, the evaluation activity carries out important functions and represents a central element of didactic practice*" (Gasperoni, 1997: 98).

Of course, highlighting the existence of the school selection function does not mean favouring a resumption of selection according to ways which are largely considered to be outdated, but rather to make explicit processes and mechanisms that actually still occur in the school and on which often there is no adequate debate. Therefore, precisely in the light of the unavoidable function that is carried out, it is appropriate to discuss, if anything, the purposes, the criteria and the modalities of this function today. The debate of the 1960s and 1970s has left an

important concept, that of selection linked to the formative and orientated evaluation, which turns its attention to standards or objective results. It also turns to the process of building learning and therefore to outcomes achieved by the subject within a personal journey, with a consequent enhancement of the differentiation and personalization aspects of the curricula and of the learning rhythms. It is from this background of experiences and theoretical reflections that we need to start again to reposition the selection function in an appropriate way according to the reality of the contemporary school and its functioning within the broader discussion of the educational success that we have seen emerging over the recent years. It is also evident that the selection function is accompanied by another important aspect: that of merit, a topic that has re-emerged in a lively way in recent years and which forces the debate about the equality of opportunities and, more generally, the issue the equity, efficiency and quality of education (Bottani and Benadusi, 2006; Barone, 2012).

3 School models and disabilities

The difficulties that have not been overcome lead us to consider according to what models the school functions, what teachers teach and how they teach and how students are encouraged.

There is no unequivocal answer to these questions that is valid for all seasons because the demands of society change over time in relation to social, scientific, economic and political progress. Although scholastic systems are to be considered a critical-formative mirror of the social institution, however, they cannot escape a comparison with the cultural paradigms they convey - today evolving at an accelerated rate - which push them to reinterpret their traditional mission and to redefine curricula and conditions of implementation. Experts identify two mutually exclusive models that are able to respond to the challenges of change: the "functionalist model" and the "anthropocentric model" (Fiorin*, 2007: 129-157)*. The theoretical and organizational approach of each has an obvious impact on how they approach disability.

According to the "functionalist" logic or, by simplifying the "school-company", the school's task is to implement knowledge and skills that are useful for social and productive demand in the students.. The search for seriousness, in terms of efficiency and effectiveness, is the main indicator of quality. A lot of attention is given to measuring student profitability and teacher productivity and a clear definition of output skills is sought in which the most capable students tend to be privileged and valued. After the season of systemic complexity and the model of social construction of knowledge and evaluation, typical of the 1990s, we can see a return to this paradigm of apparent rationality, through the revival of some didactic and methodological choices: for example, the frontal lesson and, in terms of evaluation, the return to quantitative evaluation.

In contrast, the "anthropological" model of the "school-community" (non-family or sectarian) refuses to replace the pedagogical logic with an economical one. While accepting the idea that the school system should enable young people to access professional knowledge as required by society, this model does not accept that the indicator of productivity is the only one with which must be measured , but rather wants to combine knowledge and functional skills with the global development of the person of all the students, each considered in their existential originality. This model believes that only within a community context can single individualities be fully accepted, recognized and supported in the growth process, and enabled to become autonomous and responsible. As Sergiovanni (2000: 59-79; 91-116; 117-128) specifies, this scholastic approach seems to require certain essential requisites:

- to identify a set of values in which to recognize oneself and to which to commit oneself;
- starting from this platform of shared values to make the rules, from formal and external, to shared pact, elaborated from within the community.
- transforming classes into "democratic" communities in which students share the responsibility to control and regulate behaviour;
- to define the relationships among teachers in terms of a "professional community", whose members are animated by the professional ideals of an exemplary practice and of the "taking care" of the students.

Regardless of the choice of model, we should not forget that the school is "learning organization"; learning organization also in the sense that the paradigm adopted officially or in fact practiced becomes a model of learning and culture towards all internal components (teachers, students, technical and support staff) as well as interlocutors on the territory. Moreover, also from an organizational point of view, it is also true that the school is to be considered an organization with weak , or rather loosened ties. In fact, although most of the phenomena within it are meticulously regulated by rules and procedures that are closely interconnected, it is equally true that there are others whose nature is marked by unpredictability, individual and/or group discretion and separateness (class councils, groups of teachers, collaborators, administrative staff).

This leads us to make some considerations on the function of teaching in the promotion of an inclusive school. In fact, teachers play a fundamental role in the processes of inclusion and the protection and enhancement of differences and represent for the school, a precious and indispensable resource on which we should place more trust. Within the inclusive process, this resource is not only a regulator and a context optimizer, it is part of the integrating background. In this way it acts on a double level: on the one hand it exercises a directing function (coordination, educational programming, etc.) while on the other, it acts as a model, that is, it influences the attitudes and the representations of the learners so that this background can not only be realized in the here and now of scholastic reality, but can become a meta-representational *habitus* with which to read human diversity in the different contexts of life.

Using the environmental factors qualifiers of the *International Classification of Functioning, Disability and Health (ICF),* teachers can become a facilitator or a barrier to the student's bio-psycho-social functioning, as they can positively or negatively influence both the individual's ability to perform actions or tasks that are part of his general functioning. This means that, beyond the disadvantage or the deficit, their contribution and their presence can facilitate or inhibit the process of inclusion and protection of diversity or it can support negative and discriminating experiences that highlight exclusion (e.g. stigmatization, stereotyping and marginalization). The socio-cultural revolution implemented by the ICF consists precisely in these aspects, namely in the enhancement of contextual elements as facilitating tools or as a barrier to empowerment and personal development.

In this classification, the figure of the teacher is placed within the environmental factors (code e), precisely in the sub-chapter dedicated to social relations and support (code e3) and in the attitudes (code e4).

In fact, in the subchapters, this figure is not specifically mentioned, since it is present within a broader cultural and semantic container: persons in positions of authority (code e330 and e430). Like all environmental factors, even the teacher as a resource can be defined on the basis of the qualifiers that indicate its positive (facilitators) or negative influence (barriers) on the functioning of the person, in this case, of the pupil.

It is very difficult to imagine that relationships and support can be barriers, yet it is very easy to see how many of the relationships between special needs teachers and students with disability are animated by a medical-nosographic and welfare viewpoint, which are more like a relationship of assistance than an educational relationship. Such relationships are highly detrimental and harmful to the development of the pupil with disabilities, since they identify the person with his deficit. It is not enough to support, or even worse, to replace those who cannot do it, even when not needed. Often, these are the easiest and ethically soundest solutions, but they push against the development of the person and inclusion.

On the other hand, a facilitating relationship starts with the deficiency of the person, but focuses on adapting and customizing the learning setting, thus trying to minimize the gap between capacity and performance and, between what the deficit imposes and what a person, if supported, can potentially do.

Teachers can become, using the beautiful metaphor of Canevaro, the “stones that emerge”, that is figures that like simple stones that offer support to those who want to cross a river to reach the other side, allow the building of connections and to overcome problems.

The relationship with pupils with disabilities, in any case, confuses and generates fear and fragility in teachers, as well as feelings of compassion / avoidance or overprotection / interference.

Unfortunately, the non-linearity of the correlation between the commitment made by the teachers and the results/progress achieved by the learners are the main causes that negatively affect the emotional state and the teaching effectiveness, generating in the teachers, in certain circumstances, dropouts or transfers outside the curricular role.

Relating to the “different / disabled” intimidates and terrifies. Embarrassment, the fear of misunderstanding and failure, and subjection are sensations and mechanisms that are activated of course in the relationship. Entering into relationships with others, specifically with a person who is different from us, means negotiating parts of oneself, getting involved, recognizing one’s own limits and one’s own frailties.

Many teachers, even the most up-to-date, believe they do not possess the necessary and appropriate skills to respond to the different needs of students with disabilities and often report a lack of support from the educational institution (managers, teachers and school staff).

Teacher attitudes also play an important and significant role in the development and inclusion processes of the person with disabilities, influencing their functioning and identity. Encouraging and positive attitudes can facilitate performances and skills by acting positively on activities and participation, but also on the image of the Self. They have a very important function: to sharpen differences (in the sense of inequality), or to protect them by supporting the person and, above all, by acting on the capacity of inclusion of the context.

Teachers’ positive and stimulating attitudes represent one of the most important factors that determine and facilitate inclusive processes. However, those of closure and renunciation often cause a wound in the educational relationship, generating in the learner with specific needs discouragement and feelings of rejection, beyond those of disconfirmation and demotivation, make teaching strategies less effective and compromising learning by, fuelling a climate of segregation and exclusion.

This means that teachers can set up and host cultural contexts by acting on the removal of obstacles; but above all, in relation to the role of mediator and model that they carry out, they can facilitate inclusion by initiating paths of knowledge of otherness and education about differences.

This aspect is very significant and must be taken into consideration, because the asymmetry that characterizes the educational relationship between learner and teacher assigns to the latter the role of a normative and sometimes prescriptive model. This does not mean that students are passive sponges and that they do not have other models of reference, but it does mean recognizing that teachers have a fundamental role in the development of their students' identities and representations.

Teachers, regardless of their role (support or curricular) can and must become animators and supporters of the educational activity by exercising a function of mediation and relational support. It is up to them to undertake the arduous task of exercising an educational directing function, that is, of setting up inclusive and interactional contexts in which the same learners participate indiscriminately in the co-production of meanings and in the co-evolution of their own and of their learning.

The inclusive school needs competent and courageous teachers who are not afraid of succumbing to change, and who are allied with it; teachers who can represent that necessary resource that serves the context to take that step towards inclusion, towards a school that helps to build *more right world.*

Beyond the norms, it is above all the way in which the teaching figure is interpreted that explains, for example, why very different practices can coexist in the same school. In particular, some teachers are more sensitive and prepared with respect to inclusion while others are less involved or even opposers to it. The type of model and organizational background that characterizes a particular school becomes very important.

It is conceivable, in fact, that an institution based on the "functionalist" model addresses differentiated even technically efficient, programs reserved to students with disabilities or with special educational needs, because their presence in the classroom implies a "waste of time" for everyone, especially in situations of lack of human and economic resources. Feasible and practicable solutions are not lacking for example well- equipped classrooms, "support" classrooms, concentration of disabled students, "differential" classes.

On the contrary, in the logic of the "Community" model, the institution strives to offer "specific" (special) answers to particular personal problems in contexts of normality and not in separate environments. The "school of special normality" provides for enrichment of the educational offer, the adaptation of class planning, a solidarity in collaboration between teachers and between students and the eventual reduction of the number of students in classes attended by students with disabilities.

We cannot affirm that the model of the educating community is prevalent in Italian school and social culture and, even less, that it has been acquired as a strong value. However, a qualitative reading of the norm that has given life to the autonomy of schools, highlights principles, criteria, contents and actions that directly connect with the experience of inclusion, in fact:

- regulations on school autonomy are not separate from the rules on the inclusion of pupils with disabilities in schools;
- the principles of flexibility, responsibility, educational-teaching individualization, scholastic success, didactic-organizational autonomy, research and development, experimentation, planning and methodological freedom constitute a common heritage of school integration of disabled students and autonomous scholastic institutions (Falanga, 2005: 229-240).

In the autonomous school that wants to take on the inclusion of students with deficits as a transversal reference value, it is necessary that the initiative to produce goals, objectives, rules, procedures and resources oriented towards the respect and enhancement of individual differences (explicit curriculum) are translated into coherent professional attitudes, organizational culture, rituals and habits (implicit curriculum).

4 From exclusion to inclusion

As mentioned in the first chapter, as early as 1971 the Italian Parliament approved Law 118, which established for all disabled students a basic principle: compulsory education must take place in normal classes of public schools (Article 28, paragraph 2). In fact, with this law Italy accepted a decisive gamble for its civil growth: that of the inclusion of disabled people in everyone's classes and schools, anticipating the conclusions of the Salamanca Conference by twenty-three years and distinguishing the Italian system of unmistakable inclusion on the international stage.

The work of the Salamanca Conference ended with the adoption of a significant document, the Salamanca Declaration, on the principles, policies and practices regarding education and special educational needs. In this Declaration it was stated that each child has characteristics, interests, predispositions and learning needs that are appropriate to him (n. 2, point 2) and that the educational systems must be designed and programs must be put into practice in order to take into account this great diversity of characteristics and needs (n. 2, point 3). Moreover, since normal schools with this orientation of integration were the most effective way to combat discriminatory behaviours, it was stated that people with special educational needs must have access to normal schools that must integrate them into a pedagogical system, capable to meet these needs centred on the child (point 2, point 4). Therefore, considering these fundamental principles, in the Declaration all governments were urged to adopt as a law or a policy, the principle of inclusive education, accepting all children in normal schools, unless reasons of *force majeure* arise (n. 3, point 2), and to encourage and facilitate the participation of parents, communities and disability organizations in the planning of measures taken to meet special educational needs (paragraph 3, point 5), and to ensure that, in the context of a change of system, teacher training, initial or during the assignment, covers the special educational needs in integrating schools (n.3, point 7). The Salamanca Conference and its Declaration emphasized the right of all to access to mainstream schools and emphasized the need to build a pedagogical system capable of responding to special educational needs. They thus highlighted the importance of paying attention not so much to the subject, but to the educational system and to ordinary schools, strategic places to combat discriminatory attitudes. This innovative perspective, centred not on the individual with their deficits but on the interaction between the person and the context of life, also found a precious codification at the health level. The World Health Organization (WHO), in 2001, with the International Classification of Functioning, Disability and Health (ICF), no longer saw disability as a characteristic of the individual, but the result of a complex interaction of conditions, many of which were created by the environment in which people lived.

The UN General Assembly, on 13th December 2006, adopted the Convention on the Rights of Persons with Disabilities, whose aim was to promote and guarantee to disabled people the full and real enjoyment of rights in all areas of life: in health, education, work, society and politics. This intention, however, could only be possible provided the recognition of the socio-cultural context as a major role player in determining the disadvantaged situation of the disabled person. It is not by chance that this paradigm was expressed in the Preamble of the Convention, in which disability was defined as the result of the interaction between people with impairments and behavioural and environmental barriers which prevent their full and effective participation in society on the basis of equalities with the others (letter e). In the light of this definition of disability, it is clear how both the context (environments, procedures, educational tools and aids) that must be adapted to disabled people and not the other way around.

The phase of national ratifications followed the formal adoption of the UN Convention on the Rights of Persons with Disabilities. With the Law 18 of 3rd March 2009, Italy also committed itself to the ratification of the Convention and the consequent establishment of the National Observatory on the condition of persons with disabilities. This body was established at the Ministry of Labour, Health and Social Policies in order to promote the full integration of disabled people (Article 3) and was specifically charged with promoting, protecting and monitoring the application of the Treaty. Like Italy, all ratifying countries ensured that their internal legislation was adapted to the principles of the fifty articles of the Convention, integrating anti-discrimination measures in favour of disabled persons into their national legislation.

Regarding education and training It is worth remembering the Guidelines for Educational Integration Policies elaborated in 2009 by UNESCO which specify that children with disabilities are still fighting against an evident marginalization, and among the different points of reflection, they clearly explain that inclusive education is a process of strengthening the capacity of the education system to reach all students. An "inclusive" school system can only be created if the mainstream schools become more inclusive. In other words, if they become better in the education of all the children in their community. Inclusion is seen as a process of addressing and responding to the diversity of the needs of all children, young people and adults. Thus, through increased opportunities for participation in learning, cultures and communities and reducing and eliminating the exclusion and marginalization from education[3] The Member States of the European Economic Community (established in 1957), dealt with the issue of school integration in 1978 when the EEC and the Italian Ministry of Education, in the wake of the 1981 proclamation as the International Year of Disabled Persons by of the United Nations, organized a conference on special education in Rome.

The aim of the Rome conference was to undertake a dialogue between the various European countries on the educational problems concerning the disabled and on the normative-institutional aspects present in the various school systems of the continent. During the Rome conference the Jørgensen[4] report on special education in the European Community was presented, in which the different systems of special education in the member countries were examined. On this occasion, it was hoped to overcome a medical view of disability and the need for systems, methods and special strategies for the education of disabled pupils was established (Fiorin, 2007: 142-143).

The International Year of Disabled Persons marked, with the resolution of the Council of the European Union of 21st December 1981, the commitment of the Member States to continue and intensify action to promote the economic and social integration of disabled people (Fiorin, 2007: 154).

Since the end of the 1980s, specific programs of research and action have been undertaken within the European Community to support the rights of disabled people. In particular, it is worth mentioning the Helios programs (Handicapped people in the European community Living Independently in an Open Society) I and II for the promotion of social integration and independent life of disabled people.

Thanks to these action programs, seen as tools for collaboration and coordination of common activities, the member countries of the European Community began, from 1988 to 1996, a structured intervention plan to improve the exchange of activities and information between Member States and non-governmental organizations, as well as to promote shared working patterns while fostering the development of a policy at European level of cooperation with Member States and associations involved in integration.

The Helios II Community program, which was launched in 1993, ended after four years of experimentation with the Luxembourg Charter (9th November 1996) on the integration of disabled pupils into school. The message sent was that of a school

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[3] http://conventions.coe.int/Treaty/ita/Treaties/html/005.htm (accessed 4th January 2020)

[4] Skov Jørgensen, head of the Special Education Department of the Danish Ministry of Education, was commissioned to prepare a study report, which took his name, on the organization of special types of teaching in the countries of the European Community. The various experiences of the member countries formed the basis for the European confrontation during the Rome conference of 1978

for everyone and for each person, based on the principle of individualization and flexibility of the programs. The Charter specified that inclusion into normal school structures was a basic principle of education, states had to favour it and laws had to provide the means to implement it. The importance of flexibility in the project which had to be guided by pedagogical rather than medical criteria was reiterated,. It was also emphasized to focus on changes in the mentality of public opinion (Nocera, 2001b: 83-84).

In 1996 the European Disability Forum (EDF), a non-governmental organization that today represents the interests of over 80 million disabled European citizens, was born.

It is worth remembering the Resolution of the Council of Europe and of the ministers of education gathered in the Council on 31st May 1990 on the inclusion of children and young people with disabilities in the normal school system. It expresses, in point n.2, that full inclusion into the traditional education system was to be considered a priority choice in all appropriate situations and all schools should be able to respond to the needs of disabled students.

Two significant Resolutions of the European Union can be mentioned in the second half of the 1990s. The first was that of the Council and the Representatives of the Governments of the Member States of 20 December 1996 on equal opportunities for people with disabilities, who insisted that Member States encourage and support the full inclusion of disabled people into society through access to education and training systems. The second was that of the Council of 17th June 1999. It concerns equal opportunities for disabled people, in which the Member States were invited to place particular emphasis, in collaboration with the social partners and non-governmental organizations for the disabled, on the promotion of job opportunities for the disabled and on the development of appropriate preventive and active political initiatives aimed at promoting their integration into the labour market.

In 1996, by the European Union Member States, the European Agency for Development in Special Needs Education was born. Its purpose was to create a collaboration platform on the development of the educational and scholastic offer for disabled pupils.

In 1997 the Treaty of Amsterdam signed by the Heads of State and Government of the member countries amended the Treaty on the Maastricht European Union (effective since 1993), prohibiting the discrimination of persons by gender, race, age, disability, sexual orientation, religion and beliefs. In particular, article n. 13 (ex Article 6 A) of the Treaty of Amsterdam concerned the adoption of a provision on non-discrimination, which authorized the Council of the European Union to take the necessary measures to combat discrimination based on sex, race or origin ethnic, religion or belief, disability, age or sexual orientation.

In 1999, the European Union continued to combat discrimination through another document, the Charter of Fundamental Rights of the European Union, approved in Nice in 2000, which recognized the right to non-discrimination and the need for positive measures for autonomy and participation in social life. Article n. 21 prohibits any discrimination based on sex, race, skin colour or ethnic or social origin, genetic characteristics, language, religion or belief, political opinions or any other nature, belonging to a national minority, heritage, birth, disability, age or sexual orientation. Article n. 26 explicitly refers to disabled people and proclaims the recognition by member countries of the right of disabled people to benefit from measures aimed at guaranteeing their autonomy, social and occupational integration and participation in community life.

On 3rd December 2001, with the Decision of the Council of the European Union, the 2003 “European Year of the Disabled” was proclaimed. It coincided with the tenth anniversary of the adoption of the Standard Rules for the achievement of equal opportunities for people with disabilities, adopted by the UN General Assembly on 20th December 2003. The main aim of the European Year of the Disabled was to advance the political program aimed at the full inclusion of the disabled, as defined in the Commission Communication towards a Europe without obstacles to the disabled. The objectives of the European Year of the Disabled were as follows:

- raising awareness about the right of disabled people to be protected against discrimination and to enjoy full and equal rights;

- encouragement of reflection and discussion on the measures needed to promote equal opportunities for people with disabilities in Europe;
- the promotion of the exchange of experience on good practices and effective strategies implemented at local, national and European level;intensify cooperation between all the bodies concerned, in particular governments, social partners, NGOs, social services, the private sector, the association sector, the voluntary groups, the disabled and their families;
- the improvement of communication concerning disability and the promotion of a positive representation of disabled people;
- awareness of the heterogeneity of the forms of disability and the many forms of disability;
- raising awareness of the many forms of discrimination to which the disabled are exposed;
- to pay particular attention to raising awareness of the right of children and young people with disabilities to equal treatment in teaching, so as to foster and support their full inclusion into society and the development of cooperation at European level between the staff responsible special education for children and young people with disabilities; to improve the inclusion of pupils and students to specific needs in normal or specialized institutions, as well as in national and European exchange programs.

The idea "*Nothing for disabled people without disabled people*" was also expressed in the Madrid Declaration, approved at the end of the conference on "Non-discrimination, more positive action, equal social inclusion", held in Madrid in March 2002 in occasion of the European Congress of Disabled Persons. The Declaration was the result of a consensus between the European Disability Forum (EDF), the Spanish Presidency of the European Union and the European Commission. It was adopted and proclaimed by more than 600 participants from thirty-four countries. The Declaration listed the fundamental principles to be inspired by the activities of the European Year of Disabled People and stated that disability was a human rights issue. Disabled people demanded equal opportunities and not charity. Social barriers, according to the Declaration, led to discrimination and social exclusion. In particular, discrimination against disabled people sometimes depended on the prejudices that society created against them, but more often, it was because the disabled had long been forgotten and ignored. Disabled people formed a heterogeneous and diverse group, so only policies that respected this diversity would have had a positive outcome. Finally, for the drafters of the Declaration, social inclusion was the result not only of non-discrimination but also of positive actions. Among the various programmatic aspects, point n. 3 of the Declaration emphasized the importance of independent life: To achieve equality in access and social participation, it is necessary that resources are structured in such a way as to improve the integration skills of the disabled person and his right to live in an independent way. Regarding the school system, point n.7 specified in the context of the Declaration's proposals for action, the following thought: schools must play an important role in spreading the understanding and acceptance of the rights of disabled people, helping to dispel fears, myths and prejudices, supporting the effort of the whole community. They must develop and disseminate educational resources to support students so that they can develop an individual awareness of their disability or that of others, helping them to consider diversity in a positive way. Schools, institutes, universities, together with representatives of disability groups had to organize conferences and workshops for journalists, publishers, architects, entrepreneurs, social workers and health workers, family members, volunteers and members of the local government.

With the Council Resolution of 5th May 2003 on equal opportunities for pupils and disabled students in the field of education and training, the Member States of the European Union and the Commission were invited:

- to foster and support the full integration of children and young people with specific needs in society by providing them with adequate education and training and their integration into a school system adapted to their needs;
- to continue efforts to make lifelong learning more accessi-

ble to people with disabilities and thus pay particular attention to the use of new multimedia technologies and the Internet to improve the quality of learning by facilitating access to resources and services, as well as distance exchanges and collaboration (e-learning);

- to encourage the accessibility of all public websites concerning guidance, education and vocational training to persons with disabilities, respecting the web accessibility guidelines;
- to increase, where appropriate, appropriate support for services and technical assistance for pupils and students with specific educational and training needs;
- to facilitate access to further information and appropriate guidance to enable them or, if necessary, their parents or other relevant actors to choose the appropriate type of education;
- to continue and, where appropriate, to increase efforts concerning the initial and continuing training of teachers in the field of specific needs, in particular for the preparation of appropriate pedagogical techniques and material;
- to develop cooperation at European level between staff responsible for teaching and training disabled children and young people to improve the integration of pupils and students with specific needs in normal or specialized institutions;
- to improve the exchange of information and experience on this subject at European level, involving, where appropriate, European organizations and networks with experience in this field such as the European Education Development Agency for pupils with specific needs;
- to provide, where appropriate, facilities, training possibilities and resources for the transition from school to work.

Within the various initiatives resulting from the different pronouncements of the European Union, the hearing reserved for some young disabled people from 29 European countries who participated in a significant meeting in Lisbon on 16th and 17th September 2007 deserves to be underlined. The Portuguese Ministry of Education and the European Agency organized the European Hearing for the Development of Disabled Students in the context of Portugal 2007 during the Presidency Semester of the European Union.

The proposals agreed between young disabled people attending secondary and professional secondary schools converged in the document “The Lisbon Declaration - The Young People’s Opinions on School Integration”, which gathered the opinions of young people on rights, needs, challenges and on the recommendations for achieving successful school integration, which were expressed in the plenary session of the Assembly from the Republic to Lisbon. In particular, young people expressed these relevant opinions on school integration:

- It is very important to give everyone the freedom to choose his or her own education.
- School integration is the best solution if the conditions guarantee our rights. This means ensuring the presence of necessary support, resources and trained teachers. Teachers should be motivated, well informed about what and how to understand our difficulties. They need good training, to ask what we need and good coordination during all the school years.
- There are many beneficial aspects of school integration: we acquire more social skills; we experience wider experiences; we learn how to face the real world: we feel we have and interact with friends with and without disabilities.
- School integration with specialist and individual support is the best preparation for university education. Specialist centres should give more support and inform universities properly about the help we require.
- Scholastic integration is a mutual benefit for all (point 4)

In 2009, the European Agency for the Development of Education for Disabled Students, following on from the first report of the “Guiding Principles” series, published by the Agency in 2003, with the title “Guiding Principles for School Integration of Students in Handicap - Policy Recommendations”, published the “Guiding Principles for Promoting Quality in the Inclusive School Policy Recommendations”. These guiding principles focused on some aspects of the school systems considered crucial in promoting quality in school integration and in supporting the inclusion of students with different types of educational needs as part of the inclusion measures in the common classes. With the aim of promoting participation in inclusive education by ensuring the quality of education, seven guiding principles were identified that are valid for all branches of education and for lifelong learning:

- Expansion of participation to increase educational opportunities for all pupils (the goal of school integration was to broaden access to education and to promote the full participation and educational opportunities of all students susceptible to exclusion in order to realize their potential);
- Teacher education and training for school integration (teachers working in common classes needed adequate training, appropriate knowledge and skills);
- Organizational culture and ethical values that promote school integration (at school a shared culture was fundamental and values useful to propose positive attitudes towards welcoming diversity);
- Organization of support structures to promote integration (the support structures that affected school integration were different and concerned the involvement of a range of different service professionals, with approaches and operational methods);
- Flexible funding systems that promote integration (limited access or exclusion from participation in certain facilities and services could have an impact on the degree of integration of disabled pupils);
- Policies promoting integration (the drive towards quality in school integration required clear political statements and the goal of school for all was to be promoted by educational policies);
- Legislation that promotes inclusion (all national regulations potentially impacted on school integration, so the rules of all public sectors had to lead to offering services that improved the development process).

With reference to the field of education and training, the European Disability Strategy 2010-2020 specified that in the 16 to 19 age group, the rate of abandoning school is 37% for severely disabled people and 25% for partially disabled people, compared to 17% for people who do not suffer from any disability. Children with severe disabilities face difficulties and sometimes suffer segregation in access to general education. People with disabilities, especially children, must be integrated appropriately into the general educational system and benefit from individual support in the interests of the child. While fully respecting the responsibility of the Member States for the content of teaching and the organization of the education system, the Commission would have supported the objective of quality education and training, which foster inclusion in the framework of the initiative Youth on the Move. It would have enabled people with disabilities to inform better themselves about the levels and possibilities of training and would have improved their mobility by encouraging their participation in the Lifelong Learning Program.

The Resolution of the European Parliament of 25th October 2011 on the mobility and integration of people with disabilities and the European Disability Strategy 2010-2020 deserves to be remembered. It proposed a series of significant clarifications concerning disabled people, such as the fact that the objective of the Europe 2020 strategy to achieve a 75% employment rate for the population aged 20 to 64 could not be achieved in any way if the population with some form of disability had not been included . A further specification expressed by the Resolution was that financial spending and economic investments for people with disabilities were a long-term investment for the well-being of all and for a sustainable society. Furthermore, according to the European Parliament, it was necessary to provide for personalized measures for disabled people who, depending on the different levels and characteristics of disabilities, needed more incisive support based on human rights and dignity. It was also necessary to take into account the needs of disabled people based on their specific needs, in order to find appropriate solutions during all phases of education, training and professional life. Another clarification of the Parliament concerned the need for more detailed actions, observing the basic principle that can be summarized in the phrase “Nothing about us without us”. Disabled people had to be involved in all the measures and decisions that involved them. Lastly, the need for a new efficient approach to disability was emphasized, starting with the creation of a European disability committee in which organizations representing people with disabilities participated directly. It was also argued that a sustainable society involved improvements in the design of urban and common spaces and access to available goods and services, including new information and communication technologies, to improve the quality of life of disabled people and avoid social exclusion.

However, in this framework of common objectives, various countries have different positions both with respect to the models of interpretation and operational implementation of the integrative process, and with respect to the timing of implementation. The French researcher Detraux affirm that the *integration is a concept present in the different ideologies that translates differently into its application according to the history of the child's educational and reception systems, of the multiple socio-cultural variables, of the political will (De Anna, 2001, pp. 605-622).*

Experts engaged in OCSE projects, in 1990 defined integration in the school environment as the *"maximum interaction between disabled and non-disabled persons*" (De Anna, 2001: 607). Still following the OCSE definition, the Spaniard Porras Vallejo (1998 cited in Pavone 2014: 159) recognizes three possible meanings of integration: "assimilation", "adaptation", "accommodation". These three positions are distributed by the denial of difference through assimilation - integration would mean assimilating the individual reality to that of the group, avoiding claiming their condition as otherwise original - to the appreciation of difference through accommodation, which conceives it as an opportunity for collective enrichment.

Another Spanish pedagogue, Lopez Melero, highlights the "rational-technical" dimension of the concept of integration, which he considers qualitatively appreciable when the student with disability is educated in a common context; programs are offered according to his differences and he can participate in the educational environment of the classroom (Carrion Martinez, 2001: 17-44). This vision is the closest to an idea of a school for all, implying the overcoming of the dual model of education - normal educational path and special education as a parallel differential intervention system to give rise to a heterogeneous, plural system. In this perspective, integration would be converted into the force that favours the progressive development of an enriched school institution, capable of giving answers to all the needs of students, so-called "normal" and with "Special Educational Needs", including the deficit. It would lead to the result of an enriched form of general education.

Ultimately, the paradigm of scholastic integration, in its most advanced form, considers that it is the system, not the individual that shows gaps and disabilities in the face of the demands implied by the institutional recognition of educational action with the natural group. This reasoning opens the door to a model of acceptance of diversity that is even more demanding, extended and involving, that the international scientific and professional world summarizes in "inclusion". The National Centre on Educational Restructuring and Inclusion (NCERI) recommends the following definition of educational inclusion: "*Offer all students, including those with disabilities, fair opportunities to receive effective educational services, with the necessary additional help and support services, in appropriate age classes in their neighbourhood's schools, in order to prepare them for a productive life, fully members of the society." (Lipsky and Gartner, 1997: 99-100)*

From an institutional perspective, inclusive education is defined as:

" [...] a different organization in solving problems, with a common mission that emphasizes learning for all students. It engages and supports teachers and staff [...] to create and maintain a climate conducive to learning. The responsibility towards all the students is shared. An effective inclusive school recognizes that it needs committed administrative leadership, ongoing teacher support, and long-term professional development" (Lipsky and Gartner, 1997: 99-100).

In the international debate on the frequency of students with disabilities in the school of everyone, especially with reference to the socio-legal issue of children's rights, some resort to the term "integration" as a synonym for "inclusion" while others distinguish them, preferring one rather than the other. In Italy, the long historical-cultural tradition of the process that led students with deficits from marginalization in institutions and special schools to entry into the common school system has made the use of the expression "integration" more familiar. De Anna recalls that this concept has been coined by us with the aim of "*leading us to work on personal and collective change, without cancelling or trivializing the specifics*"(De Anna, 2007: 75-84). The Anglo-Saxon world instead prefers the word "inclusion", which considers the process and project more extensive and radical.

The logic of "insertion" recognizes the right of people with disabilities (the students, in our case) to have a place in school and in society, guaranteeing their legal and physical insertion, without however taking care of the quality of their presence, interpersonal relationships and socialization; the approach is normative and assistance. In Italy in the early part of the 1970s, this choice was revolutionary for the time, produced the dismantling of special schools and classes and the landing of students with disabilities in the common classes of compulsory education; the legal instrument is, as we have already seen in the first chapter, the Law 118/1971 which incorporates the request that the normal school system is in itself an agent for the promotion of individuals and of the community itself.

As regards "inclusion", it guarantees the respect of personal educational needs within everyone's school, through the quality and flexibility of programmatic, organizational and didactic interventions. The legislation introduced from the mid-1970s to the 1990s, having experienced that simple integration does not guarantee the best educational attention to children with problems. It outlines a new vision of the school and revolutionizes some institutional instruments by introducing, with specific reference to disability: individualized planning, enrichment of the educational offer, openness to flexible and functional organizational methods, the extension of the school time, group activities among the students, the collegial programming between teachers with social and health workers, the teachers' figures for support, the reduction of the number of students per class in the presence of the disabled companion (Fiorin, 2007: 129-157).

Behind the concept of "integration" (to be integrated = to make complete from the point of view both quantitative and qualitative, mostly with the addition of complementary elements, insert into an economic, social, political, civil structure) there is the vision

system belonging to our best tradition. Therefore, the quality of the educational-teaching action is determined by the reciprocal adaptation-active accommodation between the individual and the context, as well as by the availability of effective and efficient resources, adapted to the situation. However, according to many experts, the integrative process, while valid, does not change the principles and operating rules of the welcoming institution. There is still a reading based on the "medical" model of disability, for which the student must be protected based on a "special" intervention (it is the logic underlying the framework law on disability). The idea that prevails is that the subject is "special" and must therefore be supported by mainly technical interventions, linked to the availability of resources. *The certification recreates another form of perceptual and organizational marginalization, provoking juxtapositions of interventions that fall on a mobile, undefined or delimited terrain by ambiguous and arbitrary criteria. In school institutions there is still lack of clarity, the determination and the courage to move from disability to the person and to rethink the qualified and unqualified pedagogical interventions on the "officially recognized" discomforts, but on all the existing discomforts (Montuschi, 1997: 172-173).*

"Inclusion" is the prevailing model over time in the closest international documents, according to which the person with disability enters the community fully, like everyone else. The principles of functioning and the rules of the context must be reformulated having in mind all the components, each bearer of their specific disability: the diversity of each and every one becomes the normal condition of school and classroom. "Inclusion" (from the verb to include) means "being part of something", feeling completely welcomed and enveloped. Being included is a way of living together, based on the belief that every individual has value and belongs to the community. According to this interpretation, inclusion can take place not only in the school, but also in multiple environments: work, play, recreation, etc. From an inclusive point of view, school life is intimately connected to socio-cultural, political, philosophical and ethical processes. In an inclusive perspective, it is the school system that must adapt to the diversity of pupils, which is why even special services must be brought as much as possible into school and class. According to Barberio, the perspective of inclusion requires the overcoming of the traditional school system, promoting the transition to a school centred on the student and theories of constructivism, located and distributed cognition, on the "community of learners", on the need for belonging and community, and on heterogeneity (Barberio, 2002: 31).

5 The categories of a welcoming school

We have already said that the Educational Offer Plan is the institutional, curricular, didactic and organizational document through which the school declares its own formative identity and determines the modalities of relationship with the territory. It is also the historicized and contextualised tool with which the composition of the differentiated training needs of pupils and their families is realized in a project of education through instruction. We can agree that it represents an attempt to manage complexity, as it is at the crossroads of an intense traffic of relationships, languages, interventions, methodologies. Despite the presence of students with disabilities, however, it is connoted as a project of integration of diversity, because it aims to link school, extracurricular, teachers, students, parents, personal resources and material, knowledge, codes.

Its inclusive value is undoubtedly emphasized thanks to the attendance of disabled students. Thus, not only is a more intense level of dialogue between the points of view of different professionals - teachers for support and curricular, teachers and school staff, technical staff and administrative - and among the students required, but it is also essential to provide for collaboration with the family and other specialists and external figures such as representatives of health and social services, volunteers, etc.

In essence, the diversity linked to disability must be respected and valued in the training project not only in terms of programmatic guidelines, but also in organizational and operational choices. In this respect, it calls for the activation of an intense

network of relationships in the school and with the outside world:

- with other educational institutions (at the time of the student's transition from one school order to another);
- with families, family associations, local authorities, companies;
- with the specialists of therapeutic and rehabilitation interventions;
- with the peripheral administrative apparatus (for resource requests) (Pavone, 2004: 61-70).

The goal of a "sufficiently good" integration is closely linked to the possibility and ability of the school to activate and maintain this high and non-fragmented intertwining of educational actions and meaningful relationships among the actors of different contexts and with families. This implies, for the protagonists, the willingness to share and compare and integrate their knowledge, skills, and different languages (educational-educational, health, social, cultural, business, recreational, etc.) and communication tools.

An autonomous school that wants to be welcoming towards disability must promote to the utmost reciprocal communication, involvement and a sense of responsibility towards the task between the people and the groups that carry it out . According to experts, conviviality is the word that expresses *"the best nature of the deeply human relationships that should invest the educational environments [...] where everyone meets the different, the you, in a creative dialogue that includes them in their finitude" (Cattaneo,1997: 16).*

Reciprocity and inclusion necessarily call for the category of flexibility at a curricular, didactic, methodological, organizational, linguistic and relational level. There are many obstacles that stand between a flexible training project and its implementation: from those of a professional nature, for example, rigidity of the teaching method or time of the chair, closure towards collegial collaboration, resistance to innovation, etc.; those relating to working conditions such as use of space, time, equipment and technologies and those relating to organizational factors for example teacher rotation in class, unavailability to provide teaching in co-presence, prevalence of the frontal lesson, a lack of collaboration between teachers for support and curricular activities, etc.

The dimension of autonomy which constitutes the identity of the scholastic institutions must also be considered in relation to the objective of the educational process which is, the development of the student as a person. Promoting autonomy means putting the school in a position to exercise it. This implies that in the school, even disabled students are offered opportunities to be protagonists, recognizing them as valid interlocutors in the process of co-construction of knowledge. Moreover, it means giving space, from an organizational point of view, to cooperative teaching and to tutoring and combined school-work formulas such as apprenticeships, company internships etc.

The purpose of achieving an innovation that is attentive to the needs of development of a heterogeneous school population necessarily implies the commitment to follow itineraries of educational, didactical and methodological research. An open attitude to research is necessary in the face of an articulated formative need coming from an increasingly demanding socio-cultural context and in the presence of subjects characterized by diversity, especially in changing and complex contexts. In terms of autonomy, the research, experimentation and development sectors concern, in general, the qualification of the training offer and the innovation. A disposition to research and the adoption of the scientific method by teachers can offer a perspective and a survey scheme that also proves to be useful in preparing educational-didactic interventions for students in difficulty, as well as to characterize the school as a venue of inclusive culture. The fields of investigation that directly, but not exclusively, concern the reception of problematic students at school are numerous and demanding. They can give impetus to both external and inter-institutional investigative paths within the school system, , also foreseeing the involvement of extra-scholastic reality. Some topics of significant interest are for example, the development

of significant models of design and individualized assessment; adaptation of teaching units provided for in class planning to the needs of minors in difficulty; the formulation of transition grids between school years and different levels of school; the construction of mixed school-work paths; the use of assistive technologies to promote learning and inclusion; the establishment of formal and informal support networks in the school (Pavone, 2001: 235-302).

Considering practice, adopting the anthropological model of the school community, we can identify different levels on which to act in order to pursue the objectives related to the inclusion of a student with disabilities.

In the didactic field, taking into account the functional diagnosis and the available resources (support teacher, hours of co-presence, psycho-pedagogical team,...) we will proceed to formulate a schedule which will then integrate the functional dynamic profile) for identifying objectives and methods that take into account the individual characteristics of the subject. Each type of intervention must be shared and agreed with the network of actors that deal with the child, family, child neuropsychiatry service, psychologist, speech therapist, cultural mediator, etc. In addition to the traditional methodologies for support in situations of physical and mental disability, there are currently available educational paths for specific learning disorders. For example, with regard to attention deficit hyperactivity disorder, these programs provide materials for the pupil aimed at training concentration skills by providing simple "step by step" techniques with indications for teachers that are useful to adapt times, environments and teaching methods as well as informative material for families who can learn more about their child's learning characteristics and also continue the pedagogical model used at school.

In the relational field, if from an educational point of view, it is useful to teach communication skills and strategies, from the point of view of inclusion, it is necessary to pay particular attention to the problem of behaviour. In fact, what often makes the integration of an individual with difficulties within a group problematic is precisely the fact that he adopts behaviours that may be unacceptable.

For the teacher or the educator, a first phase of systematic observation and classification of behaviours highlighting their frequency, duration and intensity is necessary,. Subsequently, a functional analysis can be attempted, highlighting antecedent stimuli and consequences of the actions to try to interpret the problem behaviour.

A plausible interpretation may allow us to hypothesize appropriate interventions, which are alternatives to unconditional tolerance, repression or punishment. Examples of such interventions are the control of the stimulus by structuring environmental conditions such that stimuli that arouse the behaviour are absent; and control of the consequence favouring extinction-avoiding reinforcements such as the "differentiated reinforcement" method that provides a positive reinforcement for any behaviour that is incompatible with the problematic one. Naturally, to these negative measures aimed at eliminating inadequate behaviour, we need to support a program to teach alternative behaviours that allow subjects to assertively communicate their needs and discomforts.

Another area in which educational intervention must be individualized is that of orientation. In the case of the disabled or disadvantaged student, there is a need for continuous monitoring and accompaniment in the training path that goes from the beginning of compulsory schooling up to insertion in the labour market. The most up-to-date definition of orientation as an assessment takes into consideration the need to overcome a purely diagnostic vision, to widen and understand an analysis of the potentials, of a person's life history and of its global condition.

In this way, the assessment expresses its educational function as an instrument that accompanies the change and sets the objectives for possible development. In this sense, orientation work is superimposed on that of tutoring, coaching and other ways of developing potential. Another issue from which to consider the assessment is that of "research of the self" or development of identity along a path of acceptance of diversity. This makes sense, for example, when it comes to gender differences, considering the acceptance of a condition of masculinity / femininity that brings with its particular resources and potential but, above all, when it comes to diversity in physical and cognitive characteristics.

The person with disability, generally, lives the formation of his own identity and the acceptance of himself as a an uphill path, at least when the intellectual level allows sufficient awareness. This happens from early childhood, both in the relationship with parents engaged in the processing of emotional grief that occurs when they learn that the child has a handicap, both in all daily interactions, where the experience of being deprived of some function is lived continuously. The process of formation of identity therefore becomes a moment which, overcoming a rigid and misleading criterion of "bringing back to normality", allows a deep contact:

- with his own inner world to grasp the nuances, the emotions experienced and those denied, needs and resources in the emotional field;
- with its potential in the intellectual and operational fields; with their own interests and aspirations;
- with the real limits to deal with on a daily basis, evaluating in an objective way the possibilities of overcoming;

The following priorities can therefore be identified in the orientation training process:

- to support the formation of identity, in the sense of self-awareness as an individual and in the relationship with the other;
- to educate in making choices, favouring behaviours based on an existential planning and the ability to self-evaluate;
- to reinforce the sense of reality, together with the ability to exercise the critical sense;
- educating at work as an expression and enhancement of oneself and as an exercise in planning, operation and responsibility;

- to give continuity and reciprocity between school, work, family and relational experiences in a broad sense.

6 Development of social skills

One of the main tasks of the educational institution towards children is to promote the development of social and interpersonal skills. The particular attention given to this area also applies to children with disabilities.

To favour this type of development, an educator must first know the starting points and then the levels reached by the subject and then draw up a project of educational intervention.

One of the tools that can be easily used to create a baseline of the subject is the LAP test (Sanford and Zelman, 1987) which provides a survey divided into areas, one of which is called “Interpersonal skills and self-awareness”. In this area, the evolutionary stages related to the ability to respond adequately to the social environment are proposed. There are then a series of items divided by age groups which are administered one at a time. By way of example can we cite some social and interpersonal skills required for a 36-month-old child (first year of kindergarten):

- responds to an initial greeting
- sitting in a circle and joins the group in imitating an educator,
- participates in simple group games,
- replaces toys, with the help of an adult, shares toys with others,
- respects turns,
- listen carefully to the stories.

After completing the picture of the starting point, the educator is called to propose desirable objectives for the individual subject and from here proceed with the educational intervention.

By way of example, *we mention some objectives related to social and interpersonal skills* that the person with disabilities (and not only) should be able to achieve, according to their skills and possibilities:

- know how to communicate one’s physical needs;
- know how to interact with peers and adults in sharing and collaboration, in entertainment;

- know how to ask or identify strategies to respond to the needs and requests of the others;
- know how to manage your emotions: disappointment, frustration, joy, ...;
- know how to organize the school activities;
- know how to ask for help in case of need;
- know how to manage your own material;
- know how to play with someone;
- respect the rules of class life;

These are some simple examples. It should not be forgotten that each proposed objective must be in harmony with the starting levels of the subject and therefore the objectives must be individualized according to the residual potentialities and characteristics of the person.

All this work of analysis and planning is not improvised but must be shared, as has been repeatedly underlined, with all the class teachers, the operators of the Local Health Units as well as with the parents of the child. For all this, there is an instrument, the IEP (Individualized Educational Plan), which contains the analysis, the proposed path, network connections, educational continuity between the various services and the family.

7 The development of “integrating skills”

The promotion of the possibility for the person with disability to live meaningful and rewarding relationships with their environment is strictly dependent on a series of variables that affect both the social reality and the individual wealth of skills possessed. In fact, it is evident that a project of social inclusion cannot absolutely ignore the assumption of a positive attitude of the community towards the impaired person; an attitude that takes its cue from an acceptance and respect for diversity, which must appear as a value and not as a synonym of negativity.

There are a number of conditions related to the skills mastered by the disabled student which are closely related and integrated to these social variables, especially those that enable the student to activate meaningful relationships with the most diverse living environments, the so-called “integral abilities”.

The taking on of an attitude of this kind, that connects the social integration to the abilities possessed by the subject, brings to the fore:

- the need to identify, in relation to the demands that the environment poses to all individuals, the truly integral and indispensable skills for everyday life in the community;
- the opportunity to outline an educational curriculum on integral skills that, providing a clear overview, represents the reference point for the design of specific interventions;
- the need to provide, starting from compulsory education, the implementation of training aimed at the acquisition, maintenance and generalization of these skills. All this must be done with appropriate and validated educational strategies.

In recent years, a large amount of research has been directed to the identification of a series of skills, called integrals, which can allow individuals with even serious mental problems to acquire the means to take advantage of the services offered by the community and to activate gratifying relationships with the most diverse elements of the living environment.

To draw up a taxonomy of the integrating skills to be promoted, it is essential to carry out an assessment of the requests that the various environments pose to the disabled person in terms of adaptive behaviour. The choice can vary from case to case, even if it is possible to identify a series of general skills that are useful in each context, which represent the basis on which to operate options.

The following can be considered integral abilities:

- personal protection: recognition of dangerous situations, sexual behaviour, health care;
- money management: knowledge and use of money, use of money in sales relationships;
- relationship management and emergencies, interpersonal communication, management of social relations, use of the telephone;
- use of the clock and time management;
- mobility and community life, pedestrian movements, use of public transport, use of shops and services;
- domestic activities: cleaning the house, making the bed, preparing dishes, setting and clearing, washing the dishes;
- care of the living environment, care of the school or work environment, care of the social environment.

It is important to underline some aspects related to the teaching of integral skills at school and in the community.

First of all, it must be noted that the teaching of integral skills cannot begin only after compulsory schooling but, on the contrary, must be prepared by a set of initiatives to be taken within the educational institution, especially as regards the compulsory cycle. The middle school, in fact, by definition and by normative legislation, is characterized by a formative function and an orientation function. Unfortunately, as many studies have pointed out, we must note the absolute inadequacy of the orientation function, which is serious for all adolescents, but also dramatic and decisively negative for the disabled student.

To finalize the didactic path of the middle school to objectives related to the future and not only to attempt, the often useless recovery of skills that were not learned in primary school, requires an organizational adaptation that allows:

- pivot on the personalized curriculum aimed at learning skills for living;
- to foresee the possibility of replacing the disciplines in favour of learning for life and spending the scholastic time not only within the institution.

The most difficult obstacle to overcome is precisely the difficulty that all the disabled students manifest in transferring what they learn in the classroom in the various areas of life. One thing is, in fact, to teach the use of money or telephone in the classroom, another is to ensure that students continually demonstrate these skills in real experience. Such recurrent problems can be faced only if the student is progressively guided to use the skills acquired in the community, so that the behaviours learned become attitudes that are naturally strengthened by the environment. Closely related to direct teaching in the community is the undeniable danger that such programs can represent for the student if they are not properly conducted.

In this regard it is right to recommend the requirement that each curriculum foresees a gradual separation from the control of the educator, even if some risks cannot absolutely be avoided, as they represent a variable connected to the learning experience. The main obstacle to the conquest of autonomous spaces for the disabled person is very often represented by the excessive protection to which he is subjected.

8 Severe disability

Inclusion at school and in the social environment also concerns people who manifest difficulties considered "serious". Even today, after a thirty-year journey in the inclusive direction, it represents one of the thorniest of problems, and is perhaps the real challenge in giving a transformative impulse to the quality of the process.

In practical life and following elementary reasoning, it does not seem difficult to reach agreement on the "condition of gravity" of an individual: the presence of serious functional impairment ; an uncertain possibility of recovery: a reduced level of communication skills and relationship; a lack of personal autonomy and therefore need for continuous help from assistant staff. However, when the discourse becomes more detailed, rigorous and systematic, significant obstacles are encountered to reach a univocal definition. It should be noted that the concept of "gravity" tends to be relativized in multiple directions, to emerge from the space-time horizon of the individual, to become contextual, relational, cultural, and systemic to some extent. It is the outcome of an evolutionary negotiation between personal history and social discourse.

8.1 Multidimensional value of the concept of gravity

Italian legal-administrative tradition provides an explicit definition of the situation of gravity through the framework law on disability (Law 104/92, Article 3, paragraph 3), which states: "*Where the impairment, single or multiple, has reduced personal autonomy, related to age, so as to make a permanent, continuative and global assistance intervention necessary in the individual sphere or in the relationship sphere, the situation assumes a connotation of gravity. The recognized situations determine priorities in the programs and interventions of public services.* "

The history of the seriously disabled person seems inevitably characterized by the urgency and persistence of aid, by the need to depend on others, having little or no ability to give. There are no persons who are of lesser value; no one can be characterized as a pure lacke or pure clinical case. Even in extreme situations, the original individual development highlights competent and healthy parts which can somehow be reclaimed and extended.

A pedagogical reading teaches that the situation of gravity is a systemic concept. It depends on the intersection of a multiplicity of personal, relational and contextual factors, which are not only settled in the subject. Certainly it can refer to the extent of compromise age, the communicative ability of the disabled person, the degree of motivation to learn, to understanding and sharing educational goals; but also to the quality and quantity of personal support, both family and social available to them, the services provided by the environment, their degree of coordination and integration, as well as the expectations of the environment itself (Canevaro and Goudreau, 1993; Canevaro, 1996, 1999; Canevaro and Ianes, 2003; Vico, 1984).

Even medical science considers it impossible to arrive at a unanimously certain definition of the state of gravity, this being a multidimensional result, imputable to a plurality of factors and parameters related to the subject and the situation in which they are inserted and which must be taken into consideration in a dynamic perspective.

The new system of International Classification of Functioning, Disability and Health (ICF), developed by the experts of the World Health Organization, which offers an interpretative paradigm of the impairment situations radically renewed, also has interesting repercussions on the consideration of the states of gravity. If, as we have seen, the "health condition" must be assessed in relation to the context of individual life situations and environmental impacts (an "umbrella" that unites every citizen), disability constitutes a subsystem of "health". Therefore, it is a "particular" product of the interaction between health characteristics and physical and social contextual factors. As such, it can affect any person in a particular moment of their existence, more or less continuously.

8.2 The condition of gravity: a challenge for everyone

An excess of simplification cannot lead us to think that the difficulties of serious disabled people are treatable as a mere terminological question. The experience of "suffering" enduring reduced margins of autonomy, limitations in activity and participation, represents an undeniable experience for the subject who is the protagonist, as well as for his family members. However, the individual's original uniqueness, although compressed in narrow space-time boundaries, participates in the dignity of being a person, therefore, and is therefore the bearer of an educable and re-educable potential. If we adopt a broad and profound concept of learning, overcoming the horizons in which it is traditionally conceived, we discover that it is within everyone's reach, despite personal and social difficulties, because every human being manifests a capacity for development. Where personal possibilities are reduced, we need to move further on the social, scholastic, work, health and environmental side to: set up or strengthen formal and informal community services, coordinate them online, stimulate new resources, offer personal and material support, always from the perspective of considering the disabled person and his family as active protagonists of the intervention.

How then to interpret the attribution of the situation of gravity to the Down - introduced in the context of a financial law - seen as a dissonant choice when compared to the good practices of inclusion that see them protagonists, and the new scientific look at disabilities from the last ICF classification system? How to explain that, according to what is said, some trade associations have requested the recognition of the "status of gravity" more strongly, than by the families directly involved.

We believe that the answer leads once again to the variable

meaning of the attribute of "gravity", which does not lie only in the individual, but often originates from the interaction between the individual and the environment. In particular, on many occasions the seriousness of the circumstance (not of disability) is caused by the chronic deficiencies / inadequacies / dysfunctions of the services provided, and / or cultural backwardness and prejudice.

9 Evaluation of the quality of levels of inclusion at school

The process of school inclusion is a path that is never truly completed. We have already said that as much as can be realized in good practice, there is always room for improvement and this can be extended to the whole of the educational process. However, even if the goal can appear more or less distant, the definition of indicators that trace the path towards the goal can help to orient oneself.

Inclusion implies a change: it is a path towards the unlimited growth of learning and the participation of all pupils, an ideal that schools can aspire to, but which will never be fully realized.

The progressive qualification of the term also depends on the presence of continuous evaluation monitoring. There are many reasons behind understanding the characteristics of a quality school inclusion better: its generalization in schools of all levels, its sedimentation over time and, at the same time, the amplification and the deepening of the studies in this field. All arguments that justify the desire to move away from improvisation and approximation, to take the road of accurate investigation entrusted to transparent parameters of detection, in order to give back to all actors involved - families, professionals, political and civil society - well thought-out and unequivocal critical reflections. The intention to identify the criteria for recognizing schools that practice a good integration process is also combined with the desire to propose corrections to non-welcoming contexts for students with disabilities. Still, a valid reason is the desire to support and export our model on the international scene, in which our country stands out for the "radicalism" of the choice adopted.

Abroad, the best-known works on the subject are those that the OECD has implemented since 2000, with the aim of encouraging comparisons among the member States, particularly with respect to the additional support offered to students, for participation in curricular activities. The surveys have shown that inclusion is conditioned by factors such as regulatory frameworks, operations, evaluation methods, school systems, the use of individualized teaching programs, the number of classes, the availability of teachers for the support and other educational staff, teacher training, involvement of families, service collaboration. UNESCO has also produced important publications, focusing mainly on organizational aspects that favour the creation of integrative training environments.

In Italy, as already mentioned, there is no official protocol on the indicators of school inclusion quality, despite the annual reports on disability, and policies that try to identify some of them which are useful in facilitating the understanding of such a vast and complex phenomenon by the workers and the public. After many years of inclusive practice this absence of an official monitoring system, which allows the highlighting of situations of excellence, as well as the lack of homogeneity and the evident and unfortunately increasing dysfunctional realities across the country, in order to remedy the situation in the interests of minors. Many virtuous schools which are sensitive to the issue have created on their own initiative - we could say handcrafted - a self-assessment of the quality level of school inclusion. Involving the multidisciplinary team for disability (called Working Groups for School Integration). However, we are still inadequate as regards the assumption of a cultural attitude aimed at systematically considering the evaluation of integration as a constant and qualifying component of one's own activity to improve the results.

The scientific literature offers several models for inspiration. For example the results of the survey conducted in numerous local schools by the National Observatory of the Italian People with Down Association on "Quality Indicators" in Italian schools (2000), the results of which highlight the need to simultaneously consider analytical devices at different levels of complexity, to make the survey more meaningful. The research proposed in particular the use of:

- "structural indicators", related to the institutional-normative aspects, for example: the criteria for the formation of classes, the position of the classrooms, the assignment of professional and material resources, etc.;
- "process indicators", related to the planning and implementation of the integration;
- "result indicators", concerning both the efficiency of the services carried out and how much the goals in the growth of learning, autonomy and the relational network of students with disabilities and their classmates.

Emphasizing that the development of various types of research, including interdisciplinary research, is an urgent priority to find data acquisition and best practices, which are as reliable as possible with respect to the complexity of the processes involved, as well as to stimulate a virtuous self-improvement process, Ianes proposes identifying and adopting, the "Integrity / Inclusion Quality Essential Levels" as a strategic lever:

> *a minimum requirement of Quality, under which you cannot under any circumstances. A sort of definition of minimum requirements, of standards agreed upon and socially accepted by the parties: School, Health, Families, Local Authorities (in a Collaborative Pact). We believe that this definition is urgent, but above all that it has an activating value in itself with respect to organizational intelligences and the imagination of autonomous scholastic institutions.[...] On the operational level, an effective road map to establish them should respect some unavoidable stages: specify the factors with their indicators and descriptors; establish binding minimum standards; implement a collaboration pact that includes elements of control and evaluation (Ianes, 2008: 14; 18).*

In the international context, a point of reference to be understood as help that can be given to schools in identifying the steps necessary to progress on the path towards a more inclusive model, can be found in the Index for Inclusion. The document-questionnaire was created in the United Kingdom around 2000and refers to the pupil population with "Special Educational Needs", not only to those with a deficit, according to the English educational tradition. It aims to offer the school community a series of stimuli in the form of an interpretative model and targeted questions to design an inclusive environment in which all the differences are engines for improvement. The Index calls for inclusive development "from the inside", because it moves from the knowledge, experiences and representations of its actors and analyses the school in the dimensions of policies that are the overall drivers of the project, and local culture which inspires values (Barberio, 2002: 27-38).

10 Coordination of services between school and extra-school

Understanding the school as an autonomous subject that offers education and training in an integrative perspective means being aware that:

- for many students in difficulty, the right to attend school is conditioned by the fact that they exist and can benefit from essential services that are not provided by the school (elimination of architectural barriers, therapeutic and rehabilitative interventions, transport, personal assistance, purchase of equipment, of special teaching material and multimedia aids, canteen, preparation of company internships);
- the school institution is not the only place where children with disabilities live.

With the attribution of autonomy to Italian schools, the legislator wanted to bring the supplier of the training offer to the user by making local communities the point of reference of the school, in the belief that the local investment in them improves the quality of educational processes. In fact, all the interventions provided by the extra-scholastic bodies essentially aim to build support for example health, welfare and recreational aspects directed directly to the subjects or to schools p*roviding them with everything they need to function to their best, that is, to be a collective service, a place where a social path is activated to achieve individual skills (Neri, 2005: 243-245).*

For their part, for autonomous schools to be able to provide training that offer truly response to learners' needs, they must

make themselves available to dialogue. On the one hand, with the other autonomies of local authorities, to obtain effective and efficient collaborations and services, on the other, with the intermediate subjects of civil society, cultural associations and third sector bodies. In short, the cornerstones of an integration / inclusion policy must now be sought in a modularity of support and collaborative actions based on the multifactorial nature of experiences: school, work, welfare, health, social, recreational, cultural, etc. This mode of operation finds full correspondence in the "ecological" paradigm proposed by Bronfenbrenner. According to this theory adapted to the situation of children with deficits, the school-student with a disability-family relationship represents a planning, organizational, and relational structure – that is interrelated with other environmental situations in which the person lives: subject-family-services and, more generally, subject-family-local territory.

Chapter 5

Three scholastic models in comparison

1 Beyond Europe: The path of the USA

First of all, it must be said that there is no federal education system in the USA, because each state or district can choose its own system. As a result, levels and requirements for access to education can vary considerably from state to state and from district to district. 90% of children who, regardless of age, are generally called "students", attend primary and secondary public or state schools that do not require any fees. The remaining 10% of children attend private paid schools, many of which are religious, often Catholic, and linked to the parish.

In recent years there has been a sharp decline in the quality of public schooling, therefore many families have gone from public to private education, despite the great economic sacrifices that such a choice implies. There is a widespread belief that studying in a private school is a good investment since it opens the doors to prestigious universities, which in turn are an excellent business card for the world of work. The organization and subject focus of many private schools and universities are similar to those of public schools, but different in some administrative aspects.

As regards to disable persons, in terms of accessibility, America is light years ahead of other countries, as confirmed by the words of Italian journalist, writer and politician Furio Colombo: "*Walking along the sidewalks of New York, and all of them (all) have the passage for the wheels of the wheelchairs, that all the entrances of the houses have the inclined plane that avoids the steps, that all the public buildings have been reorganized so that the places are always accessible, that all bathrooms have been changed and all buses are equipped with a platform capable of welcoming and receiving a "sea" of new active citizens at bus-stops, I realize that something great has happened, perhaps the greatest among the human rights revolutions that have taken place in our time"(F. Colombo, 1993).* But what you see is not the whole reality. This is confirmed by statistics which underline how difficult it is for American students with disabilities to enter a socio-cultural environment despite appearances: in fact, as many as 1/4 of students with disabilities are suspended or expelled from the institutions they attend. Disabled people make up 12% of the American student population, but 25% of them are arrested or reported to the police. Data that cast more than a shadow on the country's school system. Even more if we consider that the United States, despite long discussions, refuses to ratify the Convention on the rights of people with disabilities. In addition, this hostile climate is favoured and encouraged by the abyss that exists between public and private service and by the difference in treatment that students receive. Public schools very often lack the means and the necessary preparation to welcome students with disabilities. In fact, in the United States of America, schools are responsible for evaluating the disabled child and defining for him an Individualized Educational Project (IEP), at the request of the parents and using school resources or external resources (doctors, psychologists, etc.) without expenses for the family.

To be eligible for an Individualized Educational Project, the pupil concerned must fall into a list of categories of disabilities which are specifically listed by law (The Individuals with Disabilities Act of 1997 (IDEA), which regulates the right to receive special services and assistance in schools, services known as special education and related services:

- Autism,
- Deafness,
- Deafness-blindness,
- Hearing reduction,
- Mental delay,
- Multiple disabilities,
- Orthopaedic impairments,
- Other health problems,
- Serious emotional disorders,
- Specific learning disabilities,

- Language or speech difficulties,
- Head injuries,
- Visual impairment including blindness.

From the list it immediately emerges that various types of sensory, somatic and psychic handicaps, , as well as specific learning difficulties, are included in the same organization.

The inclusion of disabled students in normal schools, in normal classes, alongside other students, is a possible option alongside special schools and institutes where disabled children are separated from the others are still open.

The right to help is linked to the fact that a child's disability falls within those listed by law, and that this disability affects his educational possibilities. The judgment is not referred to a medico-legal commission that must assess whether or not the requesting child is entitled to legal provisions, but, as has been said, to the school, which makes use of the presence of parents and the collaboration of a group of qualified professionals:

- at least one regular education teacher, if the child participates or could participate in the normal education environment;
- at least one of the teachers or special education service providers for the child;
- a school administrator who knows the policies for special education, children with disabilities, the general curriculum (the curriculum used by non-disabled students) and available resources;
- a professional who can interpret the results of the evaluation and talk about the type of education that may be needed for the child;
- people (invited by parents or school) who have special knowledge or skills about the child;
- the child himself, if appropriate;
- representatives of other agencies who may be responsible for paying for or providing transition services (if the child is 16 years old or if he is younger and will plan life after high school);
- other qualified professionals.

The evaluation should also include:

- the observations and opinions of the professionals who interacted with the child,

- your medical history if it affects your performance at school
- parents' opinions on school experiences, skills, needs and behaviour of the child outside of school and his feelings about school.

The acquisition of specific types of information about the child can be delegated to other professionals such as: a school psychologist, an occupational therapist, a speech therapist, a physiotherapist and / or a therapist or an adaptive physical education teacher, a specialist doctor.

If a parent believes that their child may need special help at school, they must first find out what special services and programs exist for students in their school system.

1.1 Legislative framework of American inclusive education

According to the Individuals with Disabilities Education Improvement Act of 1997, special education is designed to meet the specific needs related to the child's disability and enable him to acquire the knowledge, skills and competences, as far as possible, of able-bodied students and can include forms of education to be held in the classroom, at home, in hospitals or in institutions or in other contexts.

If the school considers that the child is not entitled to a special education, it must give motivated communication to the parents who can appeal the decision.

Over 5 million children aged 6 to 21 receive special education and related services each year.

In the USA, too, the path for the recognition of subjects with disabilities of the right to education has been long and characterized, as has been said, by lights and shadows.

The name of Senator Hubert Humphrey is often associated with the history of American rights legislation for disabled people. In 1972 Humphrey proposed a law for the inclusion of disability in the 1964 Civil Rights Act stating that t*he time had come to no longer tolerate the invisibility of the handicapped in America. Humphrey recognized that these people have the right to live, to work to the best of their ability, to know the dignity to which every human being is entitled. Moreover he pointed out how the society often kept children considered as "different" or having a "disturbing influence"* *out of school and community activities, rather than help them develop their abilities. Every child, gifted, normal and disabled have a fundamental right to educational opportunity.*

Based on these principles, the American government issued Section 504 of the Rehabilitation Act against discrimination of disabled people in 1973, with the aim of ensuring fair access to educational programs and services. The intent was to make the education paths of disabled pupils comparable to those of non-disabled pupils: for this reason in 1975 - with the Education for All Handicapped Children Act (EAHCA, Public Law 94-142) - schools came imposed to use federal funds to guarantee pupils an Individualized Education Program (IEP) to be followed with the support of the family.

The family was also entrusted with the task of supervising the effective fairness of the services, with the possibility of appeals against local school administrations in case of inadequacy of the opportunities offered.

The EAHCA was essentially based on four proposals:

- to ensure that all children with disabilities have a free appropriate public education which emphasizes special education and related services designed to meet their unique needs available to them ;
- to ensure that the rights of children with disabilities and their parents are protected;
- to assist States and localities to provide for the education of all children with disabilities;
- to assess and assure the effectiveness of efforts to educate all children with disabilities.

Some identify the roots of these proposals in a specific historical moment: the judicial sentence of 17 May 1954 on the Brown case against the Board of Education[5], with which the United States Supreme Court ruled that *"separate is not equal"*.

These measures must also be related to the civil rights movements that developed in the country between the 1950s and 1960s. It should also be remembered that, between the 1960s and 1970s, Judy Heumann and Edward Roberts - activists and students on the Berkeley university campus - gave a strong impetus to the birth of the Independent Life Movement.[6] It is in this climate that rules are developed that protect the civil rights of disabled people, including in the educational field.

The Education for All Handicapped Children Act found extension first in the *Individuals with Disabilities Education Act* (IDEA, Public Law 105-17) of 1997 and later in the *Individuals with Disabilities Education Improvement Act* (IDEIA or IDEA, Public Law 108-446) of 2004: with the same objective of ensuring quality public education, the two amendments specify the role of teachers by placing greater emphasis on aspects related to teaching and learning processes, rather than administrative issues; at the same time, they encourage school-family collaboration and modify the procedures for applying for the Individualized Education Program.

The 1975 EAHCA asked public schools to guarantee disabled students a "Free, Appropriate, And Public Education (FAPE)" and school districts to offer schooling in the least restrictive environments possible, so as to resort to separate education realities only in situations of gravity that prevented inclusion in ordinary classes (Pardini, 2002).

In this regard, Richard Jackson, in his report on the Universal Design for Learning for the *National Centre on Accessing the General Curriculum,* notes that in the 1970s talking about "appropriate education" meant referring to special education, designed individually to meet needs. emerging directly from disability. Today, however, with the 2004 law, no student can be denied access to the *general curriculum (Jackson, 2005: 18)*.

1.2 The educational path of the student with disabilities

The Individualized Educational Program is the tool with

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[5] https://www.ourdocuments.gov/doc.php?flash=true&doc=87 (accessed 4th January 2020)

[6] The Movement for Independent Life was born in that period from the request, by disabled students of the University of Berkeley, to no longer stay in the campus hospital and to be free to choose and organize the services dedicated to them, in full autonomy. Today it is a political movement of disabled people who, worldwide, are fighting for respect for human and civil rights http://www.enil.it/enil.htm

which the pupil's path is designed, in relation to the services available in the area in the context of ordinary and specialized education.

In some cases, "accommodation" solutions are adopted such as tools to facilitate the pupil's access to the learning context without changing the standards;, in others, direct action is taken on the curriculum through an adjustment of the objectives, albeit with reference to the same contents. In severe cases, the evaluation system itself is adapted, in line with the path outlined in the IEP.

In any case, the effort - with the guideline dictated by the IDEA - consists in making the *general curriculum* accessible also to those who have long been excluded from it:

"This amounts to a zero-reject from the general curriculum so that all students must participate and make progress within the general curriculum to the maximum extent feasible. If one conceives of the general curriculum as the vehicle through which all students can achieve adult outcomes - outcomes understood in a broad sense as independence, participation, and productivity - then, in a just and democratic society, opportunity cannot be denied for students with disabilities" (Jackson, 2005: 13).

In his report, Richard Jackson refers to the concept of "incidence" to draw attention to the differences in territorial opportunities offered in terms of access to the curriculum to pupils with disabilities "with high or low incidence": for pupils with low incidence disabilities (blindness, deafness, autism, serious delay, multiple disability), which hardly exceed 1% of the school age population, it can be difficult to find the necessary services, resources and staff in local public schools to guarantee a full access to programs. Therefore, it is more common for these pupils to start education in less inclusive contexts such as special classes, separate schools and residential structures.

The path is identified by the IEP team, in consultation with the family, as mentioned above, through an assessment of the adequacy of the services, starting from the schools closest to the pupil's place of residence and from the public-school structures belonging to the ordinary education system. Sometimes local schools are not sufficiently equipped. In this case it is established that the most appropriate way to follow the general curriculum is within separate contexts.

In fact, as Jackson notes, although disabled students must be guaranteed full access to the curriculum, the rule does not explicitly state that this must necessarily take place in an inclusive context or in ordinary classes.

When, on the other hand, you opt for a path in ordinary schools, there must be close collaboration between institutions at local, state and federal level in terms of resources, services and supports (Jackson, 2005: 25).

A further incentive towards a greater attention to the needs of pupils, also disabled, comes from *No Child Left Behind Act* (NCLB) of 2001, with which the American state further empowers individual schools for the acquisition, , of the necessary basic skills to ensure an effective education path for all students.

Despite criticisms made by the Obama government and the proposals that aim to make standards more flexible with the involvement of the whole community[7] the NCLB remains a measure to be mentioned in the path taken by the country to encourage the participation of all in training systems, reducing the gap based on the principle of equity.

1.3 Universal Design for learning: a good practice for inclusion

With Universal Design we mean the design and composition of a space so that it can be used, understood and used as widely as possible by all people regardless of their age, build, ability or disability. An environment (or any building, product, or service in that environment) must be designed to meet the needs of all the people who want to use it. This is not a specific request, for the benefit of only a minority of the population. It is a fundamental condition for good design. If an environment is accessible, usable, comfortable and pleasant to use, anyone can benefit from it. By considering all the different needs and abilities of everyone during the design process, Universal design creates products, services and environments that meet people's needs.

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[7] http://www.ed.gov/esea/flexibility (accessed 4th January 2020)

The seven principles of universal design were defined in 1997 by a team that included architects, designers, engineers, and researchers led by Ronald Mace at North Carolina State University. The purpose of these principles is to guide the design of spaces, products and communication.

The principles can be used to evaluate existing products, guide the process and educate both designers and consumers on the characteristics of the most used products and environments.

1 Fair Usability: The design is useful and scalable to people with different abilities.

2 Flexibility of use: The design allows for a wide range of individual preferences and abilities.

3 Simple and intuitive use: The purpose of the product is easy to understand, regardless of the user's experience, knowledge, language skills or level of concentration.

4 Perceptible information: The design effectively communicates the necessary information to the user regardless of the environmental conditions or his sensory abilities.

5 Tolerance for errors: The design minimizes the dangers and adverse consequences of accidental or unintentional use.

6 Low physical effort: The design can be used efficiently and comfortably in minimal fatigue conditions.

7 Size and space for approach and use: Appropriate size and space are guaranteed for the approach, access, handling and use, regardless of body size, posture and mobility.

The approach at the base of universal design has been declined in different fields with the common goal of making access and participation in spaces, environments and services fair.

Not so differently, following reflections that led to the exclusion of certain training courses , an attempt was made to apply the same approach to didactic planning and teaching-learning processes. This proposal was born in the United States in the late 1990s and spread with the expression *Universal Design for Learning* (UDL), which deliberately retains the references to the design philosophy to which it is inspired.

This approach, in fact, matured in the environments of the *Centre for Applied Special Technology* (CAST), independent research centre that since 1984 deals with the application of assistive technologies in training contexts. Therefore, we understand the central role that the UDL attributes to technologies for education.

1984 is a significant date in the history of technology development. It is in that year, in fact, that Apple Computer launched the Macintosh on the market which, with its graphical user interface (GUI), started the diffusion of personal computers and widened the fields of application of information technology from the niche of the centres of scientific research to work, school and, finally, domestic environments.

In that same year, five clinical psychologists, pedagogists and researchers in the field of assistive technologies founded CAST at the *North Shore Children's Hospital* in Massachusetts.

The aim was initially to study how technology can improve the paths of pupils with learning difficulties. Subsequently, their work extended to children with physical and sensory disabilities.

In the same way, just as research fields so closely linked to conditions and contexts are needed, the Centre's activity leaves the laboratory environment and comes into contact with the reality of the school, transforming consultancy into teacher training.

Initially, training, in collaboration with the best American universities, concerned the use of information technology to meet the specific needs of students with disabilities. Subsequently, research activities and interventions carried out there expanded to include all the possible differences between the pupils present in the classroom, in line with the orientation towards human variability that is at the basis of universal planning. In 1988 Ronald Mace introduced and defined the concept of Universal Design.

From the outset, the attention of the CAST researchers focused on the accessibility of textbooks and reading aids, sensing - ahead of time - that the tools made available by IT companies (graphic interface, text-to-systems speech, multimedia content management) would have been useful to make the use of didactic materials transversal.

It is precisely the experience in the field and the focus on textbooks that convinced the research team that these technologies could really meet everyone's needs, overcoming the special approach geared to pupils with disabilities, from whom the CAST had started and on the needs of which they continued to work to make training courses accessible.

Starting in the mid-1990s, the difficulties of individuals were definitively read as barriers to accessing learning and, consequently, the proposals move from individual solutions to contextual interventions.

The most evident sign of this passage is in the formulation of a three-year research program - subsidized in 1995 by the U.S. Department of Education - from whose title, *Beyond Assistive Technology: Policy, Curriculum, and Technology for Inclusion*, one can already feel the effort to go beyond the logic of assistive technologies: CAST's approach to this issue was to design and implement multimedia curricula that are, by their architecture, accessible and that accommodate the varied instructional needs of teachers and the varied physical and cognitive needs of children. Such curricula are designed for all students, including those with disabilities, and are therefore inclusive rather than assistive (CAST, 2018).

Assistive technologies are not replaced, but exploited as tools to reduce barriers to learning; the relationship between UDL and Assistive Technology is presented, rather, as a continuum that goes from strategies to make curricula and teaching materials accessible to everyone to interventions to respond to special adaptations.

In proposals that aim to integrate assistive technologies and Universal Design for Learning this continuum is visualized as a pyramid that at the base contemplates UDL interventions for the greatest number of pupils and for most school situations, at the centre it foresees UDL interventions with the support of assistive technologies when necessary, while at the highest level of the structure it inserts interventions with AT in a context of universal design that remains in the background (**Basham et al., 2010: 243-255)**.

Just as the process that leads to the proactive design of

non-exclusive environments starts from a first phase of awareness (requests for intervention) and then of accommodation (*ad hoc* solutions), in the same way, the UDL is considered as an approach aimed at responding to the training needs of as many students as possible without excluding the use of accommodation when deemed necessary (*Edyburn, 2005: 16-22)*.

It can be added, in this regard, that many of the UDL operational indications derive from specialized teaching and from the use of assistive technologies, now reformulated as useful tools to support the differences that characterize each student within the class (Council for Exceptional Children, 2005). The aim is to make training courses flexible, fair in the possibilities of accessing information and, above all, learning processes; equity that is measured on the levels of removal of barriers and on the degree of participation in educational contexts.

Technologies are considered the preferential way to achieve the objectives of accessibility and flexibility of the courses because they allow the presentation of educational content in different formats and media, and to propose activities that are appropriate to the preferential ways of expression of each pupil and, finally, because they play on motivation, to learn by adapting languages to various cognitive styles.

The Universal Design for Learning, as it emerges from the publications on the topic, deals less with the issue of educational practice in the classroom, but focuses its attention on the immediately preceding phases, that is, on didactic design and on the production of related materials. This which might seem to be a missing element in the structuring of an approach that aspires to be integrated and shared, is explained by the idea, inherent in Universal Design, of focusing interventions on solutions that prepare the rooms for accessibility, avoiding the recourse to retrofits.

This attention to design, and to inclusive design applied to teaching materials in particular , makes those who approach the UDL proposal aware of the barriers imposed by textbooks and the so-called "one size fits all" resources that do not take into account, of different learning styles or levels of linguistic competence of the readers (Stahl, 2004: 2).

If we consider that, textbooks are the most used didactic tool in school and in independent study, it is evident that the question of accessibility of materials is not negligible. On the contrary, we believe that it is a fundamental element in the process leading to the school inclusion of all pupils.

The accessibility and effectiveness of teaching materials, as underlined by both the UDL and the theory of multimedia learning, pass through the opportunities offered by technologies and the integration of different media and languages.

Therefore, while considering UDL principles and proposals on other subjects of educational interest our attention to this approach, will mainly fall on technologies and the design of accessible teaching materials.

To clarify what it means to transfer universal design from environments, products and services to education and training contexts, the Council for Exceptional Children, an international organization that deals with special pedagogy and super-endowment of students, compares the seven UD principles with possible educational applications.

Table 3 - UD and UDL: comparing principles (adaptation from Council for Exceptional Children,2005: 23)

UD	UDL	Educational applications
Equitable Use	Equitable Curriculum	The educational path designed to be accessible and to involve the majority of students, without underlining any conditions of diversity
Flexibility in Use	Flexible Curriculum	The curriculum is designed to be flexible and adapt to individual skills and preferences. Disables are considered different ways of approaching learning
Simple and Intuitive use	Simple and intuitive Instruction	The path is clear and accessible to students. Language, learning levels and complexity of content presentation are adequate. Goals and methods are reformulated, if necessary, according to needs
Perceptible Information	Multiple Means of Presentation	The path involves the use of different tools in order to involve each student for the ways of using the most suitable content, regardless of sensory skills or levels of understanding and attention
Tolerance for Error	Success-oriented curriculum	The teacher stimulates learning by eliminating the barriers to motivation and creates a supportive environment by designing the curriculum in order to respond to the needs of the pupils
Low Physical Effort	Appropriate Level of Student Effort	The educational environment favours access to content, motivates students by using different tools based on their responses, evaluates processes and changes based on the results of the assessment phases
Size and Space far Approach and Use	Appropriate Environment for Learning	The school environment and the structuring of the materials must take into account the different access methods (on the physical and cognitive level). In the same way, this must be done for teaching methods and for spaces that must encourage learning processes

In this reading that transfers the principles of Universal Design into the educational context and, thus formulates the ideas behind UDL, we are mainly interested in the first four points with the aim of guaranteeing fair learning environments (Equitable Curriculum) and planning for Universal teaching provides accessibility and flexibility of the courses (Flexible Curriculum). This is possible in the face of an adaptation of the contents and the ways in which they are taught. Making the content suitable so as to allow it to be used effectively, in line with the learning styles of each student, means using tools (Multiple Means of Presentation) capable of supporting different languages and communication methods (Simple and Intuitive Instruction).

By combining the indications of inclusive design dictated by Universal Design with research from neuroscience on different ways of learning, the UDL formulates its three principles:

a to support *recognition learning*, provide multiple, flexible methods of *presentation;*

b to support *strategic learning*, provide multiple, flexible methods of *expression* and apprenticeship;

c to support *affective learning,* provide multiple, flexible options for *engagement (Rose and Meyer, 2002: 75-ff)*

These principles aim to break down barriers to accessing learning through flexible and diversified teaching methods and proposals. This must be made possible not only in the teacher-pupil relationship, but also pupil-teacher, so that everyone can express themselves in the ways, languages and areas of greatest interest.

Just as for architectural design, also for teaching, it is not a question of offering special educational solutions, but of presenting the contents in different ways and with supports, that make them accessible to all students, including those with disabilities.

The basic idea is that a design (architectural or didactic) that includes special needs increases the overall quality of the result, with positive repercussions for all its users. Wanting to extend this statement to the world of education, we can say that making flexible courses and educational content means promoting the learning of pupils with backgrounds, cognitive styles, incoming levels, language skills, different physical and sensorial conditions.

As Rose and Meyer argue, the flexibility of the paths and the adaptation of the *for all* content cannot be achieved with traditional teaching tools such as printed textbooks or non-modifiable materials. The only way forward to make the application of the UDL realistic in educational contexts is represented by digital technologies. The technologies, in fact, allow the personalization of the proposed contents thanks to the digitization processes and the support of different languages.

Among the characteristics that digital media possess and which are owed to binary coding, those which most concern the application of UDL principles in our opinion are:

- *variability*. In the digital world, information is treated in such a way that it never presents itself as definitive, but can be continuously modified in form and content. This allows a very high personalization of the presentation and use of the materials even at the didactic level;
- *transcoding*. The ability to switch from one format to another means not only translating the analogue into digital, but also, consequently, making information take on different communication codes and languages in a form of integration between information technology and culture. This, in my opinion, means managing and transmitting information through the convergence of diversified codes. Digital allows you to transfer information on a single medium previously belonging to different media. Making more media converge means having different languages available and integrated so as to involve the largest number of recipients;

□ *multimedia and hypertextuality*. Multimedia, exploiting different channels and media, can favour learning (Mayer's theory) and diversify the ways of transmitting content. While hypertextuality, in addition to offering non-sequential reading experiences, allows the organization of contents by levels of depth and, therefore, of difficulty (UDL)

New scenarios open with the transition from paper textbooks to so-called *enhanced books*, e-books that integrate digital format and multimedia languages, thus increasing the way in which content is used. The diversification of the proposals is added to the possibility of offering new reading experiences and, hence, the enlargement of potential reader base.

UDL itself, among the experiments and the practical applications of its principles, has worked hard on environments and tools to make textbook reading accessible to everyone, proposing alternative ways of accessing information, through video reading, listening with screen readers, the use of tools to support reading (links that organize the content by levels of analysis, dictionaries and glossaries) and production (notes in text and audio format, diagrams and conceptual maps).

Attention to these aspects and research efforts in this field are significant for at least two reasons: the recognized urgency to address the theme of content accessibility in order to break down, at least from this point of view, the barriers to learning and the necessary use of technologies to make this goal truly achievable.

As part of work aimed at integrating UDL and the differentiated education method (Tomlinson, 2006), Hall, Strangman and

Meyer (2003: 5-ff) consider that intervention on the on the accessibility of the curriculum can occur at least on three levels: contents, processes and outcomes.

As far as content is concerned, the proposal for teachers is to use different supports and formats, so that the materials can be used according to the preferences of each pupil in terms of levels and methods of use. A topic is addressed starting from multiple sources gathered in a single document in digital format, usable both as text and as audio because it is accessible to those who have difficulty reading or have a learning style that prefers listening. The lesson is then organized so that students can choose which sources to use, how to access the contents and how to return them for evaluation.

Digital technologies make possible not only the conversion of resources into diversified languages, but also the manipulation and storage of information in order to make it adaptable and shareable. In addition to books, as the article points out, many resources are available on the Internet which allow teachers to personalize content and enrich it with multimedia elements. According to UDL theorists, digital media have, therefore, a direct and an indirect role on daily teaching practices. On the one hand, they provide the tools needed to respond to differences between pupils, the same differences that cognitive neuroscience has demonstrated to be the basis of different learning methods for the *recognition learning*, organization of materials *(strategic learning)* and attribution of emotional meanings (*affective learning*) to information and concepts. On the other, they invite a reflection on the importance of a correspondence between the characteristics of the students and the teaching methods.

In this sense, the rigidity of traditional materials used before the advent of new technologies *(immutable and the same for everyone*) has implied the standardization of the content transmitted and the consequent construction of barriers to accessing learning. On the contrary, the variability of styles must be matched by the flexibility of the proposals, in the awareness that these choices will have a decisive impact on the school inclusion of all pupils (Rose and Meyer, 2002: 75-ff).

It is implicitly affirming that there is a close correlation between the materials used and the perception of students' learning methods: "one size fits all" resources correspond to a teaching approach that does not take into account differences. On the contrary, universal planning in schools aims to address as many pupils as possible, using multiple languages and formats.

According to this approach, students do not have to adapt to contexts and study paths that remain unchanged, filling the gap using assistive technology tools, rather, it is about offering ways and means to allow everyone access to learning, using technologies interpreted as something other than special compensatory supports: "*UDL is potentially able to minimize the use of assistive technologies and maximize learning opportunities for all*"(Rose and Meyer, 2002: 81). The transition from "potential" to "real" in the application of the UDL in school settings depends on the effective assumption of the perspective of education for all and on the consequent design of contents, courses and methods that respond to the training needs of the greatest number of students.

In this context, technologies are not only the tool through which it is possible to create such a model, but also the starting point for broader reflections on the same concepts of learning and teaching. *These new technologies will not make less work for teacher. But they will transform the work - making it more nutritious (in Piaget's sense of food for learning), more differentiated, more engaging, and more democratized. Perhaps most important, these new tools will change our very concept of learning, and thus of teaching (Rose and Meyer, 2005: 13-35).*

To make the UDL approach more concrete, CAST (2018) has developed indications that are divided into operational "Guidelines" and "Checkpoints" starting from the three basic principles *(representation, expression and engagement*).

The Guidelines are considered a process to be renegotiated in the face of developments in educational research and policies on the subject by researchers who have drawn up a non-definitive product,. Furthermore, they are not to be considered prescriptive, but indicative, in order to make learning contexts more accessible and more inclusive. The three principles are divided into nine Guidelines which in turn develop a total of thirty-one points that make the general guidelines applicable (CAST, 2018).

Principle I. Provide Multiple Means of Representation

Guideline 1: Provide options for perception

- Checkpoint 1.1: Offer ways of customizing the display of information
- Checkpoint 1.2: Offer alternatives for auditory information
- Checkpoint 1.3: Offer alternatives for visual information

Guideline 2: Provide options for language, mathematical expressions, and symbols

- Checkpoint 2.1: Clarify vocabulary and symbols
- Checkpoint 2.2: Clarify syntax and structure
- Checkpoint 2.3: Support decoding of text, mathematical notation, and symbols
- Checkpoint 2.4: Promote understanding across languages
- Checkpoint 2.5: Illustrate through multiple media

Guideline 3: Provide options for comprehension

- Checkpoint 3.1: Activate or supply background knowledge
- Checkpoint 3.2: Highlight patterns, critical features, big ideas, and relationships
- Checkpoint 3.3: Guide information processing, visualization, and manipulation
- Checkpoint 3.4: Maximize transfer and generalization

Principle II. Provide Multiple Means of Action and Expression

Guideline 4: Provide options for physical action

- Checkpoint 4.1: Vary the methods for response and navigation
- Checkpoint 4.2: Optimize access to tools and assistive technologies

Guideline 5: Provide options for expression and communication

- Checkpoint 5.1: Use multiple media for communication
- Checkpoint 5.2: Use multiple tools for construction and composition
- Checkpoint 5.3: Build fluencies with graduated levels of support for practice and performance

Guideline 6: Provide options for executive functions

- Checkpoint 6.1: Guide appropriate goal-setting
- Checkpoint 6.2: Support planning and strategy development
- Checkpoint 6.3: Facilitate managing information and resources
- Checkpoint 6.4: Enhance capacity for monitoring progress

Principle III. Provide Multiple Means of Engagement

Guideline 7: Provide options for recruiting interest

- Checkpoint 7.1: Optimize individual choice and autonomy
- Checkpoint 7.2: Optimize relevance, value, and authenticity
- Checkpoint 7.3: Minimize threats and distractions

Guideline 8: Provide options for sustaining effort and persistence

- Checkpoint 8.1: Heighten salience of goals and objectives
- Checkpoint 8.2: Vary demands and resources to optimize challenge
- Checkpoint 8.3: Foster collaboration and community
- Checkpoint 8.4: Increase mastery –oriented feedback

Guideline 9: Provide options for self-regulation

- Checkpoint 9.1: Promote expectations and beliefs that optimize motivation
- Checkpoint 9.2: Facilitate personal coping skills and strategies
- Checkpoint 9.3: Develop self-assessment and reflection

At the basis of the *first principle* is the idea that each student has different preferences in how to access teaching materials, because of sensory disabilities, learning disabilities, cultural background or different cognitive style. Since written text is not accessible to everyone, there are several ways to represent the content so that it is possible to put in place links and relationships between the elements. The theory of multimedia learning, which is more detailed on how to manage the representation, seems to be in line with this UDL principle.

Guideline 1: Provide options for perception derives from the first principle which states that it is impossible (or tiring) to learn if the information is not correctly perceived, that is, received through the most suitable sensory channel. To break down this type of barrier, it is necessary to provide information that is equally perceivable by all students making it available in different formats (text, audio, video) and customizable in the way they are used (sizable text and amplified sounds).

In *Guideline 2: Provide options for language, mathematical expressions, and symbols* it is stated that visual, graphic and symbolic representations may not be correctly interpreted by all pupils, with consequent misunderstandings or ambiguities of reading. Also, in this case it is useful to provide alternatives to the starting information, so that in addition to accessibility, the clarity of the contents is also guaranteed.

Guideline 3: Provide options for comprehension suggests using diversified tools to support the active process necessary to transform information into knowledge. Each student has different methods of processing and storing information; therefore, it is necessary to take this into account when designing inclusive educational environments.

At the basis of the second principle is the idea that differences manifest themselves not only in the phase of exposure to content, but also in the re-elaboration and expression of knowledge: if for some it is preferable to produce written texts, others may prefer verbal exposure. Also, in this case it is necessary to foresee different methods and means in the moments of return and evaluation.

In particular, *Guideline 4: Provide options for physical action* invites the use of tools, be they low or high technology, which have no limits of interaction between the user and the system and which can be used with the most common technologies assistive, allowing everyone to express themselves without barriers. In the same way, at the level of expression, it must be possible to use the most suitable tools, that is, that correspond best to the styles and communicative languages of each student *(Guideline 5: Provide options for expression and communication).*

Finally, the *third principle* considers the inter- and intra-individual differences in preferences for topics and ways in which they are presented. It is therefore necessary to offer several opportunities to arouse interest in pupils (*Guideline 7: Provide options for recruiting interest*).

The UDL Guidelines do not go into the merits of the operational strategies for the planning of online activities as was noted in an Italian work focused on e-learning accessibility (Guglielman, 2011), they certainly have the merit of affirming and supporting the transition from accessibility in the strict sense to the removal of barriers to learning, from special adaptation (focused on disability) to universal design *(for all)*, enhancing the differences and making the most of the technologies.

The Guidelines are not intended as instrument design standards, but as indications for making educational environments inclusive through the use of different media and languages.

As for the possibility of exporting a similar model outside the American educational system within which the UDL has been developed, it must be said that in such as Italy, where inclusion has was chosen a long time ago and in which legislation has proposed making the right of pupils with disabilities to study concretely achievable, the challenge of adapting contexts to the differences of each and every one remains open, differences which in the Italian case emerge more, precisely by virtue of the choice of inclusion made more than thirty years ago.

The direction of the universal didactic planning, supported by the U.S. Department of Education, come to us from a country that, although it is tackling the issue of equity in the school system with priority, still has many shadows. Nonetheless, in my opinion, the reflections that are being made in the United States on the accessibility of content and educational resources, in particular for the inclusive (i.e. for all) direction that they are taking on, are important and useful. Universal design turns the perspective upside down: *"What is necessary for someone ends up becoming useful for everyone".*

2 The different approaches to inclusive schooling in Europe

Cultural approaches to disability and inclusion are interpreted very differently by the educational and social policies of different countries. As reported in the document, *"Key Principles for Promoting Quality in Inclusive Education Recommendations for Policy Makers"* by the European Agency for Development in Special Needs Education in 2009, in European contexts there is now a wider recognition of school inclusion (as referred to in the 1996 Luxembourg Charter *"A school for all"*) although many differences still exist in national contexts. As highlighted in the report, the presence of students with disabilities in compulsory school ranges from 1% to 9% according to the overall average of European countries, while the percentage of disabled people enrolled in classes and special schools varies between 1% and 5%. The choice of offering educational services through the ordinary or through a separate school system implies differences in the procedures for ascertaining disability, in the methods of financing them and in the administrative policies adopted. Based on the various research and projects carried out to date in different national contexts, three different responses to the education of disabled people can be found in Europe:

a the first tends towards a full inclusion of disabled people in normal schools: it is a "unidirectional" approach taken or in the process of being taken in particular by the countries of Southern Europe, such as Italy, Greece, Portugal, Spain, Cyprus and in Scandinavia, such as Sweden, Norway and Iceland;

b the second provides for the co-existence of specialized and ordinary services that operate separately but which provide relationships, exchanges and act in a perspective of continuity: it is a "multi-directional" approach used in Denmark, France, Ireland, Luxembourg, Austria, Finland, England, Lithuania, Liechtenstein, Czech Republic, Estonia, Lithuania, Poland, Slovenia;

c the third, on the other hand, consists in the implementation of two completely separate educational systems in a "bi-directional" approach. Some of the countries that have operated for a long time from this perspective are in a phase of transformation oriented towards the multi-directional approach: this is the case for Germany and the Netherlands, while Switzerland and Belgium still maintain a bi-directional perspective.

The debate that has been the basis (and in some respects continues to be) of the different approaches taken by countries with regard to disability is fundamentally based on two polarized positions. Some states support an approach in the educational field that is still strongly conditioned by the medical model while others support an approach inspired by the social model of disability which implies important and complex changes in the school system and which raises several questions and not a few difficulties. Some countries have adopted a decentralized management of the education system, others consider the differentiated system as a resource for the ordinary school (Germany, Finland etc.). Furthermore, it is important to underline how families increasingly claim the faculty to choose the type of education system to entrust their children to and how this ability to decide has gradually become part of the legislative changes of various countries, including Austria, the Netherlands, the United Kingdom, where there has been a decentralization of responsibilities with respect to the various local institutions.

Beyond the various approaches listed above, there is a situation of constant evolution of educational policies in all countries with respect to school integration on the basis of the numerous European documents that have contributed to supporting and defining the path towards an inclusive school. In the Lisbon Declaration of 2007, for example, some young people with disabilities said that *"[...] we see a lot pf benefits in an inclusive education [...] we need to interact with friends with and without special needs. Inclusive schooling is mutually beneficial to us and to everyone."*[8] It is also important to remember that most European countries have ratified the International Convention on the Rights of Disabled Persons within which article 24, in particular, has highlighted the fundamental importance of school integration. Furthermore,

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[8] https://www.european-agency.org/sites/default/files/lisbon-declaration-young-people2019s-views-on-inclusive-education_declaration_en.pdf (accessed 4th January 2020)

all European countries have ratified "The Salamanca Statement and Framework for Action on Special Needs Education", the principles of which should be the basis of school policies not only for the education of disabled people, but for everyone, promoting a broadly inclusive educational perspective that is responsible for ensuring equal opportunities, accessibility, respect for differences and quality of education for all.

Despite the attempt to compare the different school systems on the issues of special educational needs and disability, the result that emerges is certainly complex reading and, as underlined by the OECD, highlights several problems among which that related to the multiple definitions and the different values assumed by the term Special Educational Needs (SEN), within the various national contexts. The numbers of pupils with SEN vary from one country to another and are between 1% and 10%, reflecting the existing differences on their identification found in the legislative, application and financial fields. In some countries the presence of disabled students included in classes or special schools is less than 1%, while in others it is more than 6%. The SEN can in fact be understood as "traditional" disabilities, that is, attributable to mental, physical and sensory deficits, or as specific learning disorders and behavioural difficulties. Finally they can be attributed to those pupils who find themselves at a disadvantage of a social and / or cultural type. As with SEN, the definitions of disability can also vary from country to country.

To overcome these methodological difficulties, an approach based on the definition of SEN, used in ISCED-97 (International Standard Classification of Education) was used, according to which Special Educational Needs arise at the moment in which additional resources are activated to support pupils with difficulties. This approach to SEN groups various targets with different problems taking into account, as previously stated, that SEN have heterogeneous definitions and interpretations.

The OECD defines three major supranational categories to which the numerous categorisations used in the various countries can be attributed:

Group A) SEN as a disability: includes those who have definable deficits in medical-health terms;

Group B) SEN as a difficulty: includes those who have emotional and behavioural difficulties or specific learning disorders;

Group C) SEN as a disadvantage: includes those with learning deficits, linked to the socio-economic and cultural background of origin.

With respect to the function of special schools and their change in an inclusive perspective, it has often been found that these institutes are transformed into research centres that can offer training to teachers and other professionals in the sector, to share teaching materials and methodologies to support processes that are inclusive in the world of work (Austria, Norway, Denmark, Sweden, and Finland). In countries where the differentiated school system is still prevalent, special schools play an important role in the integration process by promoting - or not - cooperative relations between the ordinary and specialized school systems. Thanks to the studies and research projects carried out in the different countries, it is possible to outline some common trends:

- the growing orientation of countries with a bi-directional approach towards the perspective of continuity between ordinary and special educational services;
- the tendency observed in special schools to become, in the process of transforming the education system, Resource Centres for the ordinary education system;
- the tendency of countries to try to improve the financing system to guarantee quality educational services, also for pupils with disabilities;
- the increasing importance given to the parents' faculty of choosing from ordinary education systems and separate specialized education systems;
- the adoption of the Individualized Educational Plan is considered contemplated among the pedagogical-didactic practices;
- abandoning the medical paradigm of disability to favour an approach that enhances the social and pedagogical components.

In order to achieve an effective transformation of education systems in an inclusive perspective, in the publication "Key Principles for Promoting Quality in Inclusive Education Recommendations for Policy Makers"[9], some significant recommendations were offered, especially from the point of view of policies and practices related to school integration, including:

- expand participation to increase the educational opportunities of all pupils;
- offer education and training to teachers on school integration and on the preparation of teachers, to work in common classes;
- enhance the organizational culture and ethical values that promote school integration;
- set up organized support structures to promote inclusion;
- promote flexible financing systems;
- favour socio-educational policies and legislation that promote inclusion

In general, we can conclude that, in Europe, a widespread commitment is developing in promoting school integration and this is also supported by the figure relating to the drop in the number of students in special schools, with the primary objective of promoting quality of the inclusive school.

3 The Educational system in the United Kingdom

As regards the United Kingdom in particular, it must be considered that traditionally the British school system has been characterized by a strong decentralization which gave individual institutions wide freedom of choice on the school curriculum. This structure was partially modified in the late 1980s with the introduction of the curriculum and national assessment, however, the organization of interventions in the context of special educational needs still retains a strong link with the local reality. In addition, in recent years, British politics has been paying more attention to the education of these children in an attempt to support them in their journey within ordinary schools, avoiding the need for separate structures.

Until the 1980s, the period of greatest development of disabled movements, the English school system maintained a strong separation between *mainstream schools and special schools*: the pupils for whom common schooling was not considered suitable were sent to the latter.

With the publication of the Warnock Report, in 1978 the concept of "Special Educational Needs" (SEN) was introduced for the first time and an open direction was given towards integration into a system hitherto characterized by separation and organization. Based on skill criteria, the Report is today considered a turning point in this country in the path of adopting an inclusive approach that takes into account the education of all pupils.

The notion of "Special Educational Needs" is implemented and formalized in a series of subsequent documents, issued between the 1980s and 1990s, with the aim:

- of redefining the parameters introduced in 1988 with the National Curriculum taking into account the pupils with SEN; avoid discrimination in access to the school system;
- of adopting measures that favour the participation of pupils in school life.

In particular, the legislative provision called *Special Educational Needs and Disability Act* (SENDA)[10] was born in 2001 with the aim of increasing the right of pupils with SEN to be educated in ordinary schools through actions aimed at contrasting any learning difficulties, for example through the use of different teaching methods, the support of an adult, the use of information technology and, if necessary, the presence of a specialized teacher or a speech therapist.

The measures are taken according to a progressive logic, that is, based on the seriousness of the gap existing between the difficulties manifested by the pupil and the context's ability to respond to his needs.

Faced with a school that with the resources normally avail-

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[9] https://www.european-agency.org/sites/default/files/key-principles-for-promoting-quality-in-inclusive-education_key-principles-EN.pdf (accessed 4th January 2020)

[10] http://www.legislation.gov.uk/ukpga/2001/10/contents (accessed 4th January 2020)

able to it cannot respond to the needs of a pupil, the local authority responsible for the organization of public education services (LEA) must provide a certification (*Statement of Special Educational Needs*) that explains the needs of that pupil and describe the measures to be used (Lascioli, 2008: 218-ff).

In the United Kingdom, local authorities, responsible for the education of pupils with SEN aged between two and nineteen, are required to take into consideration the preference of parents over the type of school (mainstream or special) that the child will have to attend. Added to this is the assessment of the needs of the child and those of his peers, in addition to the budget of the resources necessary for the school to meet all needs.

Beyond the special schools, it must be said that the insertion of a pupil with SEN in a school that is part of the mainstream school system can also take place through his participation in special groups or classes. This multiplicity of options allows us to bring the British school system into the category of countries that adopt a multidirectional approach in inclusion policies.

To give an idea of the distribution of pupils in the British school system, it is enough to know that in 2008/09 2.7% of pupils in the UK obtained a certification of special educational needs and that in the same year there were 985 state special schools, 73 private specials and 458 Pupil Referral Units', out of a total of 24,737 educational institutions.

The *Special Educational Needs and Disability Act* of 2001, although it did not establish the compulsory inclusion of pupils with SEN in the ordinary school system, nevertheless reaffirmed their right to attend mainstream schools and, at the same time, committed the institutions to provide the tools necessary to guarantee the accessibility of schools both at a structural and curriculum level.

The removal of barriers also includes the training of school staff and it is precisely the updating of teachers and operators that is being discussed in the United Kingdom, where the *Inclusion Development Program* was introduced[11]*:* this is a four-year update program in which since 2008/2009 particular attention has been paid to dyslexia, communication difficulties and autism.

In addition, the figure of the Coordinator for SEN with responsibilities regulated by the Code of Ethics for Special Education is foreseen in each school, including: monitoring the results of the pupils, supporting school staff, building relationships with families and external support realities.

In the country, in fact, support is also provided by external working groups through departmental specialist consultancy services, contacts with teachers from other schools and with LEAs staff. The team works mainly with teachers to develop teaching strategies within the school, rather than directly with the pupils.

As for the school path, although the legislation encourages all schools - even special ones - to adopt the national curriculum, it is possible for teachers to make changes and adapt the assessment methods to the needs of a pupil with SEN certification.

It is the responsibility of each school to provide a curriculum large enough to make itself accessible to everyone and overcome the learning barriers that may arise. For this reason, Guidelines have been published with the aim of helping teachers of pupils with SEN to plan an inclusive school path.

Teaching methods and teaching materials are decided by the class teacher with the advice of colleagues and the Coordinator for SEN.

Particular attention is paid to the use of Information and Communication Technologies (ICT) in teaching, especially for students with sensory or motor disabilities. T*he British Educational Communication and Technology Agency* (BECT A) promoted the use of new technologies for the removal of barriers to access to learning and trained operators who are expert in assistive technologies.

In order to meet the needs of all pupils, the initial training of class teachers includes courses on special educational needs.

The achievement of the qualification of teacher is subordinated to at least a general knowledge of the identification, evaluation and reception procedures of disabled pupils in ordinary classes. Aspiring support teachers are instead required to have a

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[11] https://www.idponline.org.uk/ (accessed 4th January 2020)

year of professional experience to access specialist training which is mandatory for those working with sensory disabled people (Meijer, Soriano and Watkins, 2003: 57).

Sometimes mainstream school is not considered able to meet the real educational needs of a pupil, in this case the family can opt for access to schools or special classes.

Special schools are generally smaller than ordinary schools and can accommodate pupils from infancy to adolescence. The number of pupils per teacher is lower than that in ordinary schools.

Special schools can be daytime or real boarding schools which are frequented by blind and deaf pupils, those with language and / or learning difficulties and by pupils with emotional and behavioural disorders. The specialized teachers who work in these structures export their skills by sharing them with colleagues from mainstream schools, through the offer of training courses and the dissemination of information material.

Recent debates in the UK on integration policies highlight shortcomings that are being addressed by specific national programs that aim to:

- to enhance the decision-making role of families with respect to their children's educational choices;
- to evaluate pupils' performance and to disseminate data relating to learning outcomes, also in special schools;
- to improve the training of local authority operators and school managers in the field of SEN;
- to review teacher training, paying attention to issues related to autism and dyslexia;
- to increase the resources to be distributed locally, in particular for those areas where the presence of low-income families is recorded;
- to make higher education and continuing education programs more accessible so that there are equal career opportunities among young people.

4 The Italian school system

4.1 The transformations of schooling

To understand the organizational and cultural reality of the school it is important to briefly examine the characteristics of the Italian school system as it has been configured over time, in conjunction with the processes of literacy and schooling in this country.

The development of formal education in Italy has been marked since the beginning by deficiencies and delays compared to other European nations. As noted by Renato Porro (1974) in the middle Nineteenth century in Italy less than two thirds (60%) of the population between 6 and 9 years old were enrolled in compulsory schooling (which at that time it was divided into elementary, lower and upper school, both lasting two years), and of these, only 45% attended regularly. In the same period, however, in other European countries the percentage of students attending school was much higher. By the end of the Nineteenth century the scholastic gap between Italy and other industrially developed nations took on a large scale. The reasons for this delay were economic, cultural and political. From the point of view of economic development, in the mid-Nineteenth century, Italy was still a country with a predominantly agricultural economy, while other European nations had already started on the path of industrialization and, therefore, of widespread diffusion of education. However, even afterwards, despite the advent of industrialization, the Italian school system was unable to respond to the changing needs in the demand for education and saw alternating phases of contraction and expansion mainly as the result of political and social events, but also because of the isolation of Italian culture, which, at the beginning of the century, *"has suffered significantly from the historical defeat of the positivist currents by the idealism affirmed with Croce and Gentile among intellectuals and politicians." (Fiorini, 1981: 39-40).* In particular, it can be stressed how, between the second half of the Nineteenth century and the first decades of the Twentieth century, the Italian school system became more closed and selective. With the Casati law of 1859, the system appeared relatively open with little differentiation within itthus, allowing the continuation of studies towards upper secondary school and the university to heterogeneous social groups, but with the Gentile Reform of 1923, the Italian school system became very selective, above all because of the adoption of a whole series of barriers and differentiations of courses (Semeraro, 1996: 19-20). The technical school, present in the previous order in parallel with the classical school, which also allowed the continuation of studies towards some university faculties such as engineering or teacher training, was abolished and replaced with the complementary school without any subsequent outlet. Moreover, after elementary school, in order to gain access to middle school and hence to high school institutions, it was necessary to have passed very strict and selective admission exams. The Gentile Reform also established a three-year female high school with no access to university, mostly for the education of the girls of the bourgeoisie (Dogliani, 2002: 53; 81). As we have already seen, it will be with the reform of 1962 (Law 1859 31st December1962), which introduced the single and compulsory middle school, that the Italian school became the most open European school system at the lower secondary level (Brint, 1999: 78). This contributed to the consolidation of the overall process of schooling of the population and resulted in higher levels of schooling in upper secondary school, particularly in technical and professional schools. However, in the 1950s, the rate of schooling in upper secondary school was around 10% while from the 1990s it is now around 90% (93% in the school year 2013-14 according to ISTAT data, 98.6% if we also consider those enrolled in IeFP professional education and training).

Considering the overall development of the school system in Italy, three important phenomena can be grasped: illiteracy, the gap in schooling rates between North and South and elitism.

4.1.1. Illiteracy

Regarding the problem of illiteracy, it can be noted that this was only resolved gradually over time. In 1861, about 14 million Italians (equal to about 75% of the population) were illiterate. The rate of illiteracy decreased after the unification of Italy, but remains, even today, a chronic problem, so much that in 1951 there were still 5.5 million illiterate people, equal to 12.9% of the population over 14 years old. In 1971, the illiterate were still 5.2% of the population of 48 million from the age of 6 years and above). By the 1981 census, the percentage of illiterate people were 3.1% of the population, while in the last three censuses there has been a contraction in the number of those who are not in possession of any qualifications (literate without qualification[12] or illiterate). In the 2011 census, people who are illiterate in the strict sense represented 1.1% of the population, while those without a qualification were 7.7%. Regarding illiteracy in Italy, it is important to remember what the pedagogist Cesare Scurati observed long ago, that in fact, illiteracy and schooling limited to compulsory schooling in this country do not represent, at least until more recent years, factors of marginalization in the Italian reality, precisely because we are in the presence of a national culture that is in itself poor, especially regarding "*social life in moments of free time [...] whose general 'tone' appears somewhat faded and provided with very small openings. On this point, in short, illiteracy appears as a general trait of Italian culture*" (*Scurati, 1982: 127).*

This observation, if brought back to the contemporary situation, leads to important reflections precisely because, on one hand, illiteracy has not been completely resolved and, as we have said, re-presents itself in new forms. On the other hand, the possibilities of literacy intertwine with the use of the media, particularly television, which does not encourage the development of reading and writing, as television viewing is possible even without these tools and centred more on sound and image than writing as a prerequisite for the use and understanding of information and content conveyed. However, it should also be noted that computer experience and online navigation and interaction further transform these problems of functional literacy. As Michele Sorice points out, the personal computer is "*an environment that radicalizes and sanctions the differences between the book*

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[12] According to ISTAT the "unedited literate" are those who have declared that they know how to read and write, even though they have not obtained the elementary license. These groups also include those that at the date of the censuses attended any elementary school

cultures and screen cultures but, at the same time, allows new ways of cognitive hybridization and social inclusion." (Sorice, 2000: 331)

Returning to the examination of the levels of education achieved by the Italian population, if we add to the data on illiteracy of part of the population those who have only an elementary diploma, we can see picture of a low cultural level for the country even approaching the year 2000: only a quarter of the population (25.4%) over 11 years of age in the 2001 census had achieved the elementary diploma while this figure had decreased to 20.1% in the 2011 census. the number of graduates increased during the 1980s and grew in the 1990s. However, on the whole, the situation of the Italian population regarding the distribution of qualifications still appears problematic, especially when compared to the situation of other industrialized countries. According to Eurostat data, in 2013, 41.8% of the Italian population aged between 25 and 64 (43.4% of men and 40.3% of women) obtained a secondary school diploma as their highest educational qualification: a value which is far from the EU28 average (24.8%) and only lower than Portugal, Malta and Spain. However, the situation has improved over the last ten years, even if a North-South gap of more than 10 percentage points is systematically highlighted.

If the problem of illiteracy in the strict sense seems destined to disappear, leaving school education early still remains a problem today in the Italian school system. . The irregularity of the paths and the abandonment of the school, sometimes without having obtained the middle school diploma (now first grade secondary school), has helped to increase the risk of the return of illiteracy or functional illiteracy, i.e. a progressive loss of reading and writing skills despite some years of schooling.[13]

In any case, the propensity to remain in the education and school system was influenced by the initiation of the reform process of the overall system of school cycles, elaborated by Law 53/2003 (the Moratti reform), and, above all, the progressive consolidation of the idea of a right-duty to a broad and extensive training beyond compulsory education. The idea was already contained in the text of law 30/2000 (known as the "Berlinguer law", replaced by the "Moratti law") and becomes the norm in the new order, which provides for the obligation to stay in the education or training system until the age of eighteen. Among the objectives of the Moratti law there is bringing Italy to the levels of education of the other European countries, as was also indicated by the Lisbon objectives, set then for Europe to 2010. In fact, Italy presented in 2002 a rate of high school graduation of 72.9% in the juvenile population up to 22 years, compared to much higher rates in France (82.9%), Spain (82.1%), Austria (86.5%) and an average European rate of 75.4%. In any case, this was an improvement on the 1990s: in 1996, only 52% of the population aged 25-34 were in possession of a secondary school diploma (OECD data).

In essence, at the end of the first cycle, boys and girls have to choose whether to continue their studies in high school (high school system), or opt for the professional education channel, or continue their training through the experience of an apprenticeship. For everyone there is the right-duty to follow the courses of education or training for at least twelve years or, in any case, until the attainment of a qualification within eighteen years. Since the early 2000s, the participation of young people in secondary school has increased at a rapid pace, reaching 98.6% in 2014, considering the whole system of education and training, including IESFs.

The recent reform Law 107 / 2015, known as "The Good School" intends to design a renewed school profile, to reiterate its centrality in society and for social coexistence, with the intention of intercepting important issues such as inequality of opportunities in the face of education, dropping out of school in its various forms (rejection, repetition, early school leaving), the recognized weakness of the more professional channels and of the regional professional training itself (see Article I). This law,

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[13] A new phenomenon is emerging, that of return illiteracy. Subjects who, despite having learned to read and write, are not able to continue with these skills that are progressively lost. The idea of instrumental illiteracy has been replaced by that of functional illiteracy as "lack of a minimum level of skills that allow to fully participate in the civil, social and economic life of the community, contributing to its progress and personal development." (A. Alberici, *2*002: 150)

in the course of its implementation, will have to give substance to these requests, so as to realize learning paths in an inclusive reality, which is attentive to diversity and differences and starting inequalities, well highlighted by the conditions of poverty and social vulnerability of many children in our country.

The latest data available indicate an improvement in the Italian situation, but this country, as we have seen, is still far behind the targets set in the Europe 2020 objectives. Within a problematic framework linked to the economic crisis of the last few years, youth unemployment now at emergency levels, is accompanied by an equally worrying phenomenon, that of the NEETs (Not in Education, Employment or Training), that is, those young people in the 15-29 age group that are neither in training nor at work: In 2015, at the national level, this was 25.7% of young people, but with an even greater incidence in the South, where 35.3% of young people in this age group are in this condition, compared to 19,4% of the Centre-North.

4.1.2. Gap in schooling rates between North and South

The latter data point to the second phenomenon typical of the Italian school situation: the divide between North and South in schooling rates and, above all, permanence in the education and training system. It is a gap that has persisted over time. For example, , in 1951, 24.4% of the population of the South were illiterate compared to 6.4% in the North. In the 2011 census, the percentage of illiteracy in the South was 2.1% compared to 1,1% at the national level and 0.5-0.6% in the North, while those who can read without a school diploma in the South are 9.4% (compared to the national level of 7.7%). Even for the South, the situation has evolved towards an increase in the overall education of the population, thanks above all to the increase in the schooling rates of the younger population groups, but the gap still remains, especially in early leaving without having obtained a diploma beyond the secondary (middle) school. According to ISTAT data, in 2014, in the South 19.3% of young people between 18 and 24 abandoned school, compared to a national average of 15% and 12.1% in the Centre-North.

4.1.3. Elitism

The third phenomenon that characterizes the history of Italian schools, at least until the 1960s, is elitism. As already mentioned, it was with the reform of the middle school of 1962 and the law of liberalization of access to the university of 1969 that the barriers to access to the education system in this country began to fall. These measures marked the advent of the so-called "mass schooling" in Italy, although it should be noted that the increase in demand for education preceded the measures themselves. As highlighted by Dei and Rossi, in fact, since the mid-1950s there had been a marked increase in schooling in the lower secondary school, so these authors say that "*the push for mass schooling in the lower middle school began long before the entry into force of the reform law, which evidently was nothing more than the ratification of a de facto situation, of a growing demand for education from below*." (Dei and Rossi, 1978: 59)

The expansion of schooling in high school orders (secondary and university) from the 1950s to the mid-1970s has led many to think that this they are facing mass schooling. In reality, we need to analyse the phenomena in question more carefully, also comparing them to the situation of other countries (De Francesco and Trivellato, 1985: 101). In fact, if it is true that in recent decades the situation in Italy has improved with regard to education rates and levels of education of the population, this has mainly concerned the lower school orders, where it was a matter of tackling the problem of illiteracy and evasion of compulsory education and therefore to recover the existing gap compared to other European countries.

Above all, in the course of these reflections it is necessary not to stop at schooling rates or the transition from one school order to the next, but to develop a careful analysis of internal differentiation in upper secondary school subjects and in the various university faculties (tracking). This makes it possible to grasp, on the one hand, the persistence of elitist or discriminating situations and, on the other, the existence of phenomena such as dropping out of secondary school and finishing university studies late.

As Fraboni and Sabbadini (2014: 57-ff) points out, in Italy, even among the younger generations, participation in upper secondary and post-secondary education and academic success varies significantly between social classes. For example, the dropout rate for upper secondary school varies greatly depending on the class of origin: among those born between 1970 and 1979, 37% of working class children abandoned school, compared to only 8.7% of the upper class children. Even the percentage of those that obtain a degree is very different between classes: in the generation born in the period 1970-1979 43% of the children of the middle class obtained a degree compared to only 10% of the children from the working class, while only 2.9% of children of white collar workers got a degree compared to 16% of the offspring of the lower middle class. If it is true that, over time, inequalities between classes are reduced, these still remain high (Schizzerotto, Trivellato and Sartor, 2011: 71-106; Schizzerotto 2002: 142-186). It can therefore be concluded that the education of parents and, in general, the cultural and social background of the family of origin have a great influence on the decision to continue studying after schooling and the choice of type of upper secondary school and of university course. Having at least one graduate parent greatly increases the probability of choosing high school studies rather than a technical or professional institution. The effect of parents' level of education is also decisive in the choice to continue their studies at university, albeit less so for women, who generally show a greater propensity for academic training. As Fraboni and Sabbadini observe (2014: 65), the influence of social origin occurs starting from a young age and is perpetuated in subsequent training choices and then in the path of insertion in the labour market, ensuring greater opportunities regarding access and permanence in the work, and also with respect to the possibility of access to professions of higher social rank. The initial educational inequalities confirm themselves as being decisive for the reproduction of social inequalities both at the beginning and in the continuation of the formative process.

Elitism, in essence, becomes less evident and explicit, but remains in what is often called "formative segregation" whereby some secondary school courses (high schools and especially the classical high school) and some university faculties maintain their elitist vocations over time.

Within this discourse, the situation of women in education deserves closer scrutiny. In fact, from the 1970s onwards, the growth of the female component was particularly evident (D'Alessandro 1996; Franchi, 1984; 1992). From the second half of the 1990s, the presence of women in the education system in Italy exceeds that of men both in the rates of transition from upper secondary school to university and in university enrolment rates.

ISTAT highlights an important step *"from disadvantage to overtaking": the widest dissemination of schooling has particularly concerned the female component, to the point of overcoming the level of male education in younger generations (ISTAT 2015).* In particular, in the last ten years the achievement of post-secondary qualifications increases much more among women than among men: the first doubled from 14.5% of the 2003 to 29.7% in the 2014; the seconds went from 11.0% to 18.6%.

The greater participation of women in the education system is mainly found in tertiary education. Historically, this was the cycle of training in which the disadvantage of women was larger in the past: in the academic year 1950-51 university students were in fact only 2.1% of young women between 19 and 25, against 6% of males while in the academic year 2012-13 the 45.7% of young women were enrolled at the university against to the 33% of the young men. In 2015-16, out of a total of 271,000 university enrolment, 55.2.% are women compared to 44.8% of men.

Regarding tertiary education, the level of success and therefore the rates for dropping out and taking too much time to complete the course show a significant difference between males and females. In general, women have better outcomes, for example in the academic year 2013-14, 39.6% of girls (first degree) and 25.5% of males graduated, while 23.6% of females achieved a master's degree compared to 15.3% of males. As ANVUR points out in its 2016 Biannual Report, the crucial junction remains that of dropping out between the first and second year of the course. The percentage of dropouts in the first level three-year courses between the first and second year has fallen from 17.5% of the initial cohort to 14% of the cohort enrolled in 2012-13 . Significantly, lower dropout rates are recorded in single-cycle courses. By disaggregating these indicators for the composition of the students, it is not surprising to find that the best students are enrolled at universities in the North. On the other hand, the highest percentage (between 44 and 48% in all cohorts) of students coming from a professional institute left the university after the three-year course should be noted. ANVUR also notes that the characteristics of the tertiary educational offer, in which short and professional paths of study are almost absent compared to other European countries, affect all the factors behind the delay. This lack in fact reduces both the attractiveness for students with technical-professional study paths or already engaged in work activities and the probability of completing their studies for those with weaker schooling. Most of the dropouts are concentrated among those who come from technical and professional institutions.

In general, in tertiary education, Italy still has an obvious disadvantage compared to other European countries. As stated in the ANVUR Report (2016: 19) Italy, despite a steady growth observed in recent years, remains among the last countries in Europe for the share of population holding any kind of tertiary education, even among the younger population:24% compared to the EU average of 37% and the OECD average of 41% in the population 25-34 years old.). this country has filled the gap in terms of young people who achieve a secondary school diploma, but has a tertiary education access rate of 42% well below the EU average (63%) and the OECD average (67%). The delay in participation is lower among young people just out of high school, while it is higher in the more mature age groups, where enrolment rates are in Italy at very low levels. In many countries, participation in the studies of young adults, including those involved in work activities, is instead a significant part of the entries into the university system.

Among the causes of the Italian delay there are several factors:

- tertiary education is almost entirely dedicated to courses

with a prevalent theoretical content and post-graduate courses, while the segment of professional courses and short university cycles is almost absent (indicated with ISCED 5 in the new international classification of qualifications ISCED study 2011);

- only a small proportion of foreigners enrolled, which contribute in many countries to increase the entries to the university system in relation to the population;
- completion rates of university studies are still very low with an incidence of dropouts higher than the average observed in the OECD countries (42% of dropouts against 31% average EU and 30% average OECD).

In conclusion, we can see how the different phenomena that have accompanied the evolution of the Italian school system, rather than being resolved, have been transformed: illiteracy has been substituted by the problem of dropping out of school at the various levels of education and forms of neo-illiteracy, while elitism has taken the form of the most obvious characteristics of the selection and differentiation (or hierarchy) between the various addresses of the upper secondary school and between the different university faculties. the Italian education system continues to gather diverse users and to show equally diverse outcomes in relation to the students' social status of origin (Gattullo, 1989; Ballarino, Checchi, 2006). The same high female presence alone does not justify any conclusions regarding the disappearance of discrimination or disadvantage, especially in the face of the persistence of stereotypes in relation to the choices of the study guidelines and therefore of guidance actions, by teachers (Colombo, 2003: 45-88), but also considering the subsequent transition to the world of work, where the difficulties appear decidedly higher even for the educated female component (Demofonti, Fraboni, Sabbadini, 2015: 111).

We have seen what the school is, what its explicit and implicit functions are, how its educational mandate takes place. However, the school, the place where the cultural traditions and the local educational models have come to fruition in dedicated organizational laws and regulations, has also been a privileged test for special education, both in our own and in other Western countries.

4.2 The Italian Model of school inclusion

In the tradition accumulated in over thirty years in Italy, the integration of minors with disabilities in the educational system from the nursery school to the university, whatever the type of minority and the complexity of the personal condition has been enriched over time with a multiplicity of meanings, among which we recognize the "practical", the "praxis" and the "pragmatic" (Vico, 1984: 82).

The practical-value plan concerns the moral dimension, oriented to promote the person to be his or herself, to find an "original" equilibrium in the presence of the deficit. This meaning constitutes the presupposition of other meanings. Even if the integrative perspective can be considered irreversible between light and shadow, it is part of a process of change and innovation of the school, even if the comparison with diversity still creates, even today, an inconvenient impact. The challenge is to look at the difference and the difficulty in terms of resources and not limit being open to the possibility of knowing new experiential paths, of experimenting with new methods and ways of relating. This leads to a strengthening of the forms of cohabitation, bearing in mind that the commitment to school inclusion of all represents the fundamental condition for the subsequent social inclusion and, if possible, work for the subject with disability. We must also take note of the advantages that coeducation entails for other students, confirmed by empirical research (Pavone, 2009: 413-414).

The "praxis" character refers to the legal dimensions of the reception process in the school system. Experts believe that, subject to a few exceptions, the integration policies of disabled pupils in the transition between the 1980s and the 1990s represented a general scholastic independent variable and the legislation was oriented to breach the rigid fabric of the school system to open it to the reception of the disabled; an example is the framework law on disability.

Data on the frequency of students with a deficit in normal classes testify to the extent of the phenomenon. According to statistics from the Ministry of Education, from the approval of the Law 104/1992, the presence of disabled students in schools consolidated in the first cycle of education and grew significantly in the secondary school. Faced with a trend in the inclusion process that can be considered almost generalized, attendance in special schools reduced to a minimum. At the beginning of the Twenty first century, about 97.8% were enrolled in and attended normal schools, while 2.2 % were enrolled and attended special or "special kind of special place" schools[14]. Special schools represent only 0,13% of all schools *(Pavone, 2007: 159-184).*

Data on the presence of disabled students at university also show a growing trend. In 2012 232,564 were enrolled in a three-year degree course was and 46,302 were enrolled in a single-cycle master's degree course were, for a total of 278,866. The distribution by type of deficit indicates the highest percentage of subjects with motor problems, while the smallest is numbers are recorded for the presence of language and mental difficulties. The increase is evidence of a growing commitment on the part of the university institutions to overcome the physical and instrumental barriers of disability, prompted by the entry into force of the Law 17/1999 guaranteeing specialized tutoring and interpreting services, individualized treatment during exams, technical equipment and specific teaching aids.

Once the presence of students with a deficit became normal, school policies were directed towards considering inclusion as a "dependent variable" of the system. Therefore, there have been fewer and fewer specific rules for the disabled in the school and more and more the aspects of inclusion have been dealt with within the general provisions. This can be seen as the culmination of social policies launched with determination and, at the same time, the start of a phase in which priority is given to the overall quality of the school service and, within it, to the quality of integration of pupils belonging to weaker groups (Nocera, 2001a: 7).

When asked whether there is synergy between the regulatory guidelines for people with disabilities, school policy choices and

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[14] Special type schools" means those schools that are dedicated to supporting and appropriately soliciting the experience of studying minors affected mainly by physical and psychological rather than sensory impairments.

those concerning teacher training, a generally positive response can be made, using two strategic indicators: recognized autonomy of educational institutions (Decree of President of the Republic 275/1999) and training relating to disability for all teachers.

Compared to the old centralistic approach, autonomous schools have a greater ability to interpret the educational needs of users and to be able to respond to them in a flexible way; The Educational Offer Plan constitutes a fundamental tool for linking school and local territory. This document describes the identity of the school, makes it public and should fully express the sensitivity of the community towards welcoming the students with a deficit, not as a result of an emergency, but as a choice based on a multidimensional design and methodology and on the interaction between professionals, families, students.

As for the initial university education of specialized support teachers, according to the Framework Law, the specialized preparation is inserted within the normal educational curriculum of the future teacher: one therefore opts for an eminently educational professional profile. In addition to the particular qualification for support activities, the academic training also includes "educational activities addressed to all students", aimed at acquiring the necessary skills and competences in relation to some transversal aspects of the teaching function, including those aimed at the scholastic inclusion of pupils with disabilities.

The "pragmatic" nature of the process refers to doing, i.e. to the way in which inclusion is translated into concrete organizational, didactic and relational modalities, that is, in individual and collegial professional behaviours. In this regard, we are in the presence of a very uneven reception capacity in the different orders and degrees of school. Integration is it tangentially high in preschools and primary schools, rather low in second grade secondary schools (which are less prepared and less flexible) and in different schools across the local territory, it can be described as a haphazard (*Pavone, 2004: 66)*. The experts rightly complain that although the scholastic integration of pupils with disabilities is a "gigantic reality of our school", it

is not yet adequately studied and understoo*d (Ianes, 2009: 441).* In recent years some research projects have been carried out in the field of special pedagogy aimed at monitoring the concrete situation of the process in the Italian regions, from the point of view of the protagonists, teachers and parents. Another attempt to critically observe the reality of the integrative scholastic process is constituted by the annual Reports edited by the Presidency of the Council of Ministers on the implementation of disability policies in the various departments, in implementation of the provisions of the Framework Law.

From the official reports of the Ministry of Education there are still many difficulties that have not been overcome, within both the school and the ex-school. In the scholastic field, for example, it is reported that:

- there are still medium-low educational goals for students with disabilities, few of them in percentage, acquire a higher qualification;
- difficulties of integration persist for subjects in conditions of complex disability;
- there are no defined quality standards for integration into the school-based scholastic community, both regarding the process and the outcome;
- it is necessary to define and better articulate the competences between the educational, social and health professionals who work for integration (support teachers and curricular, educators and caregivers, tutors for the connection with the world of work, doctors, rehabilitation technicians, parents).

4.3 Advanced management of inclusion

For educational institutions, the inclusion of students with disabilities represents a continuous tension towards improving innovation, rather than a goal achieved. Tthe school must develop a lifelong learning experience, to be able to provide qualified services in response to educational special needs of pupils in difficulty, in this way making themselves at the same time more suitable for everyone. The experience of welcoming students in difficulty, in essence, sets in motion paths of change that help highlight the possibility and the opportunity that all the students, not only the "fragile" ones, follow stimulating educational programs which at the same time are adapted to the possibilities of each one, inside the class, together with the companions.

In this evolutionary process, the school and the classroom become environments in which everyone feels they belong, where they are accepted, give and receive support from their peers and other members of the school community. In a school community that qualifies itself as inclusive, it is not content to address "special measures" meaning specialized teachers, educational differentiation, and subsidies adapted to a particular category of student, but support is aimed at responding to the differentiated needs of all participants.

The school culture in Italy for some years has shown a certain interest in making its own, in its language and its operation, the prospect of developing within itself not a single type of support - the specialized teacher for the inclusion of students with disabilities - but a "support network" aiding the needs of the students first of all, but also the teachers. This model, which has been expanding in the North American context since the mid-1980s recognizes the usefulness of involvement in the support activity of all teachers (considered individually or within official collegiate bodies), of specialists, parents, the head teacher and social volunteering. Over time, it has also developed a growing regard for a type of support for non-formal inclusion, offered by cooperative learning activities, by the methodology of joint tutoring, volunteering, and the development of a sense of community and friendships among students.

The purpose of a support network is therefore to create school communities to which each member feels they belong and in which each one feels accepted and is able to help and be helped by classmates and teachers so that an appropriate response can be found to everyone's educational needs (W. Stainback and S. Stainback, 1993: 38).

It is thus demonstrated in the reality of the facts that the practice of attentive sensitivity towards the most "fragile" students can mature in a generalized way the awareness that addressing a similar attention to all the components of the school contributes to the qualification of the institution in an educational

sense. The operation of the "support network" can take place through formal consultations or through occasional collaborations between individuals, between integrated operating units, in a team; it works by promoting the exchange of knowledge, skills, aid, resources, for the realization of a common project.

At the base of a "support network" there are some assumptions:

- every student, even the disabled person, has energy and skills to use to help the other members of the community;
- each person is directly involved in the task of supporting others, both in formal and informal way;
- a spontaneous and mutual support relationship between classmates or colleagues is of equal importance to that of formal support among professionals;
- the support plan cannot be predetermined, but must be contextualised and adapted to the original need of the subject.

The "support network" should become a natural and permanent element of the school community, addressing all members (pupils, teachers, non-teaching staff, and families) should not induce addiction in the user, but enhance their ability to take care of themselves same (W. Stainback and S. Stainback, 1993: 38-40).

The presence of this network of diversified formal and informal support obviously does not replace or exclude the use of professional support formally provided for by the school system. To cite a classic example: we must not deny more than thirty years of consolidated professional practice of support teachers in the classroom and in the school in the name of the "support network". However, today we are more aware than in the past, that many of the competences linked to the integrative action - once recognized exclusively by the support teachers - must be shared and played to the end by the other teachers (as the legislation has always specified, even if not followed in practice). This sharing of integrative responsibility with colleagues can allow the specialized teacher to free up energy and time to devote in-depth to the specific needs of the student with a deficit and to his role as an active *mediator*.

The Italian regulatory framework, substantiated by the Framework Law (article 15) and by the application provisions, explicitly adopts the collegial management of the educational project for disabled students, respecting their plural educational, health and social needs that can be better interpreted and signalled by a collaborative confrontation between professionals coming from their respective worlds.

The advent of the legislation on students with Special Educational Needs has also laid the foundations for a new inter-institutional organization with the task of activating school inclusion.

The GLH (Gruppi di Lavoro per l'integrazione scolastica - Working Groups for School Integration) and GLHI (Gruppi di lavoro e di studio d'Istituto - Work and Study Groups of the Institute) established by Article 15 of Law 104 of 1992 at the level of a single school institution, are now flanked by the GLI (Gruppi di lavoro per l'inclusione o per l'inclusività - Working Groups for Inclusion or Inclusiveness) which are other "political-operative organs" with the task of carrying out the process of school inclusion.

Now the GLHI and the GLI have complementary roles to play: the Ministerial Directive of 27th December 2012 "Intervention tools for pupils with special educational needs and territorial organization for school inclusion", in paragraph 2 "Territorial organization for the optimal realization of Scholastic inclusion" foresees the "GLHs at school level, possibly supported by Inclusion Work Groups, Network or District GLH, Territorial Inclusion Centres (CTI) at the level of the social-health district and at least the CTS (Support Territorial Centre)."

According to the provisions of Article 15 of the aforementioned law, the Working Groups for School Integration, set up at each provincial school office, "*have the task of advising and proposing to the administrator of studies, consulting to individual schools, of collaboration with local authorities and local health units for the conclusion and verification of the implementation of the program agreements referred to in Articles 13, 39 and 40, for the setting and implementation of individualized education plans, as well as for any other inherent activity integration of pupils in learning difficulties*". Paragraph 2 of the same article establishes that at each educational circle and institute of first and second level of secondary school, "*study and work groups are made up of teachers, operators of the several services, family members and students with the task of collaborating in the initiatives education and inckusion prepared by the educational plan*". It is added that with the Ministerial Decree 26th June 1992, the criteria were decided for the establishment of these groups, which were subsequently reorganized with the Decree of the President of Republic 75 of the 28th March 2007.

The GLH are therefore the groups established at the provincial level (also called GLIP Provincial Inter-Institutional Working Groups), the GLHI (Study and Work Groups of the Institute), ex art.15 paragraph 2 Law 104 /1992, (also called GLIS), followed by the GLHO Working Groups Operating on Individual students, who are responsible for the tasks referred to in article 12, paragraph 5 of Law 104/1992 and art. 5 of the Decree of the President of Republic 42 of 24th February 1994 "Act of address and coordination related to the tasks of local health units in the field of disabled students".

Lastly, the GLIR Regional Inter-institutional Working Groups remain. The latter is explicitly referred to in the Guidelines for the school inclusion of students with disabilities in 2009; the Regional Scholastic Offices promote their constitution in order to take on a strategic role for the planning / scheduling / governance of resources and actions in favour of the school inclusion of disabled pupils. GLIP and GLIR are responsible for collaborating, in the aforementioned Guidelines it is stated, "Without prejudice to the current institutional role of GLIP, it seems appropriate that the latter, with a view to the establishment of the aforementioned GLIRs, are intended as implementing bodies, in provincial administration, guidelines and coordination at regional level." (Guidelines page 10).

Ministerial Circular No. 8 of 6th March 2013 concerning the Ministerial Directive 27th December 2012 "Intervention tools for pupils with special educational needs and territorial organization for school inclusion." Operational indications "gives a new impetus to the GLHI as it is underlined that" without prejudice to the provisions of article 15, paragraph 2 of Law 104/1992, the tasks of the Working and Study Group of the Institute extend to the problems related to all the BES (Special Educational Needs).

It states: "*To this end, its components are integrated by all the specific resources and coordination present in the school (instrumental functions, special need teachers, Educational Cultural Assistant, communication assistants, curricular teachers with experience and / or specific training or with tasks of coordination of the classes, parents and institutional or external experts in agreement with the school), so as to ensure within the teaching staff the capillary transfer of the improvement actions undertaken and an effective detection and intervention capacity on the critical issues within the classes*".

This working group takes the name of the work group for inclusion (in the acronym GLI) and performs the following functions:

- identification of the students with Special Educational Needs present in the school;
- collection and documentation of didactical-educational interventions put into place also in function of organizational learning actions in the network between schools and / or in connection with strategic actions of the Administration;
- focus / comparison on cases, advice and support to colleagues on class management strategies / methodologies;
- detection, monitoring and evaluation of the level of inclusiveness of the school;
- collection and coordination of the proposals formulated by the individual Operational GLH on the basis of actual needs, pursuant to art. 1, paragraph 605, lett. b) of the Law 296/2006, translated during the definition of the IEP as established by art. 10, paragraph 5 of the Law 122 of 30th July 2010;
- preparation of a proposal for an Annual Inclusion Plan for all pupils with BES, to be drafted at the end of each school year (within the month of June).

To this end, the Group proceeds to analyse the criticalities and strengths of the school inclusion measures implemented in the past year and formulates a global hypothesis of functional use of specific institutional and non-institutional resources, to increase the level of general inclusiveness of the school in the following year. The Plan will then be discussed and approved in the Faculty Committee and sent to the competent Regional Scholastic Offices, as well as to the GLIP and GLIR. For the request for support staff, and to the other territorial institutions as a proposal to allocate the resources of competence, also considering the Program Agreements in force or other specific agreements on school inclusion signed with the Local Authorities. Following this, the Regional Scholastic Offices allocate the support resources to the individual schools in accordance with the provisions of article 19, paragraph 11 of the Law 111/2011.

In the month of September each year, in relation to the resources actually assigned to the school - or, according to the provision of article 50 of the Law 35/2012, to the school networks -, the Group provides an adaptation of the Plan, on the basis of which the School Director will proceed with the final assignment of resources, always in "functional" terms. At this point, the individual GLHO will complete the drafting of the IEP (Individualised Educational Plan) for the students with disabilities of each class, taking into account the indications in the Guidelines of 4th August 2009;

In addition, the Working Group for Inclusion represents the interface between the network of the Territorial Centres of Support and the local social and health services for the implementation of system actions (training, tutoring, prevention projects, monitoring, etc.).

From the organizational point of view, while respecting the autonomous choices of the schools, it is suggested that the group should carry out its activities at least monthly, at the times and in the ways that best suit the internal complexity of the school and possibly during working hours, so as to include the participation in the group's activities in the teachers' salaries.

The Group, coordinated by the School Director or by a delegate, can avail itself of the advice and / or supervision of external or internal experts, also through agreements with institutional or private social subjects and, depending on the needs, for example, in the case of comprehensive or inclusive institutes, to be articulated also for grade of school levels.

At the beginning of each school year, the Group proposes a schedule of the objectives to be pursued and of the activities to be implemented to the Teaching Committee which will be included in the Annual Plan for Inclusion. At the end of the school year, the College checks the results achieved.

The GLI (Working Groups for Inclusion) in addition to what is established in Circular No. 8 of 2013, are also mentioned in the Ministerial Note n. 2563 of 22/11/2013, "Intervention tools for students with Special Educational Needs. School year 2013/2014. Clarifications". In it, the paragraph headed "Work groups for inclusiveness" is written *"[...] in relation to the meetings of the Working Group for Inclusiveness at the beginning of the year, the schools will define the times and methods of the meetings also on the basis of a reasonable period of observation for incoming pupils, in order to be able to establish any need for interventions with a view to inclusion. "*

Furthermore, in relation to the tasks of the Working Group for Inclusiveness, which assumes a function of connection of all the specific resources and coordination present in the school, as indicated in the Circular n. 8 of 6th March 2013, must respect the rules that protect the privacy towards all the students with special educational needs. In particular, it is specified that nothing has been changed with regard to the working group provided for in article 12, paragraph 5 of the Law 104/1992 (operational GLH), as it concerns the single student with disability certification for the purposes of school inclusion.

At the Institute level, the meetings of the Work Group for Inclusiveness can also be held for functional reasons, i.e. for groups convened on specific issues.

The Circular n. 8 of 2013 in establishing the action at the territorial level specifies that "without prejudice to the tasks and composition of the GLIP pursuant to art. 15, paragraphs 1, 3 and 4 of Law 104/1992, their functions also extend to all the BES, given the indication contained in the same Law 104/1992 according to which they must deal with the scholastic inclusion of students with disabilities, as well as for any other activity related to the inclusion of pupils in learning difficulties". In any case, the Territorial Centres of Support will have to work closely with the GLIP or GLIR, whose constitution was recommended in the Guidelines of 4th August 2009.

In conclusion, from the reading of Circular n.8 it emerges that the GLHI are also dealing with the problems of the pupils with Special Educational Needs and are placed as extended groups that act in favour of inclusion, alongside the recently introduced GLIs.

5 What the Italian experience teaches

According to Vianello (1999: 89-96), based on experimental research, the Italian experience teaches that:

- the class in which a child with disabilities is inserted should be small, with a maximum of 20 pupils;
- it is preferable to include only one child with disabilities in each class;
- the special need teacher should work together with the curricular teachers; there has been a wide discussion in the past on whether it should work especially in the classroom or especially in a separate room (resource room, as it is also called abroad); a research conducted several years ago by Vandi, under the supervision of Vianello, confirms the opportunity that the support teacher works in class; in fact, those with more experience of inclusion privilege work in the classroom and not outside and when support is implemented in the classroom the teacher's collaboration is greater, the class teacher feels more co-responsible for the pupil's education and , when the support teacher is not present, he implements a planned intervention more;
- the special need teacher should also be an expert in team work, be able to collaborate with colleagues and it is important that they are not entrusted with more than four classes in which a pupil with disability are enrolled;
- it is necessary to implement a teaching process that is best not only for a student with a disability, but for all the students: with differentiated, cooperative and cognitive goals and individualized programming that requires adaptation with the search for essential contents, within the reach of the student's intellectual level. In other words, even the objectives are differentiated. However, they need to be coordinated with what is proposed to the whole class. Adequate planning requires first of all a good collection of information and collaboration in addi-

tion to family members and social and health service operators, previous teachers must also be consulted;. Unfortunately it is common practice for the other to “take the first step”. Instead, it is essential to take the initiative and request, provide documentation and to talk with colleagues. As well as with colleagues and family, it is important to establish collaborative and profitable relationships with the social and health service operators with which the exchange of information is not always adequate, even on the pretext, without any foundation, of respect for privacy. In Italian school, culture there is a great reluctance to make reports that will be transmitted to colleagues. This is probably held back by the fear of being evaluated. On the other hand, the experience acquired by the teachers who followed the disabled child is fundamental. More interviews are needed, a common analysis of the programming carried out, modifications made, and successes and failures evaluated. In the first scholastic period, the didactic proposals should be focused on the fostering the knowledge of the student in the scholastic context. good observation of the pupil and of his relations with his classmates and with the various teachers is crucial, using observation grids, cards, notebooks for programming and diaries. The observational attitude, which should not be limited to focusing on the student must never be abandoned, but must also take into account the different influences that the various classmates and teachers have on the student. In the interaction with a child, the adult is often seen as a “neutral pole”. However, it is risky to ignore that in the educational relationship there are two people who give and ask, introject and project, seek gratification and reject frustrations. Considering themselves neutral, the adult can tend to absolutize the relationship existing with the student and consider, for example, “constitutionally” aggressive a student who is aggressive only when he is in a particular relationship. Not to consider how the adult influences the field of forces in which the student is inserted, does not allow to understand well what the most appropriate behaviour can be. The sharing with others of the relationship with the student, the coexistence, in particular, of a support teacher and a curricular teacher, with possible alternation in the relationship with the student, seems

preferable to the practice in which the student is followed by a single teacher, without the possibility of an observation of the relationship by a colleague. Furthermore, adequate observation always distinguishes data from interpretations. In fact, educational practice often requires the teacher to go beyond the data available and to make choices based on hypotheses that may concern both learning skills and social skills. Interventions are planned based on these hypotheses.. However, teachers must be aware that every hypothesis implies a risk, even if necessary, and that this must be verified, always keeping in mind the data on which it has been formulated. Once sufficient information has been collected, it is appropriate to develop a systematic programming, subject to change, in which there is a clear definition of objectives, with a scale of priorities.

- It is necessary that an atmosphere is created that places the student at the centre of the information already at the programming level and even more at the intervention level, of. Every student in a condition of disability , has some awareness that “something does not work” even if differently depending on the type of deficit and handicap: failure to render in certain tasks, that the teacher manifests perplexity or disapproval or disappointment, that parents are not satisfied, etc. In a more or less explicit formulation of hypotheses, possibly modifying and reformulating them , one gradually creates an image of himself using the information he has available, that is, what he can obtain on his own and what is provided by his companions or adults. Often, however, the subject has insufficient information for the formulation of completely correct hypotheses and the adult too often does not bother to supply them. For example, if a specialist diagnostic visit is required for a child, it is very rare that he is informed about it, explaining why the teacher considers this help useful, communicating the purpose and the general modalities of the diagnostic visit. Once the visit has been made, the outcome is communicated to parents and teachers, while it is very rare that this is also communicated to the child.
- It is essential that the child is informed about the outcome of the visit in a timely manner, in a manner appropriate to his age; that some observations should be agreed with him in the

interviews with parents and teachers; that he is informed about the outcome of the interviews with parents and teachers. According to Vianello, the most profitable way to help him recover an adequate image of himself and of the school is to put him at the centre of the communication networks of the adults around him, without treating him as an adult or giving to him too much responsibility *(Vianello, 1999: 89-96)*.

- On the basis of the outcome of the specialist examination, the teacher (more or less satisfied, more or less comforted or denied in the hypotheses formulated above), formulates , an intervention plan even if it is not always completely organic. In this case the child must be informed about the fundamental aspects of the programming, so that he is motivated to do this or that exercise. To favour the maximum of communication between the teacher and the student, the most effective modality is the one that foresees four phases of intervention according to Vianello (1999):

1 Analysis of errors and specific difficulties of the individual student;
2 Elaboration of a scale of objectives, taking into account the nature of the errors, the psychic functions involved, the scholastic objectives, the characteristics of the personality of the subject, etc.
3 Choice or creation of tools (cards and various exercises);
4 Iertion of specific proposals in everyday situations, respecting the graduality referred to in point 2, so that cards and various exercises are experienced as specific non-artificial interventions, unmoored from everyday reality, but as an individualized deepening of what they do all.

Putting the child at the centre of the flow of information is a necessary condition for him to be the protagonist of his own learning. To be more motivated to learn, more productive in the distribution of his energies, because he knows what is fundamental and what is secondary. He can have more resources to have an adequate self-esteem, based not on the ignorance of the causes of their difficulties, but on their acceptance, arriving at

that self-esteem that is essential prerequisite to set goals appropriate to their own possibilities and establish correct relationships with both their peers with adults.

- It is advisable to adopt a metacognitive educational approach, which enhances the activity and the initiative of the subject. The term metacognitive refers to the individual’s awareness of how cognitive processes take place and the ability to use control processes suitable for promoting knowledge. A meta-cognitive attitude can be encouraged by a teaching that invites one to evaluate constantly the effects of one’s own work by comparing the results with what has happened in the subject’s mind (intentions, strategies, consciences.) It is easier to favour a cognitive meta-attitude. If we agree with the fact that learning is the result of an active intervention of the subject, the term “constructive” is used to highlight that knowledge is “constructed” by the individual on the basis of the characteristics of his own mind and own experiences. The student who can learn well:

- knows a great number of strategies useful for learning;
- understands when, where and why these strategies are important;
- choose strategies wisely and apply them by monitoring;
- is intrinsically motivated;
- adheres to an incremental view of the mind;
- is not afraid of failure; in fact, he understands that failure is essential to achieve success;
- is not anxious about a trial, but rather sees evidence as opportunities to learn;
- believes in the carefully organized effort
- respect and appreciate the diversity of human talent, use himself rather than others as a touchstone to judge success
- is supported in all the points listed above by parents, school and society in general.

It is necessary to think that the primary task of parents, of society and, in particular, of the school, is not to evaluate, but to support.

One person can wonder how it is possible in a class with more than 20 children to implement individualized teaching.

The answers can be very varied, but ultimately summarized in the two following:

- With a differentiated teaching
- With a cooperative teaching, for small groups and with the use of tutors.

Cooperative learning is well-founded on the theoretical level, with both pedagogical and psychological references. A fundamental pedagogical reference is John Dewey while among the typical references, we find those related to the democratic conduction of the class, as suggested by the studies of Lewin in Thirties. A few years earlier, Vygotsky highlighted the importance of communicative and linguistic tools for the development of thought. This constitutes an important basis for the relationship between cooperative learning and the development of the mind. In the 1930s, Piaget wrote that *only cooperation leads to autonomy. As far as logic is concerned, cooperation is first and foremost a source of criticism: thanks to mutual control, it also removes the spontaneous conviction typical of self-centeredness and blind trust in the authority of adults. The discussion thus causes reflection and objective verification. But for this same fact, cooperation is a source of constructive values (Piaget, 2000).*

Conclusions

The concept of "normality" is at the centre of the theoretical debate on disability. Both in the classification of the World Health Organization and in that of the Disabled Peoples International (DPI), disability is identified by reference to a "normal" condition. In the first case, we refer to the disadvantaged condition deriving from not carrying out one's social role according to the standards that are considered normal; in the second case the reference is given by the normal life of the community. The latter appears more general and therefore more open to contingency than the previous definition. Nevertheless, both definitions are increasingly rejected by the militant movements of disabled people who recognize themselves in those approaches based on the "celebration" of difference. The problem consists in the concept of "normality".

Each society has developed a cultural code with which to distinguish the irregular, the anomalous, and the different. In pre-modern societies characterized by a low level of social differentiation, the anomaly is interpreted in the light of a mythical-religious symbolic universe as "diversity" and regulated by ambivalent normative codes. With the advent of modern society, the disabled person is not "different", but rather the abnormal one, the one that differs from normality. However, it is precisely the concept of normality that is equivocal, because, according to Canguilhelm, it indicates at the same time a fact and a value attributed to this fact by the one who speaks of subjective appreciation by virtue of a judgment. Under the influence of the classificatory spirit of the natural and medical sciences, the boundaries between normality and abnormality, which in the past were traced based on moral and religious criteria can finally be defined and "measured" based on a scientific distinction, objective. "*When the anomaly* - Canguilhelm observes - *is interpreted in its effects, in relation to the activity of the individual, and therefore to the representation that he makes of his own value and his own destiny, it is invalid*" (Canguilhelm, 1998: 109). The normal / pathological distinction is not without consequences: the step between statistical normality (what it is) and social normativity (what it should be) is short.

The more the social system becomes complex and unpredictable the more the need for "normality" increases. The concept of normality consists of two dimensions:

- of a factual dimension, which consists of our perception of the regularity of events and behaviours by social actors;
- of a normative dimension that depends on the way we classify actions; Predictability, reliability and readability of the social order can be interpreted as synthetic criteria of normality (Mistzal, 2001: 312-324). Normality is the emergent effect of ordered social interactions. Being a "normal person" means to internalize standards of behaviour that meet the expectations that others have for us. The normal / pathological distinction is the matrix based on which each functionally differentiated subsystem elaborates its own symbolic code of disability. In the course of the various historical events, as previously mentioned, each social subsystem has attributed its own meaning to disability: first the cultural sub-system, then the economic one and, almost contextually, the political sub-system. With the advent of modern society, the medical sciences play a key role in identifying disability by producing classifications used by the subsystems to evaluate the abilities (or the lack of them) that allow a social actor to perform "normally" his role in the subsystem itself. Whether it is the economic, political, or welfare subsystem, the problem that arises is the one of assigning a role to the disabled person, so that the subsystem can function "normally". The concept of normality is therefore essential to the functioning of the social system.

Constructivist and postmodern approaches have had the merit of highlighting that what appears to be an objective and measurable datum is instead the product of more or less explicit values and normative orientations that the observing system assumes in referring to the observed system. In other words, they have problematized the relationship between the two systems; but they developed it to the point that they did not escape what Bhaskar calls "epistemic fallacy" (Bhaskar, 1989: 133). Confusing what "is" with what "is known" these approaches have incurred a fusion[15] - or a reduction - of the ontological level of social reality with the epistemological level. The attempt to find the difference in the identity of the disabled person, regardless of the reference to the biological "normality" written in the body, has also deprived him of a reference point on the basis of which to trace the boundary that marks the difference.

A very different perspective is outlined by Zola (1993; 1994), who adopts a "universalizing strategy" assuming a conception of "fluid" disability which is entirely contextual. Disability is not a human attribute that distinguishes one part of humanity from the other, but an infinitely variable and a universal characteristic of the human condition. "*The issue of disability for individuals* - says Zola - *is not wether but when, not so much which one, but how many and in what combination.*" (Zola, 1993: 18). Such an approach denies that there are intrinsic limits to possible variations in human capacity. There is no distinction between abilities / disabilities but a continuum where the total ability or disability does not represent any limit cases. Paraphrasing a well-known Italian philosopher, Zola explains why "*we cannot avoid saying disabled*".[16] The only borders traced on this continuum would have political and economic goals and would produce functional distinctions for the redistribution of resources within society. These would obviously be boundaries which are

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[15] According to M. Archer, the individual and the acting are considered as epifenomena of the structure (in functionalism, in systemic theory, etc.); in those characterized by "upward conflict" (in methodological individualism, in action theories, etc.) are instead structures that are simple "aggregates" of individuals (society is only "the small group written in large") , as Archer claims "in the central conflict, finally, structure and action are temporally inseparable and analytically inseparable, as if it were an "amalgam", of "two sides of the same coin". (Archer, 1995: 93)

[16] "We cannot avoid calling ourselves Christians" is a short essay written by Benedetto Croce in 1942

always subject to criticism and modifiable over time.

Zola's proposal essentially has a pragmatic rather than a cognitive purpose. Yet it confirms what has emerged previously, namely that the social systems for which disability is relevant, even more the welfare systems, must necessarily have a definition that allows them to draw a boundary that delimits the disability and regulate the relationships within it. As Topliss claims that w*hile the particular impairment type or degree that unable a person from full participation in society can change, it is inevitable that there will always be a line, rather indefinite but real, between the majority of the abled and the minority of the disabled people, to whose interests are given less importance in the activities of the society as a whole (Topliss, 1982).*

After examining the main theoretical issues involved in the concept of disability, we can draw the threads of the reasoning developed up to now.

Ultimately, if the medical model reduces the "social" disability because of biological factors, the social model defines it as a consequence of social structures regardless of its organic-body dimension until it is completely dissolved in its most recent developments. In spite of its structuralist premises. If these are the outcomes the previous approaches provide, we can ask whether is it still possible to conceptualize disability from a sociological point of view. If these are the outcomes of the previous approaches, we ask ourselves whether is it still possible to conceptualize disability from a sociological point of view. In order to do so, it is necessary to avoid both biological and structuralist reductionism as well as the self-referential drifts of constructivist approaches and the extreme outcomes of post-modern approaches that lead to the dissolution of the disability phenomenon. Alternatively, do we have to definitively give up a conceptual map that guides us in the sociological analysis of the phenomenon, and which also orients the social policies addressed to it?

T*he development of a new disability paradigm requires a theoretical model that:*

- arrests the discursive dissolution of disability to which the most extreme constructivist approaches arrive in an attempt to found the identity of disabled people on the difference, ie on the possibility of being "other" compared to the socially stigmatized one;
- overcome unilateral reductionism (both biological and sociological) and recompose the dilemmas still existing in a unitary model

The hypothesis that we advance is that the assumptions of critical realism (Bhaskar, 1989) and the theory of social morphogenesis (Archer, 1995) applied to the case of disability (Williams, S., 1999: 810-ff), provide important indications to overcome the *impasse* in which the current sociological approaches. As we will try to argue in this section, the new paradigm recognizes its social nature in the intrinsic relationality of disability and enhances the contribution that the various approaches have provided in highlighting its main components.

Starting with the examination of the first requirement: why and how to avoid the outcomes of the constructivist approaches, extremized by the proponents of post-modern and post-structuralist thought? The reference to the biological dimension is an indispensable factor for distinguishing disability from other conditions of social disadvantage. On the "question of the body", the different sociological approaches converge to disability, urging - according to some - the development of a sociology of impairment as a pivot of a sociology of disability (Barnes, Mercer and Shakespeare, 1999). Rather than including the organic dimension within the social model of disability (such as in the ICIDH), the advancing hypothesis is to develop two distinct approaches. A similar hypothesis reflects the never-ending fear of those who recognize themselves in the social model: introducing the organic dimension as a component of disability would favor the medical domain on the existence of disabled people. However, as we have already observed, it is precisely by excluding it that, paradoxically, it is completely handed over to the medical domain, and with it also the people in which that condition is physically inscribed. People, unlike sociological concepts, are not analytically divisible. Postmodern thinking is an option available only to healthy people, not to disabled people. When the relationship with our body, which we usually take for granted, becomes problematic, we all need certainties. However precarious, modern medicine offers these certainties. Thus, in the presence of functional impairments or limitations, modern thought is preferable to post-modern thought (Bury, 1982; Williams, S., 1999). What we must reject is the totalizing claim of the medical categories to define the "meaning" of the impairment for the person directly involved and for the social context in which it is located.

As seen in the previous paragraphs, the experience that the person makes of his disability and the meaning that he attributes to it contribute to the emergence of a personal identity that makes his social action more contingent than the rigid prescriptions of the sick role and its derivatives. The disabled person has a subjectivity that does not allow himself to be locked up in the narrow limits of a dominant status that identifies him as a social actor ensuring a "career" within the various social subsystems (family, school, social services, possibly the productive system). Goffman's interactionist approach calls into question personal identity distinct from the social one as an explanatory factor of various forms of strategic action that challenge the over-socialized conception of the social actor typical of the structural-functionalist approach. Goffman, however, is very laconic about the content of this personal identity and its constitutive factors (Archer,1995: 100).

The impression is that, ultimately, it was part of a pre-determined social order as well, which the stigmatized person should ultimately comply to meet the need for acceptance and normality necessary for social interaction.

The approach to chronicity, studying the possible styles of adaptation, gives relevance to the intentionality of the subject, which is influenced not only by social and cultural factors but also by the experience of one's condition in its material aspects. The overcoming of cultural determinism is made possible by the existence of methods of symbolization of disability alternatives to those stigmatizing that distinguish the current social representations. These forms of symbolization originate

in the relationship between what Parsons would call, the system of personality and body. Therefore, one of the indispensable premises of the new paradigm is the ontological defense of the body as a 'pre-discursive' entity, which can be safeguarded, in our opinion, only on the basis of the assumptions of critical realism. In fact, it presupposes the existence of generative causal mechanisms independent of our knowledge or our perception of them. Critical realism "*attests to the existence of a reality beyond discourse […] It also ensures the possibility of non-social relationships with non-social realities, including a persistent sense of non-linguistic self, based on personal identity. The suffering body […] provides a powerful reminder of this pre-discursive realm and the limits of language and culture to "contain" it or "capture it." (Williams, S., 1999: 814)* To stop constructivist drift, it is therefore necessary to reaffirm that the process of signification can not disregard the material aspects of the conditions.

Recognizing the relevance of the organism within the disability model has two important consequences. In the first place, consider the problem of "difference", which assails those who recognize themselves in the social model, but rather than conceiving it in terms of a linguistic register, this diversity is rooted in the real impairments of the body that express needs and feed differentiated expectations and interests. The subjectivity of a young man who became a paraplegic following a road accident is different from that of a young deaf-mute from birth, or from an elderly woman suffering from chronic degenerative diseases, or from a middle-aged man who has been diagnosed with multiple sclerosis. Moreover, only by the rooting of personal identity in an extra-social space, such as our physical body, can one derive that sense of continuity that is essential for the emergence of social identity and the strength with which it opposes absorption by part of the latter. This explains why personal identity contributes actively to shaping the social identity of the disabled and to the emergence of a subjectivity that does not necessarily passively conform to the stigmatized one that society offers him.

These considerations introduce us to the second requirement that the new paradigm must satisfy, that is, to avoid the contradictions in which the medical / individual model falls as well as the social model.

Rather than elaborating a complex concept of disability, the most recent sociological approaches seem to have renounced the idea of connecting the multiple dimensions that distinguish it.

From what has been said so far, it is clear that, taken individually, both the social environment and the functional limitations, are the necessary factors but not sufficient for the onset of disability as a social disadvantage. Disability is generated when the biological dimension enters into relationship with a social organization that directly or indirectly expresses a certain "normativity". On a conceptual level, disability cannot disregard this relationship (Bury, 1996: 17-38). Without relating to the social dimension, disability is no longer distinguished from a mere condition of the biological organism; without relating to the biological dimension, disability is no longer distinguishable from any other disadvantaged situation. Disability consists of this connection, without which the object of study of sociology is lost. On the epistemological level it follows that disability, as a social phenomenon, cannot be studied except from this relationship. According to Bickenbach et al. "a social theory of disability risks inconsistency if it cannot establish the link (not to mention its explanation) between functional limitations and socially constructed disadvantages"(1999: 1176).

In the present work our hypothesis is that the reductionistic views of the disability can be overcome by a multi-dimensional model that defines disability in terms of social relations. Sociological approaches to disability have only focused on some dimensions, or at most on some of the relationships that constitute it as a social phenomenon. Use a relational paradigm allow us to define disability as an internal problem that involves the relationship between organism and personality, and at the same time an external problem concerning the intersubjective and structural relationships in which it is located.

The Parsonian AGIL scheme re-elaborated in a relational key by Donati identifies the four constitutive dimensions of disability as a social relation: the functioning of the organism (A), the intentionality expressed by the agent (G), the standards of normative integration (I), the orientation towards value (L). This scheme allow us to to relate and at the same time separate the two constitutive relationships of disability: the adaptation (A-I axis) and the legitimation and meaning (L-G axis), in a complex dynamics in which the axes and the four dimensions are interactive. The A-I relationship identifies the structural aspects of connection and of links that are inherent in the social relationship; while the L-G relationship captures the reference to the meaning understood as significance and intentionality.

Ultimately, the condition of social disadvantage is not determined by impairment in itself or by social structures, rather it is an emergent effect from the relation of its various components, which also include motivational and meaning aspects. Disability therefore consists of a relational system generated by the reciprocal interaction between symbolic and value codes, the resources present in the relationship (functional limitations and technological aids), the intentionality of the subjects involved, and the modalities of regulation of these relationships.

Conceptualizing disability in terms of social relationships allows us to explain the changes over the time. For example, the fact that an increasing number of disabled people acted to achieve goals that others did not believe was within their reach demonstrated their compatibility with the presence of functional limitations. The emergence of these phenomena (disabled people attending school, disabled people who make up a family, disabled people who work) has led to a review of the concept of disability as a dominant status to which social expectations can be associated. This can produce a change in the structural normativity, as for example is happening in Italy with the transition from the logic of institutionalization and segregation (for example special classes in educational institutions) to the logic of inclusion. The outcome, however, is not obvious and will also depend on the type of relationship established with the cultural and value orientations already existing. The culture of certain relational systems could help to accommodate this change, as for example in the case of families and the education system, while in other systems they could resist with both inertia and precise intentionality. For the school organization, the relationship with disabled people is “normalizing”, while this is not yet the case for the economic productive system. The existence of this new structural normativity would lead to redefine the symbolic codes of disability existing at the cultural level through their differentiation. The emergence of codes without stigmatizing meanings and their generalization would provide new motivations to disabled people who, living their condition as a “personal tragedy”, have never pursued scholastic or occupational objectives. The transformation of social representations of disability and its symbolization to the cultural level, over time could erode the legitimacy of some social normative guidelines based on some stereotypes rooted in the common sense and that associate negative meanings to disability.

The use of the AGIL scheme as a disability observation method allows us to read it in its complexity and provides useful indications on the operative plan. The differentiation of the functioning levels of the organism involves a differentiation of the goals pursued by disabled people and a differentiation of the culture of disability. The complexity generated by the differentiation processes in place in each subsystem can be integrated into emancipatory type relationship systems or it can be reduced by means of systemic selections. We need to be aware of this. **The effectiveness of school inclusive educational processes has increased the number of disabled people who obtain a qualification, contributing to change their expectations even with regard to a possible future inclusion in the labour market. If in the past the work was a non-existent or remote perspective, it now becomes feasible for a growing number of disabled people. They are going to enter the productive system with a level of cognitive and motivational resources adequate to the fulfilment of a given job role**. However, their insertion is hampered by the presence of symbolic codes that represent disability as a dominant status beyond the actual capabilities of people. The dissemination of such a culture can nullify the various incentives provided for employers who hire disabled people, or the adoption of strategies aimed at avoiding or circumvent the obligations of recruitment by the subjects who are held there.

The complexity of the processes of inclusion of disable children has to do with the social values codes in a perspective of social acceptance and valorization of differences. The society needs of everyone because it is based on everyone perspectives codes and reality. Education in this plays a enormous role even if it is difficult to predict which direction the future world will develop. We can only hope that the discussion will continues enriching the dialogue among the society subsystems and the personal expectations in a common mutual understanding and life harmony.

Annex I:

The main laws that allow the social inclusion of people with disabilities in Italy

1 Introduction

Tracing the history of legislation in the field of the disability leads to a better understanding on how, when and how much has changed in Italy the concept of disability and especially the condition of those who are carriers.

In this chapter I will try to retrace the institutional intervention in favour of the disabled and to schematically describe the recent historical frameworks within which the action of the legislator is developed and modified with regard to people with difficulties. An evolutionary picture of the legislation in this sector begins to take shape at the end of the last century and at the beginning of the current one. This is a slow, complex, fragmentary, sometimes contradictory evolution. Only with adequate forcing can we fully consider it favourable to the disabled person. If we consider the texts of some legislative measures, which in some way concern citizens with disabilities, it is easy to see that these have been and are indicated with very different names (mutilated, handicapped, subnormal, disabled, bearers of physical and sensory impairments) which clearly indicate the disorganized and incomplete way in which social legislation has developed in their favour. The same continuous use of Anglo-Saxon terminology is symptomatic of a lexical shortage and of a lack of legal conceptual elaboration of the expectations and needs of those with difficulties. In this regard, just think that terms such as "disabled", "handicapped person" and "disable" have only recently appeared and have found a first definition of a legal nature only with the Framework Law 104/92.

2 Historical background

In the past, in the context of institutional interventions, the social figure of the disabled person was almost totally marginalized as its constant connotation, which has almost always been actualized in exclusion and isolation.

Over time, distinct care intervention systems can be identified:

a assistance as charity and private charity originates in Christianity and takes place in the Middle Ages;

b assistance as a public order: implemented above all in absolute monarchical regimes from the Sixteen to the Eighteenth century;

c assistance as a legal right: as a political-cultural system that is affirmed through the Enlightenment and Positivism and is found in the enunciation of human rights;

d assistance as social security: the theory that manifests itself in advanced societies and whose best-known expression is the Welfare State theory.

In Italy, as elsewhere in the West, the condition of the disabled was not distinguished from that of the needy and the poor in general until the mid-Nineteenth century. The assistance towards them was considered a private matter which the Church was mainly responsible for through various institutions specialized in categories of assistance: hospices for pilgrims, hospitals for the sick and lepers. The welfare function for the disabled was generally carried out by the charities (so called "Opera Pia"). The state remained on the side-lines and limited itself only to measures aimed to protect public order.

The establishment of an intervention system inspired by a concept of assistance as social security coincides with the development of contemporary industrialized societies. With the beginning of the century, this system also began to spread in several European countries, including Italy. It is from this period that we can start talking about social legislation Italy with specific regard to the disabled.

Before the unification of Italy, it is not possible to find legislative references that consider the person with disabilities as a person with subjective rights.

The only previous provision, which in some way can be considered addressed to citizens with disabilities, is the Law 6972 of 17th July 1890 "Rules on Public Institutions of Assistance and Charity", still in force, which identifies the PIAC in the *Opere Pie* and in the charitable institutions that have as their goal:

a) "*to provide assistance to the poor, both in health and in sickness*";

b) "*to provide education, instruction and training to any profession, art or vocation, or in any other way, moral and economic improvement*".

This legislation does not specifically consider disabled people, if not as "poor people in a state of illness".

At the end of the Nineteenth century, the situation in the care sector was based exclusively on principles of charity and on provisions relating to public charity. With regard to disabled people, there was no social welfare provision if not the possibility of institutionalization in appropriate marginalizing structures. In the Consolidated Text of Public Security Laws of 1889, we read: "*Invalids recognized by local public security authority's incapable of any work, lacking the means of subsistence and relatives able to give them food, must be maintained by the authorities*"

Therefore, the start of a legislative evolution in favour of disabled citizens can only be placed at the beginning of the Twentieth century.

2.1 From the beginning of the Twentieth century to the promulgation of the Italian Constitution

The legislation in favour of people with disabilities began to develop during the first decades of the Twentieth century and was immediately structured as a system that proceeds separately from the evolution of social legislation of a general nature.

In the early years of the Twentieth century, a series of public and private bodies representing certain categories of citizens (INAM, INPS, OMNI, INAIL) proliferated , but only marginally dealt with the needs of disabled citizens. There were also the ECAs (Municipal Authorities of Assistance) that absorbed the functions of the Public Institutions of Assistance and Charity in the field of protection of the poor. It is only in the immediate post-war period that the State, for the first time, intervenes with specific measures aimed at people with disabilities. These first provisions concern only a specific category: the disabled and those mutilated during the war. They are expected to provide economic and health interventions and forms of professional training. Among these provisions, we can remember the Law 481 of 25th March 1917 concerning the obligatory placement for the disabled and war invalids and, subsequently, the Law 1132 of 21st August 1924 which established the rates of war invalid that employers must to hire compulsorily. They are laws that are born as "compensation" of the State to the "damage" that these people have suffered by participating in the conflict. Later, with different and disjointed legislative provisions, benefits were foreseen for categories of people whose mutilation or disability did not originate through participation in the conflict, but for different causes (civil invalid for causes of war, invalid for causes of service, disabled for causes of work, etc.). To the first "protected" category of veterans are added, therefore, with the passing of the years, other categories to which different forms of assistance are provided for (pensions, disability benefits, free medical care).

This is how legal terms and definitions such as "service disabled person" and "industrially disabled person", which are still used were created, ", At the same time, the first forms of assistance for the blind, deaf-mutes and ex-tuberculotics were also provided. The categories to be assisted are therefore identified either on the basis of the origin or on the basis of the type of handicap. Towards the Thirties and Forties there were other measures aimed at specific and well-defined groups of minorities". Laws of that period can be found in favour of "congenital hip dislocations", for "poor dyskinetic children", for those affected by "encephalitic parkinsonism", for the "poor infirm recoverable from after-effects of acute anterior poliomyelitis", etc. In each provision the proper definition of the subjects to which it refers is given. This fragmentary legislation, addressed to such specific categories, leads to a situation of inequality among the disabled, both in terms of economic treatment and for social-assistance interventions. A common feature of this legislation is its pension footprint: the care intervention is considered almost exclusively through the periodic payment of sums of money. We find no predisposition and offer of services in favour of autonomy and integration.

Key features of legislation in this period are:

- the legitimacy of the separation of disabled people from the social context;
- the monetization of disability, as a response to the needs and needs of families with disabilities;
- the division of citizens with handicaps into categories.

Thus, criteria and lines of intervention are affirmed which will remain almost unchanged in the following decades and which will guide all the subsequent legislation and, in part, the current legislation.

The division into categories, identified according to the type of disability or the cause, and proceeding with sectorial and specific interventions, represent the main characteristics of the social legislation in the sector even after the promulgation of the Constitution.

2.2 The changes introduced by the Italian Constitution

The Italian Constitution established the fundamental rights of all citizens belonging to society and therefore also of persons with disabilities. First of all, in art. 2, it is affirmed that the Republic recognizes the existence of a system of inviolable human rights and guarantees its effective realization; it also obliges the observance of a social, economic and political solidarity towards the whole community in the direction of its global advantage. The responsibility of all citizens towards others is emphasized. Furthermore, in the Italian Constitution, the notion of effective equality is configured with legal fullness and civil vigour for all citizens,"*without distinction of sex, race, religion, political opinions, personal and social conditions*" (Article 3). The value of the person both individually and in a group and the possibility that a person can fully develop their own personality, make their own choices, assert their rights and fulfil their duties is therefore recognized and affirmed in this article.

Article 3 establishes that the person with disability is on a level of absolute parity with the rest of society, both for social dignity and in terms of the right to the full development of personality and to the effective participation in the construction of society. This article also states that: "*It is the task of the Republic to remove economic and social obstacles which, by limiting the freedom and equality of citizens, prevent the full development of the human person...*" Furthermore, in the second paragraph it makes clear, the full awareness of the presence of obstacles of different nature that must be removed as they limit the equality of citizens.

Ultimately, the Constitution wants to promote and guarantee equality not only in words, but concretely, and the State is primarily responsible for assuming the burden of "*removing the obstacles of economic and social order, which, by limiting in fact freedom and equality of citizens prevent the full development of the human person*". Therefore, the principle of formal equality is established - all citizens are equal before the law and laws that discriminate some citizens cannot be enacted - along with the principle of substantial equality - it is not enough to treat everyone in the same way, something must be done to fill the gaps in the starting points of those in a disadvantaged position.

Articles 34 and 38 are also important: "*The school is open to everyone. The lower education, given for at least eight years, is compulsory and free*", "*The disabled and the invalid have the right to education and professional training. The tasks set out in this article are provided by bodies and institutions prepared or supplemented by the State.*"

Consequently, the Constitution recognizes the equal rights of citizens with disabilities at all levels: in the school, work and social fields. Unfortunately, These principles remain mostly a promise because no specific provisions are issued by the State for their regulation.

Despite the principles established by the constitutional charter, the welfare system continues to be regulated by fragmented and sectoral legislation. On the one hand, it leads to excessive growth of national and local bodies to whom management tasks are assigned in this area while on the other, the categorization of the needs of citizens (economic assistance, health care, employment placement, etc.) which involves a series of inequalities in welfare services, especially of an economic and social nature.

2.3 The philosophy of welfare policies in Italy

It is possible to identify three phases by analysing the evolution of the standards that testify to the philosophy implicit in welfare policies for the disabled in Italy.

The first form of intervention, of which the State has predominantly assumed responsibility, was the economic form.

The person with congenital or acquired impairments of a physical or psychic nature, is considered exclusively as a subject that presents a total or partial loss of the ability to work. Therefore, a loss of income production capacity with respect to which the State is called to intervene, providing economic assistance and introducing special employment regulations to facilitate the absorption of subjects who, even if disabled, had a residual work ability in the working world.

The Laws 118/71, 382/70, 381/70, 482/ 68 has to be interpreted in this sense . In the same direction the institution of the accompanying allowance also has to be considered. With regards to Law 18 of 11th February 1980, the reference to the non-autonomy of the recipient subject lays the groundwork for the subsequent evolution of the legislative policy in favour of the disabled in the sense of greater consideration of their person and their life of relationship with respect to the possibility or not of producing income.

At the beginning of the 1990s, under pressure from the trade associations and of a consolidated cultural evolution increasingly sensitive to the problems of human rights and the protection of the weakest categories, the Parliament passed the Framework Law 104/ 92 which has become the reference point for the subsequent development of disability legislation.

This is, as the Legislator explicitly states, an economic-social reform of the Republic whose objectives are:

3 guarantee full respect for human dignity and the rights of freedom and autonomy of handicapped people, promoting their full integration into the family, school, work and society;

4 prevent and remove the disabling conditions that prevent the development of the human person, the achievement of the maximum possible autonomy and the participation of the person with disability to the life of the communities, as well as the realization of civil, political and property rights;

5 to pursue the functional and social recovery of the person affected by physical, mental and sensory impairments and to provide services for the prevention, treatment and rehabilitation of minorities, as well as the economic protection of the handicapped person;

6 prepare interventions aimed at overcoming states of marginalization and social exclusion of handicapped people.

The philosophy that underlies this principle regulation is nevertheless based on a medical-individual approach of the disabled person, considered as a "sick person or affected by disabilities" who must be guaranteed social protection and care through the issue of special rules or the provision of goods and services that are able to allow the disabled person to access a company organized for normal subjects in addition to the financial support provided by the provisions in force with which this legislation is integrated. This address undergoes a total rethinking, which is the subject of recent debate, with the ratification of the UN Convention on the Rights of Persons with Disabilities, which took place in Italy under Law 18 of 3rd March 2009. The general principles contained in article 3 of this international treaty refer to the protection of a condition of disability that does not derive from the subjective quality of the person, but from the relationship between the characteristics of people and the ways in which society organizes access and enjoyment of rights, goods and services.

It is evident that the three reconstructed legislative phases refer to distinct and different concepts. We talk about impairment, handicap and disability respectively to indicate a system of interventions. Thus, starting from the economic support to the disabled people to try to guarantee them a minimum form of freedom from need, arrives to pursue the intent of organizing a society that eliminates the barriers of any form and achieve complete inclusion, passing through the recognition and protection of the fundamental rights of the disabled person who increasingly asks not only economic assistance but access, in a situation of equality and non-discrimination, in all areas of life of an organized community.

After that, we will try to examine in succession the development of laws that come in the Italian legislation specifically with regard to the sectors in which an inclusive policy has developed: economic support for the disabled, the school inclusion, mobility and access to services.

2.4 The normative dispositions of the Sixties

This period is characterized by the division of the “ disabled sector” into categories and by the propensity to solve the problems of the disabled person by following *the logic of the separation of people with functional limitations from the rest of society*. In fact, it was believed that individuals with particular problems need special structures: administrative provisions are therefore issued that provide for differential classes, special schools and protected laboratories.

As far as economic assistance is concerned, laws are passed in favour of the blind (Law 66/62), of deaf-mutes (Law 381/70), of civil invalids - a category that also includes the mentally disabled - (Law 118/71), thus consolidating the practice of monetization of disability.

These provisions involve the availability of windfall funds, without any logical explanation and adequate response to needs. The subsidies are modest economic incomes and they are often used and perceived in the poorest areas of the country, as a “social flanking measure” in conditions of general disadvantage, rather than as a mean to fight the isolation of disabled people.

Regarding access to education, children defined as “irrecoverable” are destined to special schools, while differential classes are reserved for children considered susceptible to correction who will re-enter later on in the mainstream school. Special schools and differential classes reach their maximum expansion in the years ‘71 / ‘72.

However, in the provisions of these years, the principle of “social security” begins to take shape, which we can summarize with art. 38 of the Italian Constitution: “*Any citizen unable to work and without the means necessary to live has the right to social support and assistance*”.

Throughout the 1960s, however, and in part even after, there remain considerable disparities between the various categories of disabled people, both as regards economic provisions and for forms of social assistance and work placement.

One area of legislation in favour of the disabled who, in the mid-1960s, begins to take its first steps is the one dedicated to architectural barriers. Thanks to a ministerial circular dated 1968, the elimination of these barriers is foreseen both in new buildings and in case of restructuring of existing ones. This is a provision that in reality will not be implemented, but which is the first step towards a subject discipline.[17]

2.5 The normative dispositions of the Seventies and Eighties

Starting from the Seventies an innovative process begins that will lead to a growing attention of the legislator towards the disabled and to a gradual affirmation of the rights of the latter. These are years of cultural fervour and of struggles against total institutions and against marginalization. The intent is to affirm the civil rights of disabled people and promote their effective integration and social inclusion.

A first important step of this journey is given by Law 118 of 1971, which concerns only a residual range of disabled people, the civil disabled persons identified as follows: *“citizens are considered mutilated and disabled when they have a congenital and / or acquired handicap (including) the permanent outcomes of physical, psychical or sensory impairments that entail permanent functional damage, even of a progressive nature, including psychic problems due to organic or dysmetabolic oligophrenia, mental insufficiencies deriving from sensory and functional defects that have undergone a permanent reduction of the working capacity of not less than one third or, if minors, who have persistent difficulties in carrying out the tasks and*

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[17] v. Aa., *“Progetto Sistema Informativo sull’Handicap. Fase 1: studio di fattibilità”*. In *Final report 22 August 2000*, Roma, ISTAT, 2000

functions proper to age." It should be noted that the Legislator emphasizes the fact that civil disability consists in the reduction of working capacity, to which is attributed a percentage, according to the law..

Despite this, the law contains, for the first time, principles and statements of a general nature, which are aimed at promoting reintegration and inclusion. It concerns a variety of aspects such as economic intervention, school and work placement, vocational education, etc. defines the beneficiaries in an overall way and refers to all citizens affected by congenital or acquired disabilities including persons with intellectual disability.

Article 28 states that: "*The compulsory education must take place in the normal classes of public schools, except in cases where the subjects are suffering from serious intellectual deficiencies or physical impairments of such severity to prevent or to make learning or inclusion in the aforementioned normal classes difficult. In addition, the attendance of disabled and mutilated civilians will be facilitated at secondary and higher secondary schools. The same provisions apply to pre-school and after-school institutions* ".

In this phase of change, the system of special structures is downsized: the number of special schools and pupils enrolled decrease, in a decade, by 60% and 75% respectively; the differential classes, after a considerable reduction, are suppressed; the institutions are reduced to a more limited extent, but they also suffer, within a decade, a decrease in hospitalizations by about one quarter.

The encounter between the "normal" and "different" population changes the image of people with disabilities in the collective experience. Direct knowledge helps to overcome many stereotypes and prejudices and perhaps also to discover the differences between the disabled and, again, the originality of each person beyond their functional limitation.

Law 118/71 also marks a turning point with regard to alternative structures to hospitalization. In fact, for the first time, the State proposes "therapeutic institutions such as residential and similar communities" as the most appropriate response to meet the needs of disabled individuals.

This legislative contribution will remain throughout the decade, and beyond, the main point of reference for all the subsequent legislation until the introduction of the Framework Law 104/92.

Since the 1970s, specific provisions have been made concerning various sectors and aspects of the disability problem and which help build the current network of civil rights for disabled people.

In this period measures are also issued that, although not directed at citizens with functional limitations, set the conditions for the subsequent evolution of regulation for the disabled. A further normative provision relevant for the 1970s is the Law 833 of 1978 "Establishment of the National Health Service" with which all citizens are entitled to the right to health regardless of socio-professional status, in the three forms of preventive, curative and rehabilitative intervention. With the entry into force of this law followed by laws for its regional application, the management of health care becomes the responsibility of the Local Health Units (USL). The forms of assistance that must be provided by the Local Health Units, and that particularly concern the disabled, are, in addition to health assistance, aimed at functional and social recovery, rehabilitation and prosthetic assistance. At regional level, however, this rule has not been implemented in a univocal manner, causing difficulties in defining exactly what the social tasks of the Local Health Units and Municipalities are, and even more in preparing and using regional funding for the various welfare interventions.

In 1978, moreover, there was the promulgation of Law 180 whose fundamental principles are the dismantling of mental hospitals, respect for the person, trust in the curability of disorders and assistance at the territorial level. Despite the ambiguity and contradiction of some of its formulations, this law represents a significant cultural and civil conquest.

In this phase of legislative evolution, with regard to the regulations that directly affect the disabled, there are no significant changes in the criteria followed.

The intervention is still seen in a sectorial way considering the citizens with functional limitations according to the criterion of categorization, with the exception of some provisions, such as

Law 517/77, which establishes the right to school attendance of all disabled subjects.

If, however, the entire legislative production of this period is considered and the integration of the various provisions is sought, there is a labyrinth, within which even though difficult, it is possible to identify many civil rights gradually due to all disabled citizens, .

In this period, alongside the intense and growing legislative production at the national level, regional legislation on disability began to develop following regional decentralization and the progressive transfer of various competences from the State to the Regions.

At the end of the 1980s, the legislation was considerably enlarged and broad, but remained sectorial, inorganic and largely unapplied. The regulatory framework is increasingly complex and not very incisive for the improvement of the effective integration process of people with functional limitations. The need to overcome the fragmentation of laws in this area and the need for an organic legislative intervention on the subject emerges so strongly.

3 Law 104 of 1992 and its contents

The cultural evolution matured in the twenty years between the 1970s and the 1980s, leads to the approval of the Framework Law 104 of 1992, concerning assistance, social inclusion and the rights of disabled people, which, as we said, has become the point of reference for the subsequent development of disability legislation.

This provision constitutes a point of arrival as in its contents it contained a new way of conceiving persons with disabilities and their needs within society, at the same time, however, it represents a fundamental starting point for the implementation of more suitable policies to grasp the new requirements of full citizenship and inclusion of the disabled population.

As for the new conception of the disabled person, the framework law basically accepts the definitions proposed by the World Health Organization which in 1980 elaborated a universally shared classification of disability.

The person with functional limitations is defined as: "*he who has a stabilized or progressive physical, mental or sensory impairment, which causes difficulties in learning, relationships or work integration and which can result in a process of social disadvantage or marginalization* "(Art.3).

In addition, the law sets the parameters for recognizing the degree of severity of disability. The seriously disabled person is that person who has a disability that reduces autonomy and is in need of assistance in a permanent, continuous and global form, both in the individual and in the relational sphere.

For the first time on a legislative level, the person in his whole is at the centre, regardless of the status and type of functional limitation he suffers, with an innovative approach that considers the disabled in their unitary development from birth to presence in the family, school, at work and in free time.

For the purposes of a brief analysis of the provisions collected in this law, the main areas of the same discipline are considered separately, namely:

- assistance;
- social inclusion and the rights of disabled people.

The objective is to highlight for each area the fundamental provisions aimed at protecting the disabled person.

3.1 Health and social care

The Law 104/92, in relation to the issue of health and social care, considers as a priority the prevention followed by the treatment and rehabilitation, respectively regulated in Articles 6 and 7. The innovative aspect of this law is represented by the fact that it does not limit itself to establishing the general principles, but also indicates concrete ways of implementing them.

In particular, the art. 6, entitled to *prevention and early diagnosis*, entrusts this task to the

Regions by indicating specific directives of action including:

- plan interventions for the prevention and prenatal and early diagnosis of the impairments;
- set up an information system and health education for the population on the causes and consequences of disability, as well as prevention during the preconception stage, during pregnan-

cy, childbirth, the neonatal period and in the various stages of development of life;

- identify and remove risk factors that can cause congenital malformations and disabling diseases;
- regulate services related to the period of pregnancy, childbirth and neonatal phase for the identification and treatment of particular diseases;
- foresee a permanent prevention activity that protects children from birth, also through coordination with the nursery schools, pre - schools and the compulsory schooling, to ascertain the inexistence or the onset of pathologies and invalidating causes. To this end, the law establishes the introduction of a personal health record, which shows the results of the controls required by law and any other health information useful for establishing the child's health.

On the other hand, care and rehabilitation are governed by Article 7, in which it is emphasized that these must be achieved through the integration of health and social services aimed at enhancing the abilities of the disabled person, including the involvement of the family and of the community.

To this end, the national health service, through its own or contracted structures, ensures the interventions for the treatment and early rehabilitation of the disabled person, as well as specific rehabilitative and outpatient interventions, at home or at the daily or residential social rehabilitative and educational centres. It also deals with the supply of equipment, prostheses and technical aids necessary for the treatment of impairments.

It is interesting to underline how the care and rehabilitation do not focus solely on the physical-functional aspect, but also include psychological support in order to maximize the residual capacity of the disabled person to improve the opportunities for social inclusion.

3.2 Social inclusion and the rights of disabled people

The inclusion of the disabled person in the social context is one of the most innovative aspects of the Law 104/92 which, in Article 8, provides multiple ways of implementing policies that

favour of this objective. The latter concept presupposes a further step forward with respect to the idea of integrating the person with disability into society. *In fact, while integration is the expression of a civil will, inclusion is the social result.* The integration of a person with functional limitations can be exhausted in a simple transfer from one reality to another, inclusion presupposes instead an involvement of the whole social reality that is committed, not only at the level of ideals, but also at level of concrete implementation.

The law in question, in particular, establishes that, for the purpose of integration and inclusion of the disabled person, it is necessary:

- to provide interventions of a socio-psycho-pedagogical nature, social and health assistance at home, domestic and economic help in favour of the disabled person and his family; providing personal assistance services to the disabled person with serious limitation of personal autonomy;
- ensure the accessibility of public and private buildings by eliminating physical and architectural barriers;
- guarantee the effective right to the study and training of the disabled person also by means of specific technical equipment;
- to protect the development of the person as a whole, favouring access to sports, recreational and social facilities, the use of public and private means of transport, and the carrying out of a work activity.
- The Framework Law also establishes specific measures for the custody of the disabled child to suitable family and for the support of community housing, foster homes and similar residential services in order to favour the deinstitutionalization of the disabled person.

In short, therefore, in order to achieve effective and full inclusion of people with disabilities in the life of society, it is necessary to combine health and social welfare measures with the recognition of a system of rights and the provision of specific implementation policies that give substance to these last. The individual rights referred to in the Framework Law and the implementation policies envisaged for achieving social inclusion are taken into consideration below.

3.2.1 The right to education, training and school inclusion

Article 12 of the law explicitly states the right to education and training in favour of disabled people. This right is recognized to every citizen regardless of the severity of disability.

Its protection is applied from early childhood through the guarantee of inclusion of disabled children from 0 to 3 years in the nursery school and then extends to ensuring participation in preschools and inclusion in the mainstream classes of educational institutions of every order and degree and in university institutions.

School inclusion aims to develop the potential of the disabled person in learning, communication, relationships and socialization (article 12, paragraph 3).

The provisions expressed by the Framework Law in this area, incorporating the criteria and principles accepted and shared at European level, represent an important guideline to follow.

Important in this regard is the fact that it is expected, following the acquisition of the documentation resulting from the Functional Diagnosis, the drafting of a Functional Dynamic Profile (PDF) and Individualized Study Plans (PEI) to which several professionals work alongside the family of the disabled.

The process of school inclusion provided by Law 104, therefore, can be summarized in four phases:

1. identification of the impairment;
2. functional diagnosis;
3. the dynamic-functional profile;
4. the individualized educational plan.

More specifically, the Functional Diagnosis, according to the art. 3, paragraph 2, of the D.P.R. 24/2/94, "*refers to the analytical description of the impairment of the psycho-physical state of the pupil in a situation of disability, when access to the health facility to achieve the interventions required by Articles 12 and 13 of Law 104 /92*". The Functional Diagnosis is written by the multidisciplinary unit of the Local Health Corporation, composed of specific specialists: the child neuropsychiatrist, the rehabilitation therapist and social workers.

In fact, this document derives from the acquisition of clinical and psychosocial elements. The clinical elements are acquired

through the direct medical examination of the pupil and the acquisition of any pre-existing medical documentation. The psychosocial elements are acquired through a specific relationship, which includes: a) the personal data of the subject; b) data on the characteristics of the family unit (composition, state of health of the members, type of work performed, environmental context, etc.).

The contents of the Functional Diagnosis are family history, clinical aspects (psychological and pathological anamnesis, clinical diagnosis), psychological aspects (cognitive, affective-relational, linguistic, sensory, motor-praxic, neuropsychological, autonomy).

The Functional Dynamic Profile (P.D.F.), according to the Law 104/92 and the D.P.R. 24/2/94 (the act of guidance and coordination related to the tasks of local health units in the field of disability) is a document containing the description of the difficulties and potential development of the disabled pupil in the short (six months) and medium (two years) term.

The Functional Dynamic Profile concerns both the cognitive, affective-relational, and communicational, linguistic, sensorial, motor-praxic, neuropsychological axes, as well as autonomy and learning. The document is drawn up by a multidisciplinary unit, composed of the curricular teachers and the specialized teachers of the school, who report on the basis of direct observation and experience gained in similar situations, with the collaboration of the disabled pupil's family members.

The Individualized Educational Plan (P.E.I.) is the document, which describes the interventions aimed at the full realization of the right to education, instruction and school inclusion as foreseen by art. 5 of the D.P.R. 02.24.94.

The law 104/92, then, states in article 13 that the school inclusion is realized also through other important measures (of which also see articles 14, 15, 16).

Firstly, a coordinated planning of school services is needed with health, socio-assistance, cultural, recreational, sporting and other activities in the area, managed by public or private bodies. This is accomplished through the stipulation of an agreed program aimed at the preparation, implementation and joint verification of individualized educational, rehabilitation and socialization projects, as well as forms of integration between school activities and extracurricular supplementary activities.

Secondly, it is necessary to guarantee schools and universities the technical tools, equipment and teaching aids, as well as any form of technical assistance for the effective exercise of the right to education. Alongside the technical equipment, the law also provides the professional figure of specialized and support teachers who participate in educational and teaching planning and in the development and verification of activities carried out in the first and second level secondary schools.

Finally, as regards university training, the need for specialized tutoring services established by universities within the limits of their own budget is established.

3.2.2 The right to vocational training and work inclusion

Together with the school inclusion and in continuity with it, the Law 104 also regulates the professional training and work inclusion in articles 17 and 18, respectively. In particular, Article 17 provides for the inclusion of the disabled person in the ordinary courses of vocational training, in specific courses and in pre-employment courses, organized by both public and private centres. The Regions are given the burden of providing the subsidies and equipment necessary for the adaptation of the centre to the needs of disabled students. Moreover, the validity of many guided work initiatives is recognized, such as internships and training contracts, carried out in some territorial realities and aimed at experimenting with new methods of job placement that are alternative to mandatory placement.

3.2.3 The right to social participation and social inclusion

The social inclusion of people with disabilities does not end with the exercise of the right to education, instruction and work, but needs a broader protection for all those activities related to leisure time, which constitute normal completion of the life of each individual who is inserted into a social network, enriches and develops his personality.

The importance of free time for each individual is well known and irrefutable, especially in a busy modern society. It is so important that it may be considered as a luxury item that not everyone can enjoy.

Other barriers are added to the economic and psychological obstacles which sometimes make it impractical for individuals with disabilities to enhance their free time according to their personal attitudes.

In this regard, Law 104/92 in Articles 23 and 24 deals respectively with "*removing obstacles for the exercise of sporting, tourist and recreational activities*" and "*eliminating or overcoming architectural barriers*".

Article 23, in particular, provides interventions aimed at removing obstacles that limit or make it impossible to carry out sporting, recreational and tourist activities, also providing for the granting of fitness for competitive sports practice. In this regard, "*accessibility and usability of sports facilities and related services by disabled persons*" is guaranteed.

The same article also establishes that bathing facilities, for the renewal of the state concession, must meet the criteria of visitability and real access to the sea by the disabled. So too "the motorway concessions and their renewals are subordinated to the visitability of the facilities" by subjects with functional limitations.

Failure to comply with these regulatory provisions and the resulting discriminatory conduct implemented by public service operators are punished with specific administrative sanctions.

Closely related to article 23 are the provisions in the article 24 aimed to protect the mobility of disabled people in more general terms through the regulatory provision of 11 points that touch all the most important issues concerning the elimination and overcoming of architectural barriers. The opening of the article underlines the need to comply with the provisions in force on the subject, with regard to all public and private buildings open to the public.

Continuing, it should be noted that the projects for the execution of works on these buildings presented to the Municipality must be accompanied by a graphic documentation and a declaration of compliance with current legislation; this conformity is verified in two ways: on the one hand from the Municipality's technical office before issuing the building permit or authorization; on the other hand by the Mayor in granting the certificate of practicability and habitability. In particular, for public works it is established that: "*the assessment of compliance with current legislation regarding the elimination of architectural barriers lies with the competent Administration*", which acknowledges this when approving the project; the modification of the intended use of a building in a public place or open to the public, is subject to the technical verification of compliance of the declaration with the actual state of the building. It is envisaged that the Committee for Residential Construction may have a quota of funds to be allocated to urbanization works and to recovery interventions aimed at eliminating architectural barriers in public housing.

Furthermore, Law 104 introduces a series of provisions addressed to local authorities concerning "t*he identification and implementation of accessible routes, the installation of acoustic traffic lights for the blind persons, the removal of signs installed in order to disturb the circulation of disabled*", in addition to the possibility of drawing on a share of 2% of the annual sum granted by the bank deposits and loans for restructuring and recovery works.

In order to guarantee complete social inclusion, the Framework Law does not neglect the right of disabled people to access Information and Interpersonal Communication. To this, end specific measures are planned to remove the barriers existing in this area. In fact, Article 25 contains specific provisions on the installation of decoders and complementary equipment, as well as the adaptation of telephone booths. It also establishes that radio and television dealers promote initiatives to enable people with sensory impairments to follow information, cultural and entertainment programs.

One last important right protected by Law 104 and strictly dependent on overcoming architectural barriers is the right to vote.

Article 29, in addition to the provisions of Law 15/ 91 ("Rules intended to favour the voting of non-ambulant voters"), confers to the Municipalities the duty to organize public transport services to reach the polling station. It also establishes that, in the three days prior to the electoral consultation, the Local Health Units have to guarantee the presence of doctors authorized to issue accompanying certificates for the disabled to exercise the right to vote in places without architectural barriers.

In conclusion, it is emphasized that at regional level the legislative activity of transposing the Framework Law was quite heterogeneous, but mainly oriented to exceed the sectoral limits of the state laws with reference both to the fields of application and their implementation.

4 From the Framework Law to date: the main legislative developments

4.1 Economic support

The current legislation - which assigns the State the task of defining the forms and modalities of economic performance for the disabled - has remained almost unchanged for over forty years as regards the structuring of the various institutions.

Basically, this is economic support for the loss of work ability or performance related to non-self-sufficiency or the specificity of impairments.

Even if the Italian legislator has not defined them explicitly, Article 24 of the Law 328/2000, in delegating to the Government the reorganization of economic benefits for the disabled, blind and deaf, imposed "the maintenance of current treatments" implicitly recognizing the nature of essential economic levels (Article 38 of the Italian Constitution) that the State is called to guarantee to the disabled in a uniform way throughout the national territory.

Article 24 of the aforementioned Law 328/2000 indicated some principles that the Government in the matter of reform of the welfare system has never made operational.

First of all, the economic benefits connected to a total disability have the function of integrating the non-perception of income and therefore their consistency can only be compared to the minimum pension plans envisaged by the State.

Instead, the current article 38 of the Law 448 of 28th December

2001 still provides for the integration of the minimum only for civil disabled persons, civil blind persons and total deaf people aged over 60 years, resulting in an inequality compared to those aged between 18 and 60 years. In this sense, a proposal for a popular law, number 1/2013, supported by the National Association Mutilated and Invalid Civilians, to extend a uniform economic treatment, respecting the minimum pension payments to all the disabled people is in the acts of the Chamber of Deputies.

The economic benefits linked to partial disability, currently set at least 74%, as stated in the aforementioned Article 24, had to be linked to training courses, constituting a support in the pre-employment phase, from which it is currently completely disengaged.

The same must be said in relation to non-self-sufficiency and to the different forms in which it occurs.

The principle of diversification and graduation of non-autonomy is present in many community systems and regions such as Friuli Venezia Giulia and Tuscany have implemented legislation on different levels of economic support that rely on a basic treatment guaranteed by the State to all seriously and very seriously disabled people.

Italian citizens are the subjects of the economic benefits connected to the state of disability and to the different degrees and forms in which it manifests itself. However, citizens belonging to the European Community are also entitled to identical economic benefits if they are permanently resident on the national territory.

As, for example, the National Institute of Social Security (INPS) clarified in circular 82 of 2000, in application of the principles of the Treaty of the European Union, following the introduction of the Law 40/1998, that citizens of the European Community can obtain financial assistance in favour of the disabled, regardless of the possession of the qualification of workers and the ten-year duration of stay in Italy, previous requirements.

For these subjects, the economic benefits, according to the criteria indicated, can be recognized starting from 27th March 1998. For the citizens of Romania and Bulgaria starting from 1st January 2007, date of entry to the European Community and from 1st July 2013 for Croatia for the same reasons. For non-EU citizens, four recent sentences of the Italian Constitutional Court referred to in INPS Message no. 13983/2013 recognized the right to an accompanying allowance, the disability pension, the disability allowance and attendance allowance, provided they hold a residence permit for at least one year, pursuant to Article 41 of the Consolidated Law on Immigration.

4.2 School inclusion

Article 24 of the UN Convention on the Rights of Persons with Disabilities clearly states that education is a right of disabled people to be implemented without discrimination and based on equal opportunities, through an inclusive educational system and training throughout the arc of life.

This principle, already present in our legal system in the third and fourth paragraphs of Article 34 of the Constitution, has been taken up again in sentence no. 80 of 2010. It specifies that the right to education for the disabled must be guaranteed in its essential aspects that limit the discretionary power of the legislator in the discipline of the subject.

It is the point of arrival of an inclusive school policy that has its roots, as we have seen, in the Seventies of the Twentieth century, with the Law 118/71 which constitutes the first attempt to overcome classes or special sections - introduced with the Law 1855/1962 - for boys and girls affected by behavioural disorders or physical or sensory impairments, and especially on the Law 104/92 which starts a real inclusive policy in the school environment.

The Law 9/99 (“Urgent provisions for the increase of the obligation of education”) established raising compulsory schooling by two years also for children with disabilities, while Law 17/99 (“Integration and amendments to the Framework Law 104/92, for assistance, social inclusion and the rights of disabled people for university education”) guarantees to students with functional limitations: technical and educational grants, as well as specialized tutoring services, individualized treatments for university exams, the possibility of performing equivalent tests, the presence of a teacher with coordination functions, the monitoring and support of all initiatives regarding integration within the university, allocations to support the costs deriving from the implementation of these regulatory provisions.

The Regulation on school autonomy, approved by the Council of Ministers on 25th February 1999, also emphasizes the need to consider each individual in his / her diversity (including those related to disability) and to provide "*education, training and education interventions aimed at development of the human person, adapted to the different contexts, to the demand of the families and to the specific characteristics of the subjects involved* "(Article 1, paragraph 2).

With Legislative Decree 112/98, then, in implementation of the Law 59/97 about school autonomy, the criteria of decentralization set for "*the organizational support services of the education for students with disabilities or in a situation of disadvantage*" are attributed to the Municipalities and Provinces, respectively for preschool and compulsory schooling, and for high schools.

Subsequently, with the Decree of the Minister of the Public Instruction 331/98, the support staff were no longer linked to the number of disabled students, allowing teachers who had specialized in this field to establish a real school resource which was stable over time. This provision, after a temporary repeal due to constitutional illegitimacy, was reintroduced with Law 122 of 30th July 2010. In paragraph 5 of the article 10 of this legislation, it is reiterated that the subjects, as per article 12 paragraph 5 of the Law 104/92, "*in the formulation of the Individualized Educational Plan, elaborate proposals on the identification of the necessary resources, including the indication of the number of hours of support, which must be exclusively aimed at education and instruction, remaining the responsibility of the other institutional subjects the provision of other professional and material resources necessary for the inclusion and assistance of the disabled pupil required by the individualized educational plan*."

Of great importance for the professional qualification and training of teachers of support is given by the Decree of the Ministry of University and Scientific and Technological Research of 26th May 1998, which establishes the criteria for the discipline of degree courses in Science of Primary Education and Specialization Schools for secondary school teaching. In addition, with other decrees of 1998, numerous high-quality intensive courses started for teachers in-service, with the aim of improving the quality of the actions carried out by teachers.

Also, in the field of vocational training, following the provisions of Law 104, the legislator tried to link the training path to educational continuity with respect to the previous academic path. In this regard, the use of integrated vocational education and training courses has been widely used. Furthermore, with Law 196/96 an additional fund was set up for training and work grants.

Of particular interest are the innovations introduced by the Law 170 of 2010 and the directives issued by Ministry of Instruction, University and Research.

The activity of school support and, more generally, the policy of school inclusion for the students with certified disability (Law 104/92) must also be guaranteed to the so-called students with specific learning difficulties, i.e. non-disabled according to the aforementioned standard, but affected by specific learning disorders such as dyslexia, dysgraphia, dyscalculia and dysorthographia.

However, the current support of special need teachers is often insufficient or completely lacking. Hence a continuous proposition of appeals to the Regional Administrative Court with which the application of the sentence of the Constitutional Court n. 80/2010 which established the indispensable right to school support in relation to the type and degree of disability of the applicant and therefore the obligation, by the Ministry of Instruction, University and Scientific Research to integrate the job vacancies in the school staff through external collaborations and therefore with non-permanent staff.

A current problem concerns the private school, in spite of the legal provision of the Law 62/2000, this provision normally does not apply.

The right / duty of compulsory education provided for in Article 34 of the Constitution is equally applicable to European and non-European minors.

There are numerous legislative provisions foreseen by the Law, starting from article 28 of the UN convention on people with disabilities.

To this end, Articles 6 and 38 of the Consolidated Law 286/98 and 45 of the Decree of the President of the Republic 394/99 which provide that foreign minors present within Italian territory must have a compulsory education, regardless of the legality of the position of their stay and within the limits and in the forms provided for Italian citizens.

Article 39 of the Consolidated Law on the other hand requires a regular residence permit in Italy for access to universities.

European and non-European disabled students admitted to school and university attendance have the same rights as Italian citizens, from the special need teacher to exemption from tuition.

The Law 107 of 2015 (so-called Good School), delegates the Government to adopt one or more delegated decrees within eighteen months which will have as objectives the "promotion of the scholastic inclusion of students with disabilities" and the "recognition of different modes of communication" (See Article 1, paragraph 181, letter c).

In particular, the Government is called to intervene in the following areas:

1 The redefinition of the role of teaching support staff in order to favour the school inclusion of students with disabilities, including through the institution of special university training paths.

The provision acquires greater significance in light of the fact that, starting from the public competition following the entry into force of the law, for each competition class or type of place only candidates with the relative qualifications will have access to the competition procedures for teaching qualification. In the case of positions for special need support teachers for kindergartens, primary and secondary schooling, candidates must possess the specialization title for teaching support activities for students with disabilities (see Article 1, paragraph 110 of the Act under exam). In this way, the training of the support teacher is redesigned, starting from the initial phases, with a view to the effective guarantee of the right to study of the disabled person.

From what emerged from the consultation tables with the social parties, initiated at the Ministry of Education, these two provisions have a twofold objective: on the one hand, the provision of competitions differentiated to access the role for those who have a specialization on support, on the other - unlike what happened previously - targeted vocational training for those wishing to make the choice to become support teachers, training that begins with the university studies.

This point ignited an intense debate. Some professional organizations and experts criticized this stating that the separation of university education and careers between curricular and support teachers would encourage the delegation mechanism from the former to the latter thus threatening real inclusion. On the contrary according to others, this "specialization" intervention would be the best tool to strengthen the skills of all teachers, as well as the relationship between support teacher and student with disability.

In any case, according to the Ministry, this choice is aimed at enhancing the role of the special need teacher, in order to make the right to school inclusion as effective as possible, through a better preparation of the professional figures of reference.

2 The revision of the criteria for inclusion in the roles for educational support, in order to guarantee the continuity of the right to study of students with disabilities, so as to make it possible for the student to benefit from the same special need teacher for the entire order or degree of instruction.

This provision is strictly linked to those examined above, which aim at professional specialization and the creation of differentiated competition classes for support and was created to avoid the abuses that occurred previously, when the specialization on support came from some achieved only or especially for "getting into the role", then moving on to other teaching classes immediately.

3 The identification of the essential levels of educational, health and social services, taking into account the different levels

of institutional competence.

In this regard, it would be really important that it finally succeeded in identifying the competences of the different territorial bodies regarding support services for school inclusion. In accordance with article 139 of the Legislative Decree 112 of 1998, the Municipalities have the functions of transport and educational assistance for students of the preschool, primary and first level secondary schools, and the Provinces have the same functions for the second level secondary school and assistance in communication for students with sensory disabilities who attend every level of school. However, on this division of competences the Law 56 of 2014 (Delrio law), which - in redefining the characteristics and functions of the various local authorities - did not clarified how the attribution of skills in the management of organizational support services to education for pupils with disabilities previously due to the Provinces has been redesigned. The result of this "forgetfulness" has been the failure to activate some of these services or the delay in their preparation or inadequacy to respond to the actual needs of the beneficiaries. The situation varies greatly from place to place, with the further consequence that the institutions are responding differently, or even do not respond at all, with heavy repercussions on equality and equal opportunities, in clear violation of the principle set out in Article 3 of Italian Constitution.

4 The provision of indicators for self-assessment and evaluation of school inclusion.

As underlined by the professional organisations, this is an important point, which aims to put school inclusion at the centre of the school, as one of the fundamental aspects that make education a quality education. This provision should be read together with paragraph 129 of article 1 of the law, which provides for the presence of parents in the evaluation committee of teachers, and the previous paragraph 14. The three-year plan of the training offer is drawn up by the teachers' board taking into account the proposals and opinions formulated by the parents' organizations and associations.

5 The revision of the methods and criteria related to certification, which must be aimed at identifying residual abilities in order to be able to develop them through paths identified in concert with all specialists of public, private or contracted structures that follow the students recognized as disabled according to articles 3 and 4 of the Law 104 of 5th February 1992, and of the Law 170 of 8th October 2010, which participate in the working groups for integration and inclusion or at informal meetings.

The provision is hopefully to be understood in the sense of an ever smaller medicalization of disability and an increase in attention directed to the development of the residual abilities of the person, in a not merely in assistance perspective, but according to an inclusive view, corresponding to the bio-psycho-social model, acknowledged in 2006 by the United Nations Convention on the Rights of Persons with Disabilities, according to which, as already mentioned, "disability" is the consequence or result of a complex interaction between the health condition of the individual and contextual factors: the person is not considered only in his individuality, but also and above all in relation to the surrounding physical and social environment.

6 The revision and rationalization of the bodies operating at the territorial level to support inclusion.

7 The provision of initial and in-service training obligations for school managers and teachers on the pedagogical-didactic and organizational aspects of school inclusion.

This provision expresses the conception that the guarantee of the right to study of the student with disabilities cannot be delegated only to the special need teacher, but must involve first of all the head teacher and then the entire teaching staff, also for the purpose of greater interaction between students with disabilities and the rest of the class. In this regard, the provisions of the Ministry of Instruction, University and Scientific Research Guidelines of 4th August 2009 take on particular importance: "it is the whole school community that must be involved in the process in question and not just a specific professional figure to whom to delegate in exclusive way the task of integration ".

8 Provision of the obligation of in-service training for administrative, technical and auxiliary staff, with respect to specific skills, basic assistance and organizational and educational-relational aspects related to the process of school inclusion.

This provision - in line with the rationale behind the previous provision - is based on the belief that the school inclusion process, to be effective, must involve all the staff of the educational institution, without exception.

9 The provision of the guarantee of home education for students who are in the conditions referred to in Article 12, paragraph 9, of the Law 104 of 5th February 1992.

The Law 104 states that children with disabilities who are subject to compulsory schooling but are temporarily prevented due to health reasons from attending school are entitled to education and schooling: "to this end, the administrator for studies, in agreement with the health units local and rehabilitation centres, public and private, affiliated with the Ministries of Health and Labour and Social Security, provides for the institution, for minors hospitalized, ordinary classes such as detached sections of the state school. This right is currently guaranteed unevenly across the country, sometimes with delays and often not very effective. We hope that the situation can change.

Furthermore, the Law 107 of 2015 provides:

- The possibility of creating support places in derogation within the limits of the resources envisaged under current legislation (see Article 1, paragraph 14, which will affect Article 3 of the regulation pursuant to Presidential Decree No. 275 of 1999, as well as the paragraph 75, which recalls the current legislation on the matter);
- The possibility of ensuring the teaching of school subjects also through the recognition of the different modes of communication, without new or greater burdens on public finance for students with disabilities..

Both provisions refer to the limits of available resources. The legislator must take into account the provisions of the Constitutional Court with sentence no. 80 of 2010, which states that although the legislator enjoys discretion in identifying the measures necessary to protect the rights of persons with disabilities, "this discretionary power is not absolute and finds a limit in respect of an indefatigable core of guarantees for the interested parties", coinciding with the indispensable services so that the right to school inclusion is made effective and not an empty formula on paper.

4.3 Access to public services and social-welfare and social-health services

The topic is one of the most interesting but it is certainly the most complex in terms of the systems of interventions that the modern social state has identified in favour of the weakest sections of the population and in particular of disabled people, both for the plurality of institutions that contribute to their discipline and their management.

Apart from the first substantial regulatory intervention, which dates back to the enactment of the Law 104/92, the attention can only be turned to the Law 328/2000, which constitutes the framework law on social interventions and services. Article 1 of this law calls on the Republic to provide individuals and families with an integrated system of social interventions and services, to promote initiatives to guarantee the quality of life, equal opportunities, non-discrimination and citizenship rights, to prevent, eliminate or reduce the conditions of disability, disadvantage and need arising in particular from conditions of non-autonomy, consistent with Articles 2, 3 and 38 of the Constitution.

The same Law 328/2000, according to a dualistic model, introduced into the Italian system the concept of an essential level of assistance, which was then repeated in article 117 of the Constitution, but never concretely implemented.

According to the orientation of the national legislator, it is up to the State to guarantee essential levels of assistance throughout the country in an equal way for all and to the Regions and Local Authorities with integrative systems of services and assistance on the basis of the specificity of the forms of intervention, conditions of the applicant and of the territory.

The so-called LIVEAS (Essential Socio-Assistance Levels) concept following that of the LEA (Essential Levels of ordinary Assistance), introduced by the Legislative Decree 502/92.

However, it has had only a theoretical development, determining two categories of thinking depending on whether essential services are those necessary or indispensable to meet the needs of the person or the basic minimum services, consistent with the available economic resources.

On this dichotomy the ISEE (Indicator of the Equivalent Economic Situation) decree intervened, which, abandoning the criterion of the determination of services, indicated as essential the levels of assistance related to the criteria of application of the ISEE.

The category of benefits for disabled people includes disparate institutions (the generic identification is contained in article 128 of the Legislative Decree 112/98 and in article 1 of the Law 328/2000) and includes all the activities related to the predisposition and provision of free or paid services, or economic services intended to remove and overcome situations of need and difficulty that the person encounters in the course of their life, excluding only those covered by the social security and health system, as well as those included in the administration of justice.

In the sphere of social provisions, particular emphasis is placed on facilitated social benefits (not intended for the individuals or otherwise linked to the extent and to the cost of certain economic conditions) and social and health benefits (direct services in the context of integrated care pathways of a socio-health nature).

The first are the responsibility of single or associated Municipalities (Zone Plans), while the management of the latter sees first the operational involvement of the Local Health Companies.

There is a varied range of services: ranging from socio-health residences, to care homes, to school transport, rehabilitation services, home care, and mobility services.

In almost all the cases mentioned, these benefits are supplemented by the economic contribution of the families based on the ISEE (Indicator of the Equivalent Economic Situation).

While in the old system, for the seriously disabled and the non-self-sufficient over-65s, the partnership was modelled only on the income of the disabled, for the State, the reference point is given by the family ISEE that is a prerequisite for access to facilitated social benefits and an instrument for determining the cost sharing.

A long story of appeals and regulatory changes distinguished the subsequent phase of the entry into force of the Decree of the President of the Council of Ministers 159/2013, that is the "Regulation concerning the revision of the methods of determination and the fields of application of the Indicator of the Equivalent Economic Situation (ISEE)".

On 29th February 2016 Section IV of the Council of State filed three judgments (No. 838, 841, 842) ruling apparently in opposition to as many pronouncements issued by the Regional Administrative Court of Lazio on 21st February 2015 (No. 2454/2015, 2458/2015 and 2459/2015) regarding the Prime Ministerial Decree 159/2013.

The rulings of the Regional Administrative Court (TAR) of Lazio, had rejected many elements raised by the plaintiffs, but had instead upheld two central disputes in the calculation system of the Indicator of the Incumbent Situation, i.e. one of the two components of the ISEE (the other refers to the patrimonial situation).

The three TAR devices, read in combination, established:

- the exclusion from the calculation of the Income Indicator the "*welfare, social security and indemnity, including debit cards, for whatever reason received by public administrations*" (Article 4, paragraph 2 letter f); this means all pensions, cheques, indemnities for civil impairments, social allowances, compensation for work-related disabilities, care allowances, independent life contributions, etc.;
- the cancellation of the Prime Ministerial Decree 159/2013 in the part in which it provides for an increase in deductibles for minors only (Article 4, letter d, No. 1, 2, 3).

In the face of these judgments there was a regulatory intervention with the Law 89 of 26th May 2016 (article 2) which modified the ISEE calculation facility for people with disabilities pending a more comprehensive reform of the instrument.

The norm provides that:

- any social security or welfare benefits that are exempt from tax on personal income are no longer computed in the ISEE; this exclusion applies only to the welfare provisions connected to disability;
- that the exemptions for medium, serious and non-self-sufficiency disability previously foreseen are abolished;
- that the possibility of deducting from the Indicator of the Income Situation the costs actually incurred and demonstrable for personal assistance or the amount of the fee paid for hospitality is deleted for the admission in residential structures in the context of integrated social and health care pathways;
- that an increase of the equivalence scale equal to 0.50 is applied to each person with disability present in the family unit.

However, the innovation is even more general. One of the major problems of application to date, and that have generated no little controversy, is that the Regions and the Municipalities operate with considerable discretion in defining the limits and conditions for sharing access to social security benefits.

The will is to re-establish a single criterion of calculation and application valid throughout the national territory: this is clearly indicated in the new decree: the application of ISEE constitutes an essential level of benefits, according to article 117, letter m of the Constitution. Therefore, it becomes binding for all regions.

The only real subject "penalized" in the ISEE reform was the family that is the elective place of the disabled, especially the serious non-autonomous, which was burdened with charges and not supported.

In fact, invoking the duties of solidarity between close relatives, the small family - which normally already bears heavy burdens when a seriously disabled person is present, has been called to bear the costs of sharing the provision of services rather than providing that it can manage the assistance and the services themselves within the family nucleus. The institutions provide

an economic support to the members of the family that normally dedicate their lives to that of the disabled, especially if they are not self-sufficient.

In truth, some Regions, including Veneto, with the deliberation of the Regional Council n. 1338 of 30th July 2013 approved the reprogramming of services in the field of homecare falling within the Regional Fund for Non-Self-Sufficiency (with the 2013 Stability Law - Law 228/2012 - the national legislator has submitted the National Fund for Non-Auto Sufficiency FNA) , with the establishment of the so-called Domiciliary Care Commitment, a contribution aimed at supporting the home care of elderly people who are not self-sufficient and persons with disabilities.

The real and serious prospect in the field of social services is represented by the identification of those which are essential, for which the burden is completely borne by the State, and a supplementary assistance that takes into account the economic conditions of the beneficiaries, the cultural and family conditions, the capacity of the local bodies to manage efficient and adequate welfare activities, favouring the family and home care.

The beneficiaries of services for the disabled are certainly Italian citizens and members of the European community residing within the territory of the organization that provides them. Regarding the non-EU citizens, the criterion of discrimination is given by the possession of a legal residence permit.

In addition, even the parents of the person with disability get old and at some natural point in life, the disabled person will find themselves without parents.

To this problem the legislator wanted to respond with the Law 112 of 22nd June 2016 (called the "After-Us law") which contains "Provisions on assistance for people with severe disabilities without family support". The Ministry of Labour and Social Policies, in the accompanying technical report, has quantified potential beneficiaries as about 150 thousand subjects, a number deriving from National Institute of Statistics (ISTAT) data relating to those who benefit from INPS pension benefits. For the full operation of the legislation, two implementing decrees are expected, to be adopted by the Ministry of Labour and Social Policies in agreement with the Ministry of the Economy and Finance within six months of publication. The first prior agreement of the Unified Conference and the second in agreement with the Ministry of Health, aimed respectively at defining the service objectives for benefits for the severely disabled and the access requirements for assistance, care and protection measures to be paid by the Fund for Assistance to people with severe disability without support familiar. The first article opens with a reference to the principles of the Constitution, the Charter of Fundamental Rights of the European Union and finally to the United Nations Convention on the Rights of Persons with Disabilities, underlining the reference to the first letter of Article 19. This requires States that "*People with disabilities have the possibility to choose, on the basis of equality with others, their place of residence and where and with whom they live and they are not obliged to live in a particular arrangement.*"

A qualifying point of the UN Convention that rejects any form of segregation, the argument that - on the contrary - never recurs in a peremptory way in the law 112/2016.

Also, in the first article, the recipients of the "assistance, care and protection" measures are defined. In the accurate expression of the law they are "*people with severe disabilities, not determined by natural aging or by diseases related to senility, without family support because they are missing from both parents or because they are not able to provide adequate parental support as well as in view of the lack of family support.*"

Therefore, non-self-sufficient elderly people and people with a disability that is not recognized as "serious" are excluded. The reference is to seriousness of the disability as defined by Law 104/1992 (Article 3, paragraph 3), a rather surpassed criterion if the reference must be the UN Convention, now still one of the few available.

But it is not enough: to access those support measures, it is also necessary that the parents are missing or that they are not able to adequately assist (rather generic term) their children. It is no coincidence that the resulting estimates produced by ISTAT to the Commissions that were examining the bill, return a rather

limited number of hypothetical beneficiaries.

If the criteria are very strict for the person to access potential services, they are much less, as will be seen later, for the purposes of tax relief for the establishment of trusts, insurance policies and special funds.

In these cases, serious impairment is sufficient (Article 3 paragraph 3, Law 104/1992) the terms (perhaps a little far from the semantics of the UN Convention) that define the general framework of what are the intent of the Legislature are "*measures of assistance, care and protection*". The progressive "t*aking charge of the interested person*" is foreseen already during the existence of the parents' life even in order to avoid institutionalization.

The reference for these interventions should be the so-called individual project required by Law 328/2000 at article 14, but made a little more current with the prediction of the involvement in its drafting of the disabled person concerned or someone who represents him.

However, the essential levels of assistance and other care and support interventions provided for by the legislation in force for people with disabilities remain unaffected.

To which Essential Levels of ordinary Assistance (LEA) the Legislator refers is not known; probably the area is the health or social health. Regarding the welfare benefits to be guaranteed throughout the national territory to the beneficiaries of the new law, the legislator establishes that the essential levels of social benefits will be determined between the Essential Performance Levels (LEP) and service objectives. In the meantime, within six months of the entry into force of the new law, by the Minister of Labour and Social Policies, in agreement with the Minister of Economy and Finance, prior agreement in the State Regions Conference, will set "objectives of service" for services to be provided to potential beneficiaries of the new standard. The "objectives of service" are not a right or an essential level and are in any case conditioned by the resources available.

The legislator specifies that the Regions and the Autonomous Provinces ensure, "*within the resources available to current legislation*", health care (as in the text) and social assistance, including through the integration of the related services and collaboration with the municipalities. And again: in compliance with the provisions in force on the subject and the constraints of public finance, the Regions and the Autonomous Provinces, guarantee the territorial area of competence, the "*macro-levels of hospital assistance, territorial assistance and prevention*".

The third article establishes the "Fund for assistance to people with severe disabilities without family support". The initial endowment of € 90 million (2016) drops to € 38.3 million in 2017 and stands at € 56.1 million from 2018.

The amount of € 90 million allocated in a structural manner starting in 2016 with the latest Stability Law (Law 208/2015, article 1, paragraph 400) is provided for the first year only, while drastically decreasing in the following years. In fact, only for 2016 the Fund goes completely into services and support; for the following years it is reduced to cover the minor revenues deriving from tax relief on trusts, special funds, insurance, that is, private measures.

The law establishes that the criteria for access to the Fund are established by decree of the Ministry of Labour and then allocated to the Regions. The Regions, in turn, will adopt planning guidelines and define the criteria and methods for the disbursement of loans, the methods for advertising the loans disbursed and for verifying the implementation of the activities carried out and the hypotheses for revoking the granted loans. The discretionary margins for defining the actual policies and services appear to be rather large and give rise to the consequent fear of strong territorial inhomogeneities.

The fourth article gives a very general overview of the aims of the Fund. The Legislator recalls that, according to the principle of subsidiarity, local authorities, non-profit organizations, associated families and, finally, "*private law subjects with proven experience in the field of care for people with disabilities*" can contribute economically to the projects:

a activate and strengthen intervention programs aimed at favouring deinstitutionalization and support for domiciliary conditions in homes or apartment groups that reproduce the housing and relational conditions of the family home. It is expected to take into account "*also the best opportunities offered by new technologies, in order to prevent the isolation of people with disabilities*" (serious, of course). The article does not set qualitative or quantitative criteria on "*apartment groups*", nor does it provide guidance on situations that are to be considered "*institutionalizing*".

b Realize when necessary and, however in most of the cases as a residual way, interventions for temporary stay in a non-residential housing solution to cope with any emergency situations, "*in the best interests*" of people with severe disabilities, without parental support, respecting the will of disabled persons, where possible, of their parents or of those who protect their interests. Translated: emergency admissions or, perhaps even, relief.

c Implement innovative housing interventions for people with severe disabilities without parental support, aimed at creating family-type housing and co-housing solutions. These interventions may include the payment of the costs of purchase, lease, restructuring and installation of the facilities and equipment necessary for the operation of the same housing, also supporting forms of mutual aid among persons with disabilities.

d develop programs to increase awareness, enable and develop skills for the management of daily life and to achieve the highest level of autonomy possible, obviously always for people with severe disabilities.

If on the one hand the system of interventions appears rightly ambitious, even with the limitation to gravity and not also to the prevention of it, on the other it is legitimate to ask which actors will be interested and able to meet these challenges (and related funding). Much will depend on regional policies and choices.

Around the tax, concessions provided for in articles 5 and 6, and in particular for the trust, there have been legitimate lobbying interventions, to a large extent accepted during the approval of the standard which also, in its final draft, provides for an expansion also to special funds and insurance policies not initially provided for.

It must be said that both the trust institution and the destination restrictions (article 2645-ter, Italian Civil Code) and special funds already existed in our legal system. The substantial novelty lies precisely in the greater tax benefits that are deductions on expenses incurred to underwrite insurance policies and contracts to protect the severely disabled, and exemptions and relief on transfers of assets after the death of family members, establishment of trusts and other legal protection.

In fact, the insurance premiums on death risk were already deductible up to € 530 per year. From 2017 for policies on the "*risk of death aimed at protecting people with severe disabilities*", the amount is raised to € 750.

Some commentators, not unfounded, have commented that this form of "private welfare / assistance" will have a real impact only on nuclei with medium-high assets, while the impact will be lower for the low-income groups.

On 23rd February 2017, the Decree of 23rd November 2016 of the Ministry of Labour and Social Policies was published in the Official Journal on "Requirements for access to assistance, care and protection measures to be paid by the Fund for assistance to persons with serious disabilities lacking family support, as well as allocation to the Regions of resources for 2016 ". With respect to the second decree - then access to the interventions supported with the resources put in place by the Fund - the Regions have sent the guidelines of the regional programs to the Ministry of Labour and Social Policies, by 28th February the implementation of Law 112/2016. At this point, by the end of March, the Government will evaluate these proposals, which the Regions have formulated with respect to the grids provided by the Ministry itself.

Once the Government has evaluated the specific guidelines and will have approved them, the Regions will be able to issue regional regulations to establish how to use the funds that have been entrusted to them to promote the projects of life for the After-Us, as indicated by Law 112/2016. The interventions, that the regional plans will have to put in place and which will be covered by the funding established, must be:

a planned accompaniment paths for leaving the family nucleus of origin or for deinstitutionalization, as per article 3, paragraphs 2 and 3;

b interventions to support home care in housing solutions

with the characteristics set out in article 3, paragraph 4;

c programs to increase awareness, enable and develop skills for the management of daily life and for the achievement of the highest level of autonomy as possible, pursuant to article 3, paragraph 5, and, in this context, apprenticeships aimed at social inclusion, people's autonomy and rehabilitation, as per article 3, paragraph 6;

d measures to implement innovative housing solutions with the characteristics set out in article 3, paragraph 4, through the possible payment of the costs of purchase, lease, restructuring and installation of the plants and equipment necessary for the operation of the same housing, also supporting forms of mutual aid among persons with disabilities;

e on a residual basis, interventions of temporary stay in an extra-family housing solution, as per article 3, paragraph 7.

It should also be remembered that these resources are additional to the resources already allocated to provisions and services for people with severe disabilities without family support from the Regions, as well as from local autonomous government. Funding for the interventions and services referred to in paragraph 4, where they are of a social-health nature, are aimed at covering the socially relevant costs of the assistance and are not substitutive, but additional and complementary, to health care.

4.4 Mobility

In the Italian Regulations, there are two moments that significantly represent the starting and the arrival points of the recent regulatory framework regarding the mobility of the disabled.

In 1999 the Constitutional Court, with the historic sentence n. 167, declared the illegitimacy of article 1052 of the Italian Civil Code (ruling the servitude of compulsory passage of a non-interrupted plot) in the part in which it did not provide that the compulsory passage could be granted by the Judicial Authority under the legislation concerning persons with disabilities, when it recognize that the request of the interested party responded to the needs of accessibility to buildings intended for residential use.

Ten years later, Italy, in ratifying the UN Convention on the Rights of Persons with Disabilities, has taken Article 20 of the Treaty which requires the subscribing States to take all measures to ensure the personal mobility of disabled people with the greatest independence possible.

The two key points of Italian inclusive mobility policy are the impact on the private property - in the sense of guaranteeing its social function in terms of accessibility for all the citizens - and the obligatory intervention of public authorities aimed at guaranteeing the free mobility in transport, in the road network, in the organization of mobility in the territory.

However, the Italian legislator had already intervened on the subject at the beginning of the 1970s.

Articles 27 and 28 of Law 118/71 had laid down provisions aimed at eliminating architectural barriers in public buildings or open to the public, to promote access to non-ambulatory disabilities for public transport.

With the subsequent Law 13/1989, a comprehensive regulation was introduced regarding the overcoming of barriers in private buildings, setting technical standards to promote accessibility and rules for the changes to the common parts of the buildings to make it possible to install lifts, stairlifts, mobile structures, placing the stability, safety and architectural decor of the buildings as the only substantial limits.

However, it is with the Law 104/92, article 24, that the protection becomes more significant: the compliance of private buildings and public works with the legislation on architectural barriers becomes a condition for the issuing of qualifying authorizations and the release of the ability to act and habitability. The realization of works aimed at eliminating architectural barriers does not require or permit the construction of either SCIA (Certified reporting of the start of activity) or DIA (Report on the start of construction activity), but only a communication to start work, a share of urbanization is destined to eliminate architectural barriers.

Even for residential public housing, the legislation has provided funds to be allocated to the construction of housing to be assigned to families with serious disabilities: Law 449/97 provides for a deduction from direct taxes of 50% of the costs of restructuring incurred and duly documented.

No less important are the rules deriving from the combined laws 13/89 and 104/92 on the elimination of architectural barriers relating to tourism and seaside activities, access to public spaces (squares, gardens) to recreational and cultural facilities (cinemas, theatres, museums, stadiums) or to structures accommodation, tourist villages, camping sites.

The regulation of the Highway Code of the Decree of the President of the Republic 495/92 on the issue of a badge to move and park in areas forbidden to all vehicles, reserve parking spaces for disabled persons.

To this end, the recent extension of the validity of the mark from the entire national territory (Article 188 Highway Code) to the countries of the European Community is emphasized, starting from 15th September 2012 as a result of the Decree of the President of the Republic 151/2012 which also modified the form and the graphics of this enabling document.

Finally, we highlight the rules dictated by the Decree of the President of the Republic 503/96 on the adaptation of public transportation to promote access to the disabled, deserving to have identified in addition to the classic barriers to motor disabled people, also the so-called sensory barriers that more specifically affect people affected by blindness and deafness.

Parallel to these provisions, the national and regional legislators have provided economic benefits for transport for non-autonomous people with disabilities: to be underlined, then, the legislation concerning the purchase of private means of transportation (see Article 10, Co. 5 of Law No. 122 of 30th July 2010; see Ministerial Decree of 26th May 1998) by persons with reduced motor skills. With the Law 30/98, the reduction to 4% of VAT on the purchase of vehicles adaptable to the transportation of these subjects is granted, the exemption from the payment of the car tax and the deduction from the tax return of 20% of the total purchase cost of the vehicle. These regulatory provisions are intended as a facility only addressed to individuals with motor disabilities. However, the pressures coming from associations of the blind, deaf and dumb in the direction of greater equity treatment of people with disabilities lead to the issue of Law 388/2000. The latter "solves" the problem by extending all the facilities to people with intellectual disabilities.

Reconstructed in this way, summarily, the legislation on access and mobility should be noted how it would be appropriate and necessary to intensify the regulatory actions on private property to implement greater inclusiveness through a strengthening of mobility and removal of architectural barriers.

First of all, the need to revisit article 5 of the Law 220/2012 in the part in which the majorities previously requested for the first and second call were raised for the condominium resolutions for the elimination of architectural barriers.

Another aspect concerns the use of common condominium areas: it would be necessary to introduce a provision that, as for public car parks, has the obligation to reserve one or more parking spaces for serious disabled people, avoiding those unjustified and absurd denials that usually condominiums oppose the disabled applicants.

Likewise, it would be appropriate to extend the possibility, already provided by law to install mobile or easily removable structures to ensure the mobility of the disabled in the event of opposition to the assembly, also to stable and specific structural works designed to overcome architectural barriers.

In this sense, private property could be more characterized by the social function provided for in the Constitution which, at present, is still lacking in people's culture and is not substantially guaranteed by law.

Finally, it would not be inappropriate to provide for the mandatory and not the mere faculty of the municipalities to include in the call for tenders of public parking services the free parking of disabled non-autonomous even for a limited number of hours that ensure and facilitate their movements needed.

No particularity regarding the beneficiaries of this legislation that applies to all those who reside legally and legally in the national territory.

At the end of the examination of the aforementioned law it is possible to state that the Italian legislation, already before the UN Convention on the rights of persons with disabilities, was and is among the most advanced compared to that of other EU and non-EU countries.

Nevertheless, the perspective that the recent legislation aims to achieve, that is the construction of a fully inclusive society, is still a distant horizon and in some respects quite Utopian.

In any case, in this historical phase, two final considerations must be made.

The first is in the sense that the Italian legislator has foreseen, through the Law 67 of 1st March 2006, an effective instrument for the protection of disabled people and their trade associations, if registered in special boards, the right to take legal action against acts direct and indirect aimed at creating discrimination against them in implementation of the principles of equal opportunities and equal treatment.

However, a still consolidated orientation in the jurisprudence, in particular that expressed in the ruling of the Constitutional Court 251/2008, excludes the possibility of protection always and in favour of the disabled with respect to other constitutionally protected interests, because it would be up to the legislator, through regulatory acts, to compare and regulate conflicting interests. Therefore, the disabled person cannot invoke the anti-discrimination protection always and, in any case, when his own interests conflict with others constitutionally protected and if there has not been a comparison by the legislator.

These principles, today, must be revisited as a concept, introduced in Italian Legal Order by the UN Convention on the Rights of Persons with Disabilities, which is that of "*reasonable accommodation*".

This means "*the necessary and appropriate modifications and adaptations that do not impose a disproportionate or excessive burden, adopted where necessary in particular cases, to guarantee enjoyment and exercise for people with disabilities, on the basis of equality with others, of all human rights and fundamental freedoms*".

This is a principle that is set as an obligation for the State. Therefore for its administrative structure, for the legislative and jurisdictional bodies which, if considered of direct application, would oblige first of all the Public Administration and then the Judge to proceed, for each case, to an independent comparison of interests, independently of an assessment of the legislator and on the basis of protection according to their constitutional hierarchy, always providing substantial protection to disabled persons.

In the event that the principle should not be immediately applicable, it is up to the Legislator to intervene for the provision of a general application in the relations of disabled citizens with the Public Administration or in relationships with private individuals (owners, employers, etc.), as it has recently happened in the field of labour relations with the Law 99/2013, article 4ter.

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