

FROM AN
ECONOMIC TO A
HUMANITARIAN
CRISIS:

*PROTEST PARTICIPATION & CITIZENS'
RESISTANCE IN TIMES OF AUSTERITY*

5961521 ZOI RIZOU



Universiteit Utrecht

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Supervisor: Prof. Dr. Marco van Leeuwen

Second Reader: Tracy Cheung

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PREFACE

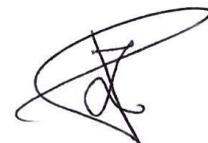
This thesis at hand is submitted in order to complete my master degree in Sociology: Contemporary Social Problems at Utrecht University. For the past six months I have been writing my thesis on collective action, in a challenging period for Greece. Part of the data of this thesis, the interviews were collected in the Metropolitan Community Clinic at Helliniko, during my internship at Academy of Athens, on 2014. To begin with, I would like to thank the participants in my research for sharing their motives, opinions and personal experiences with me and Mr. Kaberis, my former internship supervisor, for entrusting me once more with these valuable data.

Nonetheless, this thesis would not be in that form without the support of my supervisor Dr. Marco van Leeuwen, that accepted and encourage me to proceed with this topic in spite the challenges that entailed. His guidance and critical questions were valuable, encouraging words and faith. Furthermore, I would like to thank my colleagues on the MA programme for the times we shared together and helped each other. The course coordinator Dr. Stefan Soeparman for his support the entire year to all students.

I am thankfull towards my family and friends that never stop supporting me in my entire life. Last but not least, I would like to thank Borja, for his unconditional love the past year and for not stopping believing in me, in times I didn't have the strength to do it for myself.

Best regards,

Zoi



ABSTRACT

This study aims to enhance our understanding between the economic crisis and the repertoire of collective action, the way that emerged in the country of Greece. The focus is on the years 2010-2014. One side of the collective action involved an extensive cycle of protest behavior. This study addresses the question, whether the unemployment rate is a significant factor that spurs participation in protests. The research findings indicate the importance of the factor and furthermore highlight the particularities of Greek protests. On the other side, this study at hand delves into the emergence of community clinics as a new form of collective action. The gradual degradation of the Greek state and the impact of austerity policies to healthcare produced numerous uninsured citizens lacking access in primary healthcare services. Additionally, part of the study focuses on highlighting the impact of the economic crisis into citizens' every day live.

KEY WORDS:

Crisis, Greece, austerity, policy, collective action, protest participation, healthcare, impact, unemployment

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CHAPTER ONE

GENERAL INTRODUCTION

1.1 Introduction & Research Questions

A global financial crisis originating in the United States of America affected in many levels European countries, as well (Grasso & Guigni, 2016; Brunnermeier & Oehmke, 2013). The first signs of the economic crisis showed up in the real estate market in the US until the expansion of the crisis in the banking sector (Della Porta, 2017). Countries of Europe, that faced more severe financial problems, were nations of Southern Europe (Vogiatzoglou, 2017). Many people suffered during the crisis. Greece was one of the Southern European countries that were more affected (Grasso & Guigni, 2016, Vaiou & Kalandides, 2016). Due to the fact that the ongoing crisis devoured a number of countries and due to the complexity of this contemporary social problem, the focus of this paper is given intentionally in the country of Greece.

Since the onset of the crisis 2010, Greece faced a severe financial crisis primarily, that involves an enormous public debt and large deficit (Economou, Kaitelidou, Katsikas, Siskou & Zafiropoulou, 2014). The crisis was characterized at the beginning as financial, but we may observe that it evolved in a structural crisis captivating the majority of Greek society and affected vigorously people's everyday life (Economou et al, 2014). Moreover, several researchers observed a sudden rise of protests with the form of strikes, demonstrations that some of them ended up violently, and other forms of collective action (Grasso & Guigni, 2016; Prentoulis & Thomassen, 2013; Vaiou & Kalandides, 2016).

The research objective of this thesis is firstly to examine the extensive protests in countries hit from the economic crisis, particularly the case of Greece during the years 2010-2014, by testing a set of assumptions. Secondly, to explore the motivation of volunteers and the perceptions of Greek citizens regarding the impact of the crisis, by a qualitative study in the Metropolitan Community Clinic at Helliniko (MCCH). This study offers four main contributions to the research field of collective action. The focus is given in the Greek context and outlines the conditions that give rise in protest participation and describes the content of the protest as employed by Greek citizens. A deeper understanding of the specific conditions and the connection of protests with the economic crisis is essential as the various forms of collective action evolve in

recent years (Della Porta & Diani, 2009). Therefore, the first research question is: *How does protest look like in the period of the economic crisis in Greece?*

Social scientists eagerly address the question of why people protest (Van Stekelenburg & Klandermans, 2008). Many social movements theorists argue that severe crises often leads to extensive and massive protests (Grasso & Guigni, 2016, Della Porta & Mattoni, 2014). There is an important debate in the literature regarding protest behavior, if a crisis may stimulate or suppress the participation in such movements (Kern, Marien & Hooghe, 2015). The second contribution of this study is to explore the relation between protest participation and economic crisis. Thus, the second research question that the researcher poses is: *To what extent indicators of relative deprivation explain the increase of protest participation?*

The economic crisis imposed a lot of difficulties in Greece. The Greek government implemented a series of austerity measures (Branas, Kastanaki, Michalodimitrakis, Tzougas, Kranioti, Theodorakis, ... & Wiebe, 2015). The spending funds were reduced while there was an increase in the taxes (Papadaki & Kalogeraki, 2017). These reformations raised unemployment, empirical studies report an increase in the suicide rates and many problems to the health care provision of Greek citizens (Simou & Koutsogeorgou, 2014; Kentikelenis et al. 2014). Previous studies affirm that unemployed and uninsured people belong to a vulnerable group that in times of austerity their needs for medical services are increased (Kondilis, Giannakopoulos, Gavana, Ierodiakonou, Waitzkin & Benos, 2013). The available empirical evidence until now of which policies could alleviate the complex problems of the economic crisis are still blurred (Copeland & Daly, 2012). The third contribution is to formulate a policy recommendation based on the findings of the study. Therefore, the third research question is: *What should be done to improve the implications of austerity policies in healthcare on citizens' life?*

Along with the negative effects of the economic crisis, a vast array of initiatives based on solidarity emerged in Greece. (Vaiou & Kalandides, 2016; Sotiropoulos, 2014). These initiatives are forms of collective action that vary towards the goals they strive to offer in the citizens of Greece (Vaiou & Kalandides, 2016). Not many qualitative studies conducted in Greece regarding the impact of the economic crisis on people's lives. Some of the quantitative studies argued that in austerity times, is observed a deterioration in the general health status of the population (Economou et al, 2014). Other studies indicate that there was a substantial increase of homeless citizens

and citizens in need of medical care, not able to afford it (Papadaki & Kalogeraki, 2017).

Thus, the fourth contribution of this study is twofold: Firstly, to explore *what motivates volunteers in participating in alternative forms of collective action in the Metropolitan Community Clinic at Helleniko (MCCH)* and secondly *to present how Greek citizens were affected by the economic crisis from their own perspective.*

1.2 Structure

The second chapter consists of the existing literature that forms the second research question and the hypotheses which the researcher will test. The third chapter describes three main points regarding the Greek context: the repertoire of collective action employed by Greek citizens, the existing Greek policy and an illustration of empirical studies reporting the adverse effects of the austerity policies adopted by the Greek government. The fourth chapter describes the quantitative study and the results. Next to that, the fifth chapter elaborates on the research design of the qualitative study and the ethical considerations as well as reporting the findings. The sixth chapter contains the main conclusions and the discussion of this study. The final chapter offers policy recommendations based on the findings of the research.

CHAPTER TWO

THEORETICAL FRAMEWORK

2.1 Introduction in Social Movements

There are many definitions of Social Movements (Zald & Ash, 1966; Della Porta & Diani, 2009). Many authors notice that it is hard to provide a definition that could cover all the aspects of that topic. For this reason, we consider the notion of social movement as an “umbrella” term, in order to describe the various forms of collective action that exist (Della Porta & Diani, 2009). Given the historical changes, the sociopolitical conditions involved in the process of formulating a movement is important to examine it within the certain sociopolitical context that it emerged (Klandermas, 1993).

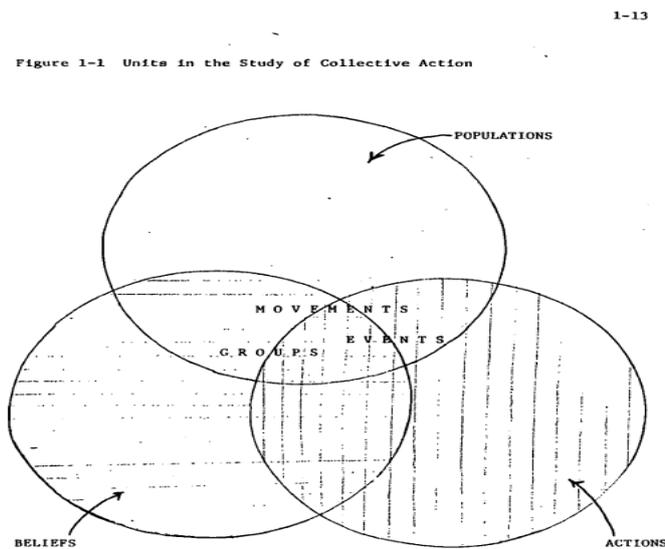
Della Porta & Diani (1999) define Social Movements as “...informal networks based on shared beliefs and solidarity, which mobilize about conflictual issues, through the frequent use of various forms of protest.” (p.16). Social movements are one form of collective action (Snow, Soule & Kriesi, 2004). Thus, when people engage themselves in a social movement, they join a form of collective action. Tilly (1977) defines collective action as a group of “people acting in pursuit of a common interest” (p.11). As Figure 1 illustrates, in order to study collective action there are three important units to take into account: the group within the broader population, the repertoire of the actions that the specific group employ and the shared beliefs.

Despite the various definitions of social movements, there are some basic common axes focusing on: collective action, change orientation pursuit, institutional or noninstitutional collective action (Snow, Soule & Kriesi, H. 2004, p.6). Many authors have argued that a common goal that groups pursuit could be a social change or they seek to establish a new order in society as it is known (Kumar, 2000). A social movement may undertake the form of a peaceful demonstration or end up in a violent outcome (Giugni, 1999). Generally, collective action includes a range of activities such as demonstrations, strikes, rallies, occupations, and marches (Della Porta & Diani, 2009).

People who participate in collective action, most of the time are united under a commitment towards a specific set of beliefs that they share (Tilly, 1977). Thus, based on the fact that social movements occur in a certain context, it is essential for our

understanding to study them in time and space within a given population. Tilly (1977) argues that these dimensions facilitate to point out how they emerge, the events that trigger the actions of a population and what kind of actions their repertoire consists of.

Figure 1, Tilly (1977 p.13)



2.2 Grievance Theory

Based on the literature of social movements there is a prominent theory that attempts to explain protest behavior, grievances. Grievances are defined by Klandermans, Roefs & Olivier (2001) as “feelings of dissatisfaction with important aspects of life” (p.42). These aspects can be for instance, income, employment or living conditions (Kern, Marien & Hooghe, 2015). These negative feelings involving frustration and anger, occur when people perceive a situation as unjust and use protest as an instrument that provides them the chance to influence the social or political process (van Stekelemburg & Klandermans, 2013).

2.3 Relative Deprivation

The literature of collective action includes the notion of relative deprivation (Gurr, 1970). According to Relative Deprivation Theory, people compare themselves with

their former status or with other people's situation (Mummendey, Kessler, Klink & Mielke, 1999). When they identify a gap between their expectations or the previous status and translate this gap as unjust, they experience negative feelings of anger, frustration, and grievance (Mummendey et al. 1999). The crucial point to this part of the theory is that comparison to alternatives of any kind is essential for the individual to identify himself/herself as deprived (Mummendey et al. 1999). Scholars divide the concept of deprivation into two different categories the egoistic and fraternalistic deprivation. This distinction results from the comparison that the individual will make, based on a comparison to himself/herself (egoistic) or based on comparisons as a group (fraternalistic) (Van Stekelenburg & Klandermans, 2013). Notably, literature states that a group deprivation increases the likelihood of engaging themselves into actions aim to reverse the situation (Tyler & Lind, 2002, p.45). In this study, relative deprivation is theorized in the fraternalistic conceptualization because the unit of analysis will be Greek citizens as a group.

Furthermore, Gurr (1970) stated that when social conditions are changing, people tend to experience that they are in a deprived position and as a causal mechanism the likelihood of protest participation increases (Van Stekelenburg & Klandermans, 2013). Since the deterioration affected the country on a large scale, the feelings of deprivation can be identified in the macro level context of the country, not only at the individual level.

2.4 Unemployment & Protest

Even though relative deprivation theory operates as a psychological mechanism, it is commonly measured by "macro - indicators of rapid change and economic changes" (Khawaja, 1994, p. 194). Regarding the indicators that may facilitate and increase the likelihood in protest, empirical studies present a variety of variables, such as income or participation in low-status occupations (Olzak and Shannahan 1996). In his study, Khawaja (1994), examines what spurs collective action and among his variables to test economic deprivation were unemployment rate, inflation, housing density, etc (Khawaja, 1994). His findings suggest that only the indicator of unemployment was significant to his model and at first sight could support relative deprivation but when he controlled for availability in resources it was not statistically significant anymore (Khawaja, 1994). On the other hand, other studies shown a significant effect of the unemployment rate in line with relative deprivation (Wilkes, 2004). Given the mixed

results regarding unemployment, it is considered essential testing the extent that the unemployment rate affects participation in collective action, as relative deprivation states. According to the empirical results and given the fact that the unemployment rate rose in Greece during the crisis, the first hypothesis to test is:

H1: The higher the unemployment rate in a country, the higher the participation in collective action will be.

2.5 Political Participation & Protest

The notion of political participation can be defined as “all voluntary activities by individual citizens intended to influence either directly or indirectly political choices at various levels of the political system”, according to Kaase & Marsh (1979, p. 42). There is a wide range of activities where individuals get involved with public affairs, like contacting a politician or participate in political campaigns (Van Deth, 2001). Political participation is of great importance in democratic societies because it offers to the citizens of a country the possibility to communicate their preferences or needs and exerts pressure in the public administrators to take into consideration (Kern, Marien & Hooghe, 2015). The most common among these activities is voting (representation by a political party). Political participation is also facilitated by institutions of trade unions, or volunteer participation in a political party or even contacting a politician (Grasso et al. 2017).

According to Quaranta (2015), the term protest is defined as “a form of individual and collective action aimed at affecting cultural, political, and social processes, which therefore challenge the status quo or decisions that are seen as unfair, through a number of practices such as petitions, demonstration, boycotts, refusing to pay rent or tax, occupations, sit-ins, blocking traffic, and strikes, and riots” (p. 2). Thus, there are two different categories, voting or various forms of protests that citizens in democratic countries are able to conjure. Voting or contacting politicians are considered as conventional participation, whereas protesting lies on the unconventional forms of political participation (Van Deth, 2001). Many authors agree for a distinction between these sets of activities, as conventional and non-conventional forms of participation (Grasso et al. 2017; Quaranta, 2015).

Empirical studies see the large rise of protests as a channel for citizens to express their disapproval for the austerity measures implemented largely in countries such as Greece (Altiparmakis & Lorenzini, 2018). One important aspect of this topic is the

extent of non-conventional violent actions that Greek citizens engage themselves. (Grasso et al. 2017). There is an extended repertoire of non-conventional activities that protesters are able to employ that turn out violent (Quaranta 2015). Thus, in order to fill this lacuna the second hypotheses to be tested is:

H2: The higher the unemployment rate in Greece, the higher the participation in violent protests will be.

The purpose of this thesis is twofold. Firstly, to examine the relationship between grievance theory and protest behavior empirically by quantitative methods. To sum up, the hypotheses are the following:

H1: The higher the unemployment rate in a country, the higher the participation in collective action will be.

H2: The higher the unemployment rate in Greece, the higher the participation in violent protests will be.

Secondly, a qualitative study in the Metropolitan Community Clinic at Helliniko (MCCH), will present the perceptions of volunteers and beneficiaries regarding the impact of the economic crisis in everyday life and their motivation to volunteer in MCCH. The qualitative study will not test any kind of assumptions.

CHAPTER THREE

THE GREEK CONTEXT

3.1 The emergence of the crisis

Economic crises are not recent phenomena and they are traced throughout history (Bordo & Meissner, 2016). The Lehman Brothers bank in the United States of America and other financial institutions of the country collapsed in 2008. That was a signal of entering in a period of recession, with large deficits and loss of the competitiveness of many countries (Brunnermeier, & Oehmke, 2013); Simiti, 2015; Popescu, 2012). Notably, the US was forced into a bailout package in the same year (Brunnermeier & Oehmke, 2013).

In a similar vein, European countries were affected by these events in the US. Greece, Spain, Ireland, Portugal, and Italy encountered with a “sovereign debt crisis” threatening their banking system (Brunnermeier & Oehmke, 2013, p. 11; Arellano, Conesa & Kehoe, 2012). Even though each of these countries and the conditions that posed them in front of the debt crisis vary greatly, they had something in common. The required terms to borrow money from the European Union were enormous (Arellano, Conesa & Kehoe, 2012).

This chapter offers insights for the repertoire of collective action employed by Greek citizens, information about the existing Greek policy, and an illustration of empirical studies reporting the adverse effects of the austerity policies. For brevity reasons, the researcher will mention the most important dates for protest events.

3.2. Employment & Deterioration

Among the rest countries of the European Union, Greece had one of the most strict legislation alongside with Portugal and Spain regarding the protection of employees (Kretsos, 2011; Ochel & Hülsewig, 2009). In general, Mediterranean countries were not supporting free market labor regulations (Ochel & Hülsewig, 2009). Namely in Greece, policy and legislation about firing and hiring personnel was strict. The protection of the employment with permanent contracts, high contributions that the employer was obligated to pay, constituted the employment system protective for the employees, but that changed (Kretsos, 2011). This orientation in favor of free market

regulations decreased the social security of employment and resulted in reformations of labor law (Koukiadaki & Kretsos, 2012).

For the first bailout package to be approved, the Greek government had to adopt policies more in favor of the flexibility towards the labor market (Roumpakis & Papadopoulos, 2012). The consequences of that agreement lead to an increase in temporary work contracts since employers were not obliged to offer permanent contracts anymore, reduction of the salaries and set a limit of the minimum wage for the young workforce under 24 years old, to 595€ (Roumpakis & Papadopoulos 2012). Another important settlement of the Greek government was in November 2011, “the PASOK government introduced an amendment in collective bargaining and labor law that removed the role of national collective bargaining agreements and prioritized negotiations at the firm level” (Roumpakis & Papadopoulos 2012, p.214). Thus, job contracting changed into an agreement on the individual level between the employer and the worker without the labor market can intervene and negotiate.

Regarding the rate of unemployment, a triple increase, from 7.8 percent in 2008 up to 27.5 percent in 2013 (Theodoropoulou, 2016). The most vulnerable group among the unemployed were men between 40 to 64 years old, as their rate increased from 5.1 percent (2008) up to 24.5 percent in 2013 (Theodoropoulou, 2016). Even though there is also a substantial rise in youth unemployment, older men appear to be in the most difficult condition (Theodoropoulou, 2016).

3.3 Healthcare & Deterioration

The healthcare provision of Greece is basically funded by a mixture of public and private funds (Niakas, 2013; Kondilis, Giannakopoulos, Gavana, Ierodiakonou, Waitzkin & Benos, 2013). According to Economou 2010, “Public statutory financing is based on social insurance and tax. The primary source of revenue for the social insurance funds is the contributions of employees and employers (including state contributions as an employer). The state budget, via direct and indirect tax revenues, is responsible for covering administration expenditures, funding health, and rural surgeries, providing subsidies to public hospitals and insurance funds, investing in capital stock and funding medical education. The third important source of health care financing is private expenses, taking the form mainly of out-of-pocket payments for services not covered by social insurance, payments for services covered by social insurance but bought outside the system for reasons related to time, cost and

quality...” (p.47). Thus, access to primary health care is granted through the government’s budget, the social insurance that is linked with the occupational status and a privately paid part. Since the national healthcare system is tied up with employment, the recession of the economy that leads to high unemployment rates, the unemployed people face the most severe consequences (Sanandaji & Lakomaa, 2016). Because, as a result of job loss they also are not entitled anymore of health insurance that provides them with access in care provision nor they can afford to pay private clinics (Liaropoulos, 2012; Sanandaji & Lakomaa, 2016). Moreover, even the insured people had to deal with problems since their wages were decreased and the fees in medical care services were increased (Niakas, 2013).

An empirical study showed that after the enormous reduction in healthcare expenditure, the hospitals encountered problems of under staffing, also the healthcare providers such as doctors and nurses suffered from salary reduction (Economou, Kaitelidou, Katsikas, Siskou & Zafiropoulou, 2014). Furthermore, the budgetary cuts created a lack of equipment such as surgical tools or supplies and to pharmaceuticals (Ifanti, Argyriou, Kalofonou & Kalofonos, 2013). As a result, people who suffered from chronic illness were at greater risk if their treatment were interrupted due to lesser accessibility to medication (Ifanti et al.2013).

3.4 Healthcare Policy

The Greek economy accumulated severe structural problems prior to the crisis. According to studies, Greece presented a lack of a coherent set of policies and rigorous evaluations that resulted in the absence of control and monitoring the health expenditure in order to contribute in an efficient and cost containment use of public funds (Goranitis, Siskou & Liaropoulos, 2014; Liaropoulos,2012).

Policy making in contemporary Greece remained relatively low due to the former structural constraints, the lack of systematic collection of official data for public health expenditures and rigorous evaluations. The Organization for Economic Co-operation and Development (OECD) on 2003 suggested the System of Health Accounts (SHA) as “systematic description of the financial flows related to the consumption of healthcare goods and services” (p.281), Greece implemented that only in 2012 (Goranitis, Siskou & Liaropoulos, 2014; Liaropoulos, 2012). By that time, national funds were wasted for years, without being properly allocated in the healthcare system (Liaropoulos, 2012).

Once the Greek government on 2012 implemented the System Health Accounts it was possible to examine the level of expenditure and how it was allocated in the system (Liaropoulos, 2012). A series of problematic decision making on spending the funds revealed hospital debts more than €2 billion, the consumption on pharmaceuticals reached approximately €660 in 2009 (Goranitis, Siskou & Liaropoulos, 2014). Furthermore, the inherited structural and political weakness indicated a fragmentation of the system. Namely, clientelistic practices promoted favoritism and serious corruption mismanagement (Featherstone, 2011; Goranitis, Siskou & Liaropoulos, 2014; Lyrintzis, 2011).

The adoption of wide range of reformations was essential for Greece to receive the first package of “bailout money”. The International Monetary Fund posed an array of conditionalities, including the restriction of health expenditure less than 6 percent of the GDP (Reeves, McKee, Basu & Stuckler, 2014; Kondilis, Giannakopoulos, Gavana, Ierodiakonou, Waitzkin & Benos, 2013). To meet this threshold, restrictions in accessing healthcare services and increases in co payments for drugs or diagnostics tests imposed. Already the household budget was restrained by the salary cuts, raising the revenue in the ambulatory care brought an additional burden in Greek citizens.(Goranitis, Siskou & Liaropoulos, 2014; Kondilis et al, 2013).

3.5 Protest against deterioration

The quick diffusion of protest in Greece, draw the attention of many researchers, after the onset of the crisis, many studies conducted. Rüdig & Karyotis (2014) studied the Greek population that joint the mass protests, Diani & Kousis (2014) analyze the large protest mobilization as “protest campaign”, Altiparmakis & Lorenzini (2018) argue for the protest waves as a reaction of citizens to austerity measures. These are some of the numerous papers that approach the protest events.

The starting date of the mass citizens’ mobilization was on 10th February 2010 (Altiparmakis & Lorenzini, 2018; Diani & Kousis, 2014). The prime minister of the country announced for Greece to receive the first bailout package, the government would implement the first austerity measures (Prentoulis, & Thomassen, 2013, Tréré, Jeppesen & Mattoni, 2017). As a matter of fact that day, the country got paralyzed by a 24-hour strike pioneered by ADEDY, the trade union of Greek civil servants (Psimitis, 2011). Only a few weeks later, on 24th a general strike took place and

employees from the public and private sector participated (Psimitis, 2011, Simiti, 2015). According to police official documents, between 2010 - 2014, 20.210 protest events took place in Greece (Diani & Kousis, 2014).

On the 5th of May 2010, the Prime Minister of the country at that time and the Parliament were voting for the public spending decrease and the tax increases, so that Greece, will receive the first bailout package of €110 billion (Psimitis, 2011). Approximately 250.000 Greek citizens were in the Athenian streets demonstrating against austerity measures (Diani & Kousis, 2014). The protesters gathered in front of the Parliament and clashed with units of police (Vogiatzoglou, 2017). Unfortunately, that day was overshadowed by a tragedy. A mob of protesters set up a fire in Marfin Egnatia Bank, while employees were inside. This arson caused the death of three people (Roos & Oikonomakis, 2014). According to Vogiatzoglou (2017), one of his interviewees said that the incident in Marfin acted as a catalyst and the protests were temporarily decreased (p.107).

3.6 The story behind the “Outraged”

The repertoire of collective actions in Greece during austerity times did not restrict itself to demonstrations and strikes. The Occupy Movement was launched in the country in May of 2011. Many studies recognize the origins of these actions in the Spanish example of “Indignados” (Sotirakopoulos & Sotiropoulos, 2013; Simiti, 2015). In the literature, the specific movement is also called “Outraged” in English and “Aganaktismenoi” (Αγανακτισμένοι) in the Greek language. A sarcastic slogan from Spain, “...a rumor started spreading in the Greek social media and blogosphere: there was a banner held up by the Indignados in Puerta del Sol, Madrid, stating: ‘Shhhhh ... keep it quiet, we might wake up the Greeks’. Soon, a page was created on Facebook calling for a peaceful protest of the ‘Outraged’ Greeks in Syntagma Square for the next day, 25 May, its followers rising by thousands every hour.” (Sotirakopoulos & Sotiropoulos, 2013 p. 446). During the occupation people were waving the Greek flag and held open conversations regarding the state, the economy and the sociopolitical landscape of their times (Simiti, 2015), providing to the citizens an alternative public realm of open discussion and debate (Leontidou, 2012).

The Outraged movement culminated on 28 and 29 of June 2011, where thousands of people gathered in Syntagma Square protesting against the implementation of new measures (Vogiatzoglou, 2017). On these days the protesters were confronted with the

police units, attempted to invade in the Parliament and extensive damages were caused in properties (Vogiatzoglou, 2017). Approximately, eight hundred injured citizens were the outcome, yet the measures were approved (Vogiatzoglou, 2017). Many studies of the protest events at that time concluded that there was a heterogeneity of the sociopolitical characteristics of the groups that participated in the protests (Vogiatzoglou, 2017; Psimitris, 2011; Simiti, 2015). The Greek protesters that were against austerity measures, were not mobilized under any specific political party or ideology (Vogiatzoglou, 2017; Prentoulis & Thomassen, 2013). Furthermore, it is noticeable that the dates where new measurements were about to be proposed in the Parliament were accompanied by protests. This leads us to the conclusion that for Greek citizens the mobilizations acquire the character of a struggle to overthrow the government (Simiti, 2015).

Unfortunately, due to time limitations is not possible to report and discuss thoroughly in this paper the particularities of every form of protest that Greek citizens joined or to provide a consistent framework to examine each of them. Rather important information draw from relevant studies to describe the most distinctive features of the various forms of protest in Greece during 2010-2014.

3.7 Alternative forms of collective action

In accordance with the previous facts regarding the social consequences in people's lives after the onset of the crisis, there was a gradual degradation of the welfare Greek state, mobilizing people to take "the matter in their hands" (Vlachokyriakos, Crivellaro, Wright, Karamagioli, Staiou, Gouscos & Lawson, 2017 p.3126). From 2012 and ongoing, studies are focusing their interest in a new form of collective action that occurred, on "social solidarity structures" (Vogiatzoglou, 2017 p. 113). These structures emerged in order to help people and relief them by addressing their struggles in covering their basic and daily needs (Kantzara, 2014). These structures operate on a volunteer basis and their actions cover a wide range of activities like medical and pharmaceutical care, soup kitchen, social groceries offering food and groceries for free, in the field of education providing free lessons as compensation instead of private sessions (Vaiou & Kalandides, 2015; Vogiatzoglou, 2017; Kantzara, 2014). Furthermore, people start trading products in flea markets without the merchants being involved between the producer and consumer (Kantzara, 2014). An example, was the "potato movement", according to (Sotiropoulos & Bourikos, 2014 p.

41). A group of farmers that produce potatoes in a city called Katerini, in Northern Greece they decided to sell their products by visiting weekly different city centers at the time avoiding the merchants.

Solidarity based actions are embedded in the Social Movements as a reaction in the economic hardship in citizens' life, trying to mitigate that severe impact, and nowadays can be understood as an extension of the form of collective actions (Kousis, 2017).

3.8 The Metropolitan Community Clinic at Helliniko

One of the most important and vital field that solidarity structures intervene was in the healthcare. Community clinics are informal health care networks and on 2012 were operating thirty three social clinics in twenty nine Greek cities (Sotirakopoulos & Bourikos, 2014 p.42).

One immediate response to the failure of the state regarding health care provision, proved to be a self - organized initiative, with no legal substance, volunteer-based clinic, in the area of Helliniko-Argyroupolis in the northern part of Athens (Sanandaji & Lakomaa, 2016). The building that the clinic operates is offered by the municipality of Helliniko-Argyroupolis. There are three types of people cooperating at the MCCH, volunteer doctors, ordinary people assisting by the secretary and the beneficiaries. The initial goal of the MCCH is to provide primary universal free medical care to people that they are in need of. The founder of MCCH Dr. Vichas and a small team of people they had an idea to create a community in order to examine people in need for free.

The MCCH operates according to three fundamental principles. They do not accept any monetary donation. Their needs are posted regularly in their website and people may offer them material donations such milk, diapers and pharmaceuticals. Furthermore, the donations are anonymous and lastly, there is any involvement of political parties ("About the clinic", n.d).

CHAPTER FOUR

THE QUANTITATIVE STUDY

4.1 Research Design

4.1.1 The dataset

For the quantitative analysis, the researcher used an existed dataset, to test the hypotheses, relying on data from a cross-national survey. The survey was conducted in 2015 in the context of a project funded by the European Commission and draws data from the period 2005-2014. The project called LIVEWHAT, as an abbreviation for “Living with Hard Times” (Grasso & Guigni, 2016). The survey included eight countries, members of the European Union, and in addition, United Kingdom. The sample includes Switzerland, Sweden, Poland, France, Germany, Italy, Spain, and Greece. The size of the population was (N=18,370) but once the missings were removed, the total final sample consisted of 17,667.

The specific dataset was constructed in order to provide information regarding economic, social and political macro level indicators interacting with individual micro level indicators (Grasso & Guigni, 2016). The purpose of that survey was to capture the reactions of citizens during the economic crisis. The dataset also included information from the World Bank for the unemployment rates.

Following the literature discussed here, one important factor to prompt protest participation is unemployment, but with mixed results. Thus, the researcher employing descriptive statistics investigates whether high rates of unemployment are related to high rates of protests. The uniqueness of this statistical dataset lies in the fact that it provides information about the protests that ended up violently. This is important given the information retrieved from the Greek Context that exhibits a raw and violent side of the demonstrations following the imposed austerity measures by the Greek government and the International Monetary Fund (IMF).

4.1.2 Operationalization

The independent variable to measure the macroeconomic indicators of the economic context is the average unemployment rate of a country annually (Kern, Marien & Hooghe, 2015).

The first dependent variable that the researcher used to measure participation in collective action is the variable demonstration, a scale variable, having a numeric

value. The selection of this variable made intentionally for the following reasons. The quantitative method of this study is focused on the protest activities, following from the literature as demonstrations, signing petitions or boycott (Grasso, 2016). Unfortunately, the missing values of such variables were many and the researcher in order to ensure the validity, choose an alternative one. Lawful demonstrations instead represent the share of the respondents who indicated that they participated in lawful demonstrations.

The second dependent variable is the violent participation, measured by violent demonstrations variable in the dataset. This variable is measured as all the violent demonstrations or clash including more than one hundred citizens of involving the use of physical force. The values of violent demonstrations are being reversed. This means that the highest value that the variable takes, is equal to non-violent demonstrations, whereas the minimum value represents extremely violent demonstration. More information also can be found in the Appendix regarding the values.

4.2 Findings

4.2.1 Descriptives

In the first table are presented the descriptives statistics, including the means and the standard deviation of the variables for each of the nine countries of the dataset during 2005-2014.

The dataset contains data before the eruption of the crisis in 2010 and it is possible to observe the average values for all the years, for that reason the researcher presents a second table focused only in the years of 2011-2012, where the austerity policies were already implemented and many protests and occupations took place in Greece (Vogiatzoglou, 2017). Since, the country of our interest is Greece we may observe that it has one of the highest unemployment rates in comparison with the other countries throughout that period of time.

Table 1. Variable descriptive statistics 2005-2014.

<i>Country</i>	Unemployment rate % (mean;SD*)	Protest Participation (mean;SD*)	Violent Demonstration (mean;SD*)
<i>Switzerland</i>	4.17 (0.4)	29.92 (1.5)	100 (0)
<i>Italy</i>	8.42 (2.0)	25.31 (14.3)	87.5 (14.9)
<i>Sweden</i>	7.86 (0.9)	22.66 (2.6)	100 (0)
<i>UK</i>	6.76 (1.4)	8.33 (4.0)	75 (35.1)
<i>France</i>	8.96 (0.8)	53.38 (5.4)	80 (26.2)
<i>Germany</i>	7.80 (2.1)	29.14 (2.6)	95 (9.3)
<i>Spain</i>	16.43 (7.2)	79.62 (9.3)	77.5 (56)
<i>Greece</i>	14.16 (7.4)	12.08 (0.8)	50 (66.8)
<i>Poland</i>	9.47 (5.1)	1.43 (3.3)	97.5 (7.1)

In Table 1, we note that as the unemployment rate rises, the values of the demonstration increase. Regarding the protest participation measured by lawful demonstrations, we observe that the percentage of Greece is not high enough and at first glance appears that the first hypothesis is not confirmed partly, for the case of Greece. One possible explanation for that could be the fact that as Tilly notes, the repertoire of protest participation varies and includes a cultural dimension on how it is defined (Rüdig & Karyotis, 2014). Thus, Greek citizens may not employ demonstrations that considered as lawful, in order to express their dissatisfaction, even if the country's unemployment rate is high.

Table 2. Variable descriptive statistics 2011-2012.

<i>Country</i>	Unemployment rate % (mean;SD*)	Protest Participation (mean;SD*)	Violent Demonstration (mean;SD*)
<i>Switzerland</i>	4.20 (0.1)	31.38 (0.0)	100.00 (0.0)
<i>Italy</i>	9.65 (1.6)	11.59 (0.0)	70.00 (14.1)
<i>Sweden</i>	8.05 (0.1)	100.00 (0.0)	100.00 (0.0)
<i>UK</i>	8.10 (0.1)	4.49 (0.0)	30.00 (42.4)
<i>France</i>	9.55 (0.5)	58.58 (0.0)	90.00 (14.1)
<i>Germany</i>	5.80 (0.3)	31.63 (0.0)	90.00 (14.1)
<i>Spain</i>	23.20 (2.4)	88.50 (0.0)	10.00 (98.9)
<i>Greece</i>	21.20 (4.7)	12.82 (0.0)	-50.00 (42.4)
<i>Poland</i>	10.00 (0.3)	-1.68 (0.0)	90.00 (14.1)

*Standard Deviation

On the other hand, when we look at and compare both of tables throughout the years (Table 1) and focusing in the years of the crisis (Table 2) we observe that the values of violent demonstrations decrease in second table, as the unemployment rate rises. The specific variable was reversed, so that means as the values are decreasing in violent protest, then it was increased the share of citizens which engage themselves into violent protests. The lower value in the table represents the country where citizens engage themselves in violent protests mostly. Countries like Switzerland, Sweden or Germany indicate none or a small percentage of violent participation (one hundred and ninety five respectively). Whereas, Greece holds the lower values in the share of violent protest participation in comparison with the rest of the European countries. Namely, on 2005-2014 the value of violent protest in Greece was 50, but on 2011-2012 the value was extremely low -50 on Table 2.

4.2.2 Correlation

A Pearson correlation coefficient (r) was computed in order to assess the relationship between the unemployment rate and non conventional protest participation. The

specific analysis is useful in order to examine whether the variables are related to each other and how significant the relationship is. Each value indicates a correlation, with the corresponding P-values smaller than the significance level of 5%. The relationship is moderate in strength and statistically significant $r = .319$, $p < 0.001$ for protest participation (demonstrations) and $r = -.580$, $p < 0.001$ for violent protest. We observe that violent protests ($r = -.580$) takes a negative sign, it is essential to remind at this point that the scale of the variable is reversed. There was a correlation between the Unemployment rate and each of the variables of protest participation and violent demonstrations. When the unemployment rate rises, then non conventional protest participation rises as well.

Table 3. Correlation analysis and correlation of unemployment rates with Protest participation and Violent protest participation.

Correlation analysis	Unemployment rate %
<i>Protest participation</i>	0.319**
<i>Violent demonstration</i>	-0.58**

** < 0.001

4.3 Discussion

In the present study, the researcher seized the opportunity of the economic crisis and the mass mobilization (Grasso & Guigni, 2016) to investigate the extent that the unemployment rate can explain the emergence of extensive non conventional protest participation in Greece. The rapid growth of the unemployment rate is associated with the emergence of protest behavior.

Following the data on the first hypothesis, that the higher the unemployment rate the higher the protest participation in a country we conclude that there is a moderate effect of unemployment with non conventional protest participation. Focusing in the results of Greece, we observe that the share of people that participate in lawful demonstrations is relative low. One possible explanation of that result could be the fact that the available variable to measure protest participation does not reflect adequately the repertoire of protest participation as it is defined in the Greek culture. Thus, further explanation should seek in literature with a cultural perceptive regarding how non conventional political participation evolved in Greece (Xenakis, 2012).

Within the historical context of Greece was generated a broad scheme of claims and social demands that were forwarded through different kinds of protests (Rüdig & Karyotis, 2014).

Nonetheless, the violent protest participation descriptives in the case of Greece, present that Greek citizens engage themselves in demonstrations that quickly turn into violent clashes. The empirical data confirm to some extent the facts presented in the Greek context for the extensive use of violence during the demonstrations against the austerity measures.

From this simple analysis, firstly it is affirmed that as the values of the unemployment rate increase, the values of protest participation increase as well. Secondly, as the unemployment rate in a country raises, the values of violent demonstration decrease. Bear in mind that since the value of the variable measuring violent protests is reversed, this means that increased unemployment rate is resulting in a rise of violent protest as well. As we noticed Greece has the lowest value comparing with the rest countries. Thus, Greek citizens engage themselves in protests, that quickly diffuse into violent clashes.

4.4 Limitations & Future Research

In the beginning, the researcher wanted to use another variable in order to measure demonstrations but it came with a lot of missings. For that reason, another variable was selected as similar as possible to the original one. Even though, the available data did not allow the researcher to gain a clearer overview of the value that the variable of lawful demonstration took. Due to time limitations, the researcher did not control for other variables such as gender or age. According to the literature on political participation, the gender might have an effect on protest participation (Rüdig & Karyotis, 2014). Nonetheless, findings regarding unemployment and the violent outcome of the protest in Greece are interesting. There is a fruitful ground for future research to study further and understand how cultural differences can affect collective action and the outcomes of non conventional political participation.

CHAPTER FIVE

THE QUALITATIVE STUDY

This study aims to enhance the reader's understanding regarding the motivation of the volunteers in the Metropolitan Community Clinic at Helleniko and the impact of the economic crisis in citizens' lives. Qualitative method is suitable when the research aims to understand complex societal issues from the perspective of the research participants themselves.

Interviews are considered as an appropriate qualitative method for capturing people's perceptions. For that reason, the researcher used semi-structured interviews, which can be found in the APPENDIX. These questionnaires in the first place were designed for the purpose of another research with the title: "Forms and mechanisms of poverty and social marginalization in the urban and rural areas of Modern Greek society", conducted by the Research Center for Greek Society of Academy of Athens on 2014.

Academy of Athens is the national academy of Greece and the highest research institution in the country. It was founded in 1926 and its objectives is: "The general and overarching objective of the Academy of Athens, in accordance with its Founding Charter, is the cultivation and advancement of the Sciences, Humanities and Fine Arts..." (<http://www.academyofathens.gr/en/foundation/objectives>). In accordance with this declaration, the Academy of Athens established thirteen Research Centers. One of them is the Research Center for Greece Society, where the researcher of the present thesis completed an internship. The internship was fulfilled between April until June of 2014 working in the former project, under the supervision of a senior researcher.

5.1 RESEARCH DESIGN

5.1.1 Defining the population

There are three distinct categories that operate in the MCCH, volunteer doctors, volunteers as secretaries or supporting staff, and the beneficiaries. Beneficiaries are called the people that visit MCCH as patients, they receive the services that the clinic offers. Namely, they receive preliminary medical examination, medication and other

goods. Since there are three different groups that operate in the clinic, three different questionnaires constructed. Nonetheless, the topic list has many similarities for the main topics of interest such as voluntarism and the impact of crisis, and the future thoughts for MCCH. For the purposes of the present study, the researcher chose thematically a set of questions that allow extracting information to cover specific topics, regarding voluntarism and how people experienced the degradation of the state as the economic crisis hit the country and the consequences of the policies in their everyday lives.

Volunteer doctors, the first category operating in the MCCH, vary in respect with their specialization in the medical field as general practitioners, cardiologists, pathologists etc consist of the group “Doctors and Therapist Team”. The general team of volunteers secretaries and supporting staff consists of people that operate outside the medical field and may belong to the subgroups of the MCCH in the secretariat or the communications team etc. These subgroups are related to the organization of the clinic. Finally, the beneficiaries (or patients) are the people who receive a medical examination, medications or other goods such as milk for infants, and diapers. According to the principles of the MCCH, the beneficiaries should be uninsured or unemployed in order to get examined and for that reason, they need to provide a number of documents.

5.1.2 Data collection

The qualitative interviews were conducted face to face and special attention was given in the body language and the non-verbal cues (Phellas, Bloch & Seale, 2011). The location of the interview should be a quiet place without the interviewee being distracted and to feel comfortable. For that reason, the interviews took place in Athens, in the Metropolitan Community Clinic at Helleniko. Because all the volunteers and the beneficiaries were living across the area of Athens, the location of the interview was always the MCCH during the working hours. The selection of MCCH as a location of the interviews had another purpose, too. The researcher had to take into consideration especially for the beneficiaries, the cost of the transportation. For that reason, the appointments with the participants were scheduled according to their availability and the days that they had already an appointment with a doctor. Before arranging the interview, the participants were informed that the duration would be approximately 45 minutes and maximum one hour.

5.1.3 Preparation & Pilot interviewing

A crucial part of the research is to carry out a pilot interview in order to test the outgrowth of the interview, since it allows to the researcher to identify flaws or repetitions of the questions, or if the participant comprehends fully the topic that is discussed (Ritchie et al.2014). Another function of the pilot interview is to allow the researcher to asses if the interview incorporates all the important aspects in relation to the interviewee (Ritchie et al.2014). Thus, the researcher conducted three pilot interviews, one questionnaire per group of people that operate in the MCCH. That proved beneficial because the researcher understood that one of the questions regarding the beneficiaries was slightly emotionally charged. The researcher interpreted the hesitation, pauses and other non-verbal cues from the perspective of the interviewee, as a signal about discomfort. For that reason, the researcher decided to exclude this question, since the flow of the questionnaire remained untouched and was not compromising the outcome of the interview.

5.1.4 The Sampling procedure

The participants were recruited with the procedure of chain sampling or snowballing. This type of sampling allowed the researcher to reach more participants, generated through the initial sample members (Ritchie et al. 2013). Prior to the interview, was important to have, the information of the interviewee and identify the category which they were.

The founder of the clinic and a small group of people gladly accepted the invitation to participate in the research initiated by the Academy of Athens. The researcher was visiting often the clinic in order to reach out to people and inform them about the study, spark their interest. Even though it was already known in the groups about the study and many of the volunteer doctors or secretaries were willing to participate, the researcher decided that it was important before arranging an interview all the possible questions of the participants to be answered. Partly, this procedure was time-consuming, nonetheless, the researcher established a position in the MCCH where was known in the field and afterward the interest about the study was increased, more people were willing to participate.

5.1.5 Interview technique

Within qualitative research, there are different models of techniques to choose (Ritchie et al. 2013). For this study, the researcher selected the semi-structured interviews, in order to generate a conversation with interviewees while remaining focused on the topics. Interviews as a qualitative method are appropriate when the aim of the research is to learn more about the perspective of the individuals, their opinions or personal experiences (Mack, 2005). The questionnaire consisted of open-ended questions, in order to encourage the interviewee to respond (Mack, 2005).

Each person has a unique character, thus it is valuable for the researcher to be able to adapt himself/herself according to the different personalities of the interviewees and make sure to provide a dynamic relationship, while the interviewee is feeling comfortable to discuss (Mack, 2005). The interviewing skills can be cultivated by exercising. For that reason, before conducting the interviews, the researcher was engaged in role-playing exercises with the internship supervisor and other researchers, in order to improve her technique. During the interview, the researcher was attentive in listening to the interviewee, trying to capture the meaning of the interviewees' words (Ritchie et al.2014).

The duration of the interviews was approximately 45 minutes. Nonetheless, some of them lasted less than 45 minutes. The interviews were conducted and transcribed in the Greek language. For the purpose of this thesis, the researcher translate into the English language the specific parts that used. The total number of interviews conducted within this project are more than fifty. Nonetheless, in the present study, twenty interviews will be used. In order for the researcher to have a representative sample of interviews, choose to add three interviews contacted by a fellow researcher within the same project.

5.1.6 Reliability

In order for the researcher to ensure the reliability of this study, an equal number of participants to capture a wide variety of motivation regarding voluntarism. The sample consisted of eight doctors, eight volunteer secretariats and four beneficiaries. Prior to the interviews, the participants were fully informed about the procedure of the research. First of all, the interviewees were kindly asked by the researcher for their permission to record the interviews. The researcher explained the reason, to ensure the trustworthiness of the research and also for the convenience of the researcher. The

concept of trustworthiness is often used in qualitative studies since the notion of reliability is more common in natural sciences and better applicable in quantitative studies (Ritcie et al.,2013). Recording the interviews is suggested as a strategy to increase the validity of a qualitative study (Gibbert & Ruigrok, 2010). The second function of recording the interviews applies to the fact that the interviews can be safely stored and the researcher can access and listen to them again during the stage of the analysis. All of the interviewees answered positively to the researcher's request. Thus, a recording device from the Academy of Athens, was used. Afterward, the interviews transferred in their archives. An extra precaution for ensuring the documentation of the interviews, the researcher started to transcribe them.

5.1.7 Ethical considerations

It was stated in the former paragraph that the researcher asked for participants' permission to record the interview. Prior to their engagement in participating, the interviewees should be fully informed for the purposes of the research. Furthermore, the interviewees were informed for the independence of the researcher, the institution carrying out the project and their obligation in front of the participants and the protocol of conducting research ethically (Ritchie et al., 2013).

Confidentiality, anonymity, and privacy are key elements for any qualitative research. The researcher considered them before the process of interviewing to begin. Confidentiality serves the purpose to ensure the protection of the interviewees by preventing the connection of the participants with the statements of the research or the outcome (Mack, 2005). Regarding anonymity, the interviewees are protected by remaining unidentifiable, using pseudonyms. In the present study, some participants declared that they do not mind their names to be referred to. Nonetheless, for reasons of consistency the researcher will be mentioning the interviewees by the initial letter of the last name. After these requirements were explicitly stated on behalf of the researcher and both parties reached in agreement, the next step was arranging an appointment for the interview.

5.2 Results of Qualitative Study

5.2.1 Motivation for volunteers

The ongoing economic crisis and the austerity policies contribute to the rise of solidarity structures like MCCH. Many studies focused on the topic, regarding their functions, legal substance and whether they can be understood within the literature of Social Movements. In the present study, qualitative semi-structured interviews are employed in order to understand the motives of the volunteer doctors and secretaries in participating in the Metropolitan Community Clinic at Helliniko.

Scholars differ to what motivates people and engage themselves in volunteer activities. The idea that one person willingly sacrifices his personal time in order to provide any kind of help to other people, certainly intrigued scientists (Clary & Snyder, 1999). Thus, many studies were conducted by Clary, Snyder, & Ridge, 1992; Clary, Snyder, Ridge, Miene, & Haugen, 1994, Chacón & Vecina, 2002 and others to examine and analyze what motivates people to volunteer. (Chacón, Pérez, Flores & Vecina, 2011). Most of the studies focus their attention into which type of motivation leads an individual to engage in voluntarism with closed questionnaires they result in typologies and categorizations that explain these initiatives (Clary & Snyder, 1999; Chacón, Pérez, Flores & Vecina, 2011). The most valuable questionnaire used on the topic was designed by Clary, Snyder, Ridge, Copeland, Stukas, Haugen & Miene, (1998) known as VFI, Volunteers Functions Inventory (Chacón et al. 2011)

Nonetheless, some scholars argue that a closed questionnaire cannot fully capture the variation of reasons, why individuals engage in voluntarism. Allison, Okun, and Dutridge (2002) came up a new typology employing open questions and closed type questionnaires, resulted in some additional categories (Chacón et al. 2011). An extension of this argumentation led Chacón et al. (2011) to add more categories and furthermore to construct some subcategories that explain more explicit what motives people. So, the final categorization according to Chacón et al. (2011) is:

- 1) **Values Motive** express the humanitarian concern of people. The category is divided in: 1.1: *Religious values*, related to faith and spiritual motives, 1.2: *Social transformation values*, that reflect motives promoting a social change and is intertwined also with components of political participation (Chacón et al. 2011, p. 50), 1.3: *Reciprocity values*, linked with the social norm of reciprocity and voluntarism can be understood as a motive to repay or express gratitude for

receiving another kind of benefit or help, previously. 1.4: *Community concern values*, this concern is translated as volunteering towards a certain community, or group of people.

- 2) **Knowledge-Understanding motive** reflects the opportunity of acquiring more knowledge through voluntarism and exercise skills that otherwise might go unpracticed. *Self-knowledge understanding* promotes a deeper understanding of one's capacities and limitations.
- 3) **Social Adjustment Motive** concerns the influence that the significant others have in people's lives and thus people volunteer because another member of their family does or a friend etc.
- 4) **Career Motive** reflects the benefits related to job/career opportunities that one can acquire from voluntarism and enhance their CV.
- 5) **Protective Motive**, is associated with the ego. Voluntarism in that case can serve as an act of avoiding negative feelings such as loneliness or daily routine.
- 6) **Enhancement Motive**, reflects a process where people volunteer in order to improve themselves or increase their self-esteem. Is divided in: 6.1: *Enhancement*, that increases self-esteem of the person such as "I did it in order to feel useful", 6.2: *Personal growth*, the person feels a shift towards becoming a better person, 6.3 *Social Relations*, responding to the need of the individual to establish and extend his socialization by meeting new people, 6.4: *Enjoyment*.
- 7) **Organizational Commitment Motive**, refers to an affiliation of a person towards to the specific organization that volunteers. Is divided in: 7.1: *Institutional Commitment*, reflecting the identification of a set of shared beliefs with the organization involved, 7.2: *Commitment to the Group*, this reflects that it is more important for the individual the group he cooperates than the organization itself.
- 8) **Interest in the activity Motive**, meaning that the work is being carried in the organization is most important for the individual divided in: 8.1: *Interest in a Specific Activity* or 8.2: *Interest in Activity with People*.
- 9) **Conditions**, respond to the situation where the individual engaged himself in volunteering due to certain circumstances that occurred.
- 10) **Others**, respond to vague reasoning on behalf of the individual.

5.2.1.1 Values

Based on that categorization, the researcher will interpret the responses of the volunteer doctors and secretaries that participate in the MCCH. Only the motives that are presented in the interviews are going to be mentioned in the next section of the analysis.

There is a number of respondents that their motives appertains to the category of *values*. Generally, the category of *values* is related to one person's altruistic or humanitarian concerns for the world (Clary et al. 1998, Chacón et al. 2011). According to these values, people engage themselves to voluntary activities because they desire to offer help. One of the pioneers of the MCCH as a volunteer in the secretariat notes:

"...it was a time that none of us knew, the only thing we had in mind, all of us, the doctors and we, the citizens, that something needs to be done, because the unemployment was rising every day, some of us were already unemployed and we knew by first hand what that meant..." (Z.: Volunteer- Responsible for the cancer patients).

"The social situation of Greece that specific time. Namely, what we are calling crisis today. Emm, made me want to react somehow. And because I can not participate and I do not want to participate, it is not my point of view and I do not believe in this, demonstrating in the streets. I do not like people shouting and getting hit people in the streets, I believe this is really inefficient, I was looking for to find a way to react in all this and the clinic was one of this. This is why I came here. " (VAN.: Volunteer - secretariat).

People recognize indeed that many citizens of Athens are in need. They relate that with the emergence of the economic crisis. Notably, volunteer Z. continues her narrative about her motives to volunteer. She mentions the procedure of building from zero with a small group of people the MCCH:

"So, the incentive {was given by}...were the political affairs in Greece. Namely, all of these coincide with, emmm, on '11, where it started, where people going on Syntagma, May, June, in the summer where all of these happened, the reaction that we started understanding what is about to happen." (Z.: Volunteer-responsible for cancer patients).

“We did not learn, we made it (laugh)...Well, the pain and the need of people that we were seeing around us lead us to... The pain I was seeing.”(S.: Volunteer - secretariat)

“Emm, (pause) realizing the magnitude of the problem that exists as far it concerns the healthcare, I thought I could offer here in this difficult situation. Emm, this is why I choose the MCCH ” (MP.: Volunteer - secretariat)

The socioeconomic conditions in the country are a common denominator according to their statements. The analysis reveals that the interviewees were concerned about the consequences of the implementation of the first austerity measures. They identify unemployment and the implications in the health care sector, as concerning factors that mobilized them. Furthermore, the category of values contains subcategories that are possible to distinguish them according to the responses. Thus, ***social transformation values*** motivated people to devote their time in the MCCH:

“The fact that health is not excluded for no one. And since there is no welfare state for the job, we are doing this job” (ST.: Volunteer - doctor)

Furthermore, the majority of the interviewees express an opposition to the austerity policies that were implemented, such as the rise in the fees for accessing in the public hospitals. They interpreted these policies as attempts to commercialize the provision of health services, whereas most of the volunteers understand healthcare as a public good (Sotiropoulos & Bourikos, 2014)

“...I was watching the situation that was created after the economic crisis in the Greek society and I have been always in favor of... it is good to protest and nagging, but we also need to do something to help the situation....reasons that influenced me.” (G.: Volunteer - secretariat)

According to the subcategory of transformation values, people are motivated to volunteer because they understand that there is a need for a social change. The interviewees' perceptions indicate that being a volunteer in the MCCH is not only a way of offering help to people, but also consists of a form of resistance against the current situation.

Until now, we showed the importance of values, as humanitarian emotions that mobilized the volunteers of the MCCH. The economic crisis functioned as a catalyst for the volunteers to contribute by any means through their collective actions in the clinic. The interviewees talk about humanitarian value. Moreover, they closely

connect that with the emergence of the economic crisis. Furthermore, another study based on quantitative data found that 88.8 percent of the population in Greece believes that the country is suffering deeply from the economic crisis (Giugni & Grasso, 2018).

Furthermore, some of the interviewees mention the demonstrations and occupations that took place in Greece during the years 2010-2012 in the squares and public spaces. One of the respondents states that she was not in favor of these practices that namely was one way to protest. According to Arampatzi (2018), the extension of the movements of squares was a diffusion of incentives that principally produced alternative forms of collective actions, concentrated on assisting and solving everyday life problems and needs at a local level. The MCCH responds to the characteristics as a volunteer-based collective action that emerged from the humanitarian and altruistic motivations of people and their values of resisting against the austerity policies implemented in Greece from 2011.

Regarding the *reciprocity values*, one of the interviewees notes:

“For the MCCH I learned when I was in great need, my daughter was sick, emm, she had fever, emmm, unfortunately I could not take her anyway, I did not have the financial capacity and a person I knew told me why don’t you take her in the social service...what I felt it was gratitude... so I felt gratitude, pure gratitude”(LEIV.: Volunteer - secretariat)

The specific interviewee happened to be a volunteer in the MCCH, but first, she visited the clinic with her daughter as a patient. After that, she decided to volunteer in the clinic. According to Chacón et al (2011), reciprocity as a *value* is related to occasions where a person received one kind of benefit. As a return, she feels the obligation to repay that by contributing to the organization as a sign of showing their appreciation and gratitude, as the interviewee clearly expressed herself.

In order for the qualitative research to be accurate and valid, is important to reflect the diversity of the population as they are highlighted from the interviews and the different participants that may be different in respect by gender, economic status or other factors that are associated with the cultural differences (Ritchie et al. 2014; Allmark, 2004). For that reason, not only the majority’s responses will be presented in this thesis, but also individual answers that ensure that diversity. Draw upon that, one interviewee, stated a different motivation for her volunteer activity in the MCCH.

“I wanted to offer something because of the situation. That... Played a role my religious beliefs... I am Christian, I believe in this and I believe that doing this I am gaining more bonus for the afterlife” (R.: Volunteer - doctor)

Thus, according to this, religiosity is another factor that motivates people to participate in volunteer activities. The Christian Orthodox Church carries out charities quite often· this consists of a widespread phenomenon in Greece (Douzina-Bakalaki, 2017). Notably during the economic crisis, in the northern part of Greece, a soup kitchen was funded by the Orthodox Church of Xanthi, mainly, they were distributing food to the less advantaged and deprived citizens of the area (Kravva, 2014).

5.2.1.2 Conditions

The interviews indicate that many people engage themselves in voluntary activities due to the specific circumstances in their lives at that moment. In line with the literature, *conditions* are one category that represents these circumstances that most are referring to leisure time or unemployment.

“Because I always liked to volunteer I said that now that I am unemployed, I have more time to offer, so I want to do something like that” (G.: Volunteer - secretariat)

“Yes, I am unemployed... that’s why I can devote time here” (St.: Volunteer-secretariat for dentists)

According to the former statements, an important feature for participating in volunteer activities is to have some leisure time to devote. These circumstances are related to the employment status. There were volunteers in the secretariat claiming that are able to volunteer because at the time were unemployed. Other volunteers mainly doctors, noted that they were not that busy anymore. Since they had more time free, they decided to devote it in the MCCH.

Nonetheless, some respondents indicate one or more motivations that mobilize them to volunteer in the MCCH. An example where the voluntarism had a twofold function for the volunteer, was in the case of volunteer Z.

“... was that being without a job the first...is very hard. Suddenly, where you had a program, wake up in the morning and go to your work and do things, suddenly you are inside a house while being unemployed ... Some people do not have the power and let go. And I have to tell you that our psychologists are not enough, even though

we have a lot. So, instead of going down, I said something needs to be done.” (Z.: Volunteer-Responsible for cancer patients)

Besides that unemployment as a condition that created the space in her life to be able to participate, voluntarism acted at a secondary level as a mechanism in the category of *protective*. According to that, voluntarism may be seen as an opportunity to keep yourself occupied (Akintola, 2010). In the case of Z., she recognizes that engaging in voluntarism kept her active mentally and did not allow her to be negatively affected by unemployment.

5.2.1.3 Organizational Commitment

Evidence from the interviews points out that another significant motivation for the volunteers in the MCCH is the *organizational commitment*, namely distinguished in Institutional Commitment or Commitment towards the group. The responses from the interviews indicate that the *Institutional Commitment* plays an important role in their motives.

“Firstly I felt that here the things were clean (meaning transparent)... Especially when I came here and heard for the first time the principles from the volunteers, that we do not receive money, we are not related to political parties, all of these made me feel trust, and I think that we all need places that inspire trust.” (LEIV.: Volunteer - secretariat)

“...Because here in the MCCH, I have read their principles and I saw that there wasn't any involvement from political parties and another feature that draw my attention was not managing money, which meant that there is not corruption, these were two important principles for me to choose it and be here. This is why I came here.” (VAN.: Volunteer - secretariat)

The volunteers of MCCH experience an identification with the organization as an entity, recognize that they share the same beliefs and they are inspired by the philosophy that represents the organization (Chacón et al, 2011). A new collective identity is forged that stems from the principles, that MCCH stands for.

To sum up, on the basis of the data analysis, the researcher identified the prominent categories of motivations that actively contribute to people's decisions regarding voluntarism, in the case of Metropolitan Community Clinic at Helleniko. Values affiliated with humanitarian feelings and transformations values aiming to change a state of the art order dominate among the responses of the interviewees and

secondly, the organizational commitment that is associated with the principles that MCCCH stands for. Furthermore, the category of conditions plays also an important role, as it indicates that the current situation of volunteers affects up to point their availability to participate more or less in the MCCCH.

5.3 The consequences of the crisis in health

“People that are coming here, because they are unemployed, they can not afford and many times I can not do my job. Because when I am saying you have to eat this and that person can not afford it, this is the only difficulty, I have to deal also the financial affairs, in order to make the right nutrition plan... It is because of the crisis, namely a lot of times they tell me, since I was unemployed and lost my job, I was not feeling good psychologically and I take it out on food and I gained weight. Namely, everything is connected.” (A.: Volunteer - doctor Dietician)

“Poor nutrition and sometimes increase in the weight because of poor nutrition... Namely, morbid obesity because of poor nutrition... which is caused by unhealthy food, which is cheaper than the healthy.” (Sk.: Volunteer - doctor Pediatrician)

“Children that they were coming and they were not gaining weight, because the mothers did not have (money) to feed them properly. You thought they are doing it right, giving nutrition instructions and you thought for granted that the mothers will follow that, but she did not have to (money) to feed them. So, she was bringing the child every fifteen days, bring it to weight it the baby) again, not even a pound. Bring it again to weight it... And then I realized, that the baby was hungry.” (K.: Volunteer - doctor Pediatrician)

This part introduces the reader directly into the quotes of the interviewees, particularly from doctors answering to the questions regarding their professional opinion on an overview of diseases or symptoms they confront most often when they examine the beneficiaries of the clinic. These examples demonstrate only one aspect of the deprivation that hit Greek society and its members. Other studies have found evidence of the detrimental effects of the economic crisis. Poor nutrition was one of the effects presented (Aloumanis & Papanas, 2014). It seems also important to note that two out of the three doctors that quote have the specialty of a pediatrician. According to the literature, children belong to the category of vulnerable populations and studies indicate that exposure in poverty in their early lives may have an unpredictable impact later on (Rajmil, Sanmamed, Choonara, Faresjö, Hjern,

Kozyrskyj & Taylor-Robinson, 2014). As the doctor K. states, the child was in the specific example was malnourished, and supposes that the mother did not have enough money to feed her children. It is quite rare the phenomenon of malnourished children in European countries and facts like that indicate the depth of the crisis as humanitarian and advocate the title of this study. That quote perhaps would be just an assumption, but one of the beneficiaries of MCCH, a mother herself of three children she states that she receives milk for instance from MCCH because the money that she earns is not enough for covering up all the needs. We may understand these quotes as a complementary one to another:

“The huge amount of money of 490 €, that they also reducing...according to the money we receive, how you are going to pay the participation for the medicines? Or whatever? Just tell me. When you have 290 €, rent to pay, three children to feed, and thank God there is this, this place where we take milk for the children and diapers.”
(G.: Benefiter)

“...one of my patients found me where I was working, suffering from severe pulmonary edema on the verge of death and when he recovered I asked him why he did not visit me all this time and let himself reach this position, he answered me that he was uninsured six months and for at least four months he was not receiving any kind of medical treatment.”(V.: Volunteer - doctor Cardiologist).

Previous studies on self-reported health issues found evidence that people suffering from chronic disease perceive their conditions poorer in times of austerity (Zafiropoulou, 2014). According to the statements of four more participants, all of the doctors, they agree for the deterioration of that specific vulnerable group of the society, as they suffer from diabetes or other cardiovascular disease and they need to be under continuous treat medications. On the one hand, as we have seen, co-financing in pharmaceuticals increased, after the eruption of the crisis. On the other hand, a reduction in the income of people related to job loss affected the affordability of the precarious groups in receiving regularly their medication. Kyriopoulos, Zavras, Skroumpelos, Mylona, Athanasakis & Kyriopoulos, 2014). The responses of the interviewees illustrate these findings.

5.4 Forms of actions & other interventions of MCCH

While the number of people addressing themselves to the MCCH increased daily, the needs of the clinic grew also. The clinic became known among the people and the

diverse problems of the beneficiaries brought to the fore, needs that were not possible to be covered in the facilities of the MCCH.

“...the first cancer patients start coming here... After some point there was a need of diagnostic tests. Then we had to search for diagnostic centers that would help to run these tests... So, started to be in touch with diagnostic centers, saying how we are, what we are doing and if they could help us.” (Z.:Volunteer- Responsible for cancer patients)

The doctors and the supporting staff of the clinic included in their actions the connection of their patients with diagnostic centers that were able to offer per month a certain amount of blood tests or other tests such as MRI scans, or biopsy. Furthermore, they linked patients with public hospitals in order for the beneficiaries to receive treatment or proceed in surgery, that due to the limitations of the facilities of MCCH could not perform there. Notably, one of the founders of MCCH underlines:

“...we were telling them this day this hour, you are going in Sotiria for your chemotherapy, emm, they were sobbing. Emm, they could not believe that after all these months... it was the time for their treatment”* (V.:Cardiologist- Founder of MCCH)

Equally important are the interventions of the MCCH with the form of complaints. Furthermore, volunteers participated actively in protests and occupations, defending the right of all citizens in accessing health care services.

“...six times per year approximately we go and close (occupy) hospitals to protest for excluded the uninsured people...” (St.:Volunteer - secretariat)

The actions of the MCCH do not target only to relief the beneficiaries, on the contrary, their repertoire of actions includes protest and report the injustices and the exclusion of citizens from the healthcare, resisting and mobilize citizens themselves. Indeed, some activities employed by the MCCH caused the awareness of the public and put pressure on the government in order for patients in critical condition to get access to the hospitals.

The means that the MCCH uses in order to make a plea or inform the citizens regarding their needs is mostly done via the internet. Six out of the eight volunteers in the secretariat, indicate that the response of the citizens is quite immediate and their

needs are covered most of the time. Moreover, we showed that the MCCH is connected with dense informal networks, valuable to its actions. It connects patients with diagnostic centers without charge since they cannot afford it.

5.5 Why do citizens address to solidarity structures like MCCH?

The beneficiaries during the interviews, related their demand regarding their unmet needs, with the prolonged shortage of income due to unemployment and the adequacy to cover on their own fundamental needs.

In the case of Greece, the insurance funds IKA, OGA, TEVE, are important for the provision of health care, access to public hospitals and provision for medication. TEVE was the compulsory insurance fund for self-employed, small businessmen or craftsmen (Economou, 2010). The onset of the crisis reduced their amount of work until they could not pay their contributions to the insurance and as a consequence, they were forced to shut down their stores for instance. After that, most of them were uninsured.

“Due to the circumstances, when you don’t have workload when your husband has not been working for two years, now I also shut down the store I had... Now we are two unemployed that sell our furniture in order to be able to eat.” (S.: Benefiter)

“Emm, I am unemployed for three years...I had my own business and I was employing other people also, but with the crisis... Yes, I had to shut it down” (MP.: Benefiter)

The interviewees were self-employed most of them had a very small firm but were obliged to shut it down. If we contrast the two last findings, we understand that on the one hand, the economic crisis affected vulnerable groups of the population suffering from chronic diseases and on the other hand affected people that before the eruption of the crisis had a decent standard of living.

The austerity measures that were adopted in order to reduce the public deficits, such as an increase in taxes and contributions and the wider recession in the market caused the business closures.

5.6 Thoughts for the future of MCCH

All the respondents wish that MCCH should cease to exist. Clearly, from all that is mentioned above, MCCH and other solidarity based structures are needed more than ever as Greece is still in recession.

“...he said and we were all agreed that we will have a big party the day that the MCCH will close... The point is social clinics like MCCH not to exist. It should be a state that respects its citizens and health is inalienable right... It is unthinkable to let people die in a civilized country” (Z.: Volunteer- responsible for cancer patients)

In the same line, the volunteers at the MCCH underline the fact that health should be a public good and that social clinics should be perceived as a temporary solution in the emergence of the severe consequences from the economic crisis. Even though the vast majority of volunteers assert that they will be helping in any way they can until there is no need of them, they all do hope that MCCH to close the next. Because according to their thoughts when the MCCH will stop operating, this will mean that people will be able to access health care, as it should be.

The volunteers of MCCH do not have illusions that they can replace the national health system, neither they want to do that. As most of them note they only tried to fill in the gap of the state.

5.7 Discussion

That chapter was devoted in the qualitative study. The qualitative interviews of this study are featuring the primary motives that attracted Greek citizens to volunteer in the Metropolitan Community Clinic at Helleniko. Three motives were prominent among the responses of the interviewees: Values, conditions and organizational commitment. The motives that are not referred in the analysis there were not mentioned from the volunteers in the selected interviews. Furthermore, the research findings inform the reader how the crisis affected Greek citizens by presenting their own perceptions and explain the circumstances that drove people to seek help in the MCCH.

5.8 Limitations & Future Research

It is essential to point out that in this study are included twenty interviews with the volunteers and the beneficiaries of the MCCH. Nonetheless, the total number of interviews conducted for the purposes of research are more than fifty. One limitation

of the study is the lack of insights regarding the complete list of the motives that were not mentioned. This limitation can be proposed for future research and expand this study by including all the interviews. This would offer an even more representative image for the motives that mobilized people to participate in the MCCH.

Furthermore, the interviews were conducted in 2014. The analysis and the findings of this study thus, concern the primary motives of the volunteers. By the time that this study is written, is almost one decade since the MCCH operates. The research findings of this study, may be seen as the foundations of a larger research that can study the institution of the MCCH in different periods of time.

CHAPTER SIX

DISCUSSION

This research examined the socioeconomic and political conditions as were shaped in Greece within the period of economic crisis. The focus of the research was given in the forms of collective action that Greek citizens employed in order to resist the economic crisis by mixed methods. This chapter will answer the research questions that this study posed, followed by a discussion and finally highlight the strengths and weaknesses of the study and suggestions for future research.

6.1 Conclusions

How does protest looks like in the period of the economic crisis in Greece?

The research showed that the large public deficit and the low competitiveness of the country since 2009, suggest that the economic crisis, gradually transformed into a socioeconomic crisis (Vogiatzoglou, 2017). The austerity policies led to numerous negative consequences such as homelessness (Kaika, 2012), high unemployment rates, poor nutrition and several other health implications (Economou et al, 2014). The facts suggest that the crisis developed into a humanitarian (Douzinas, 2013)

The first massive budgetary cuts on public spending and the rise of taxes after the first bailout package were accompanied with an extensive cycle of protest in the form of demonstrations and strikes primarily initiated by trade unions (Diani & Kousis, 2014). The aim was to express the opposition of Greek citizens against the policies and exert some kind of pressure in the government in order to “block” them. The mobilization of the first year did not alter the political scenery and the austerity measures continued to be implemented.

Thus, the second stage of protest participation involved the expansion of the activities such as the occupation of squares, by the “Outraged” (Vogiatzoglou, 2017). The literature indicates that this movement was attributed and inspired by similar activities in Spain (Indignados) and diffused in Greece, as well (Vogiatzoglou, 2017; Simiti, 2015). The most remarkable gatherings in the squares are related to the dates that parliamentary members were about to vote for new measurements, evidence that leads to the conclusion that the primary goal of that collective action was to abolish further austerity policies (Vogiatzoglou, 2017, Simiti, 2015). Nonetheless, the

protesters held open conversations for the sociopolitical development and the current situation in the country. The first period that forwards the demand for blocking the austerity policies, transferred the claims in the political arena, an alternative public realm for democracy (Leontidou, 2012; Vogiatzoglou, 2017; Diani & Kousis, 2014).

The aforementioned protest activities employed by Greek citizens, mainly expressed their demands and claims, in the under scrutiny period of 2010-2014, but what stands out since 2014 are the solidarity-based initiatives that formed an alternative form of collective action (Vaiou & Kalandides, 2015; Vogiatzoglou, 2017; Kantzara, 2014). Self-organized structures that volunteer citizens provide help to the most deprived population of Greece with a broad scope of services such as food distribution (social kitchens), healthcare provision (social clinics), free educational courses. In that short description are acquired essential information on how protest activities look like in the period of 2010-2014.

To what extent indicators of relative deprivation explain the increase of protest participation?

Within the broad scope of the aforementioned question, the goal was to answer two sub-questions regarding grievance theory that attempts to explain collective actions. What spurs protest is a quite debateful subject within the literature of collective actions. Many studies examined this topic with mixed results and different scopes from economical, sociological, political or psychological. The researcher focused on one important indicator of relative deprivation theory, the unemployment rate for a preliminary examination of its importance within the emergence of protest in the Greek context. Thus, it was investigated via testing the following assumptions :

H1: The higher the unemployment rate in a country, the higher the participation in collective action will be.

The analysis showed that there is a statistically significant relationship between high unemployment and collective action. Regarding the second sub-question:

H2: The higher the unemployment rate in Greece, the higher the participation in violent protests will be.

The results showed that indeed in the case of Greece, which has one of the highest unemployment rates among other countries less affected by the economic crisis, the majority of the protests had a violent outcome.

What motivates people in volunteer in the MCCH?

The interviews in this thesis, explore the motivation of citizens who were volunteers in the Metropolitan Community Clinic at Helleniko, one social clinic that emerged in the heart of the economic crisis as a solidarity based initiative. The majority of the responses indicate that humanitarian values predominantly motivated people to volunteer in the MCCH. Among the different responses of the interviewees regarding the motivation to volunteer in the specific structure, one common denominator was present all along. The economic crisis and the severe humanitarian impact on the citizens' lives. There are no doubts that the economic crisis created a fruitful ground for these initiatives to emerge.

Furthermore, the analysis indicates factors contributing to and interacting with each other and the economic crisis. The welfare state regime that traditionally guaranteed a high level of protection in employment, was diminished by the neoliberal reformation policies that were implemented (Petmesidou, 2013). Many Greek citizens exposed in unemployment (Koukiadaki & Kretsos, 2012), self-employed were obliged in business closures (Matsaganis & Leventi, 2014), and it was shrunk the capability of citizens to afford the increased healthcare expenditure (Goranitis, Siskou & Liaropoulos, 2014) causing the deterioration of their health.

The MCCH expanded its actions beyond covering the primary medical needs of the beneficiaries. Indeed the emergence of the MCCH resulted from the gradual degradation of the public healthcare system. The interviewees mention that health is perceived as a public good. Consequently, should be free to everyone with no exceptions. One common thought among the interviewees that volunteer in the MCCH is that social clinics and similar initiatives should be seen as a temporary solution to the adequacy of the state to fulfill its role.

6.2 Considerations, Strengths & Weaknesses

This research examines the forms of collective action employed by Greek citizens in order to resist the acute economic crisis that hit the country since 2010. The study uses mixed methods and we are able to gain insights for the prominent activities that people employed in their protest repertoire. It is shown that the biggest share of protests in Greece had a violent outcome. Thus, on the one hand, it is examined the protest participation in terms of demonstrations and occupations. On the other hand, the qualitative method explores other forms of collective action and highlights the

most important motivations regarding voluntarism in the self-organized structures, like the MCCH, from their own perspective. The unique sample of respondents in the qualitative acquire insights on how people individually experienced the economic crisis.

Studying the crisis in the context of Greece requires a level of knowledge of the prior situation and a glimpse at the policy and welfare regime as it was operating. That was thought as crucial from the perspective of the researcher for the reader to understand how the given historical context, allowed the austerity policies to affect largely the everyday life of citizens. Of course, the most important events from the protests, policy reformations contrasting with the existing ones were highlighted. Also, it was provided a framework regarding the austerity policies that were implemented and a relatively small policy overview prior to the crisis in order to disentangle and understand the adverse effects of the crisis in Greece, as they were reported by other studies, mainly quantitative.

Nonetheless, the researcher acknowledges the fact that only the community clinic at Helleniko was examined as a self-organized initiative. As it is indicated by the literature (Sotiropoulos & Bourikos, 2014), there are some important differences among the structures of solidarity that emerged. One should bear in mind, that some of them are part of formal organizations such as NGOs officially organized by the state, whereas the MCCH operates independently from the state with any legal substance. These essential details may differentiate the motivations of people regarding voluntarism in other structures since we do not know to what extent they operate differently.

6.3 Future research

While this study focused only on the Metropolitan Community Clinic at Helleniko, it would be interesting to use a similar methodology and examine more solidarity structures, comparing and contrasting motivations. That would enhance our understanding regarding the differences on structure or principles between them and examine whether the results would alter.

Another meaningful suggestion for future research would be to return in the field and examine how the MCCH evolved and transformed as time went by. A qualitative study could explore the differences, if any, with respect to some policies that were

implemented for instance, in order to improve the social protection for the unemployed population.

CHAPTER SEVEN

POLICY RECOMMENDATIONS

The last part of this study aims to answer the third research question is: *What should be done to improve the implications of austerity policies in healthcare on citizens' life?*

According to the declaration of MCCH, the structure of the clinic is horizontal and all the volunteer members are more than welcome in meetings to express their opinions about the conditions and the way that the clinic operates. The horizontal organization provided the opportunity also to the beneficiaries to interact and express their everyday problems, away from the formal relationship between doctor and patient. The findings of this study also point out that the MCCH acquired a dynamic character. Besides the primary goal to provide medical care, the MCCH expanded its actions in political interventions in order to put pressure on the government by promoting social demands of citizens. The MCCH, can be understood as an alternative civil society's organization that offered a valuable support during the economic crisis (Zafiropoulou, 2014). Civil society is standing in between of society and the state (Castells, 2008). The political activism of the MCCH can be proven useful to the struggle of improving the current situation.

It is essential to promote a fruitful dialogue with important actors that may address the gap in knowledge that one actor may have. For the past almost a decade, solidarity networks like MCCH, treated citizens without any monetary gain, validating the importance of citizen participation.

In a similar vein, NGOs and solidarity networks placed themselves in the front lines as they were developing solutions for social needs based on their own means. Thus, they acquired a better understanding of the solutions that may work or how altering an already proposed policy and be more effective. Of course, their insights guided by professional stakeholders would improve the design of policies. The economic crisis and the austerity policies are complex issues and the solutions cannot be given from one sole actor (Koppenjan & Klijn, 2015).

The Metropolitan Community Clinic at Helliniko has different teams that deal with different branches of the activities the clinic promotes. Thus, it is proposed for the MCCH to form a team specifically for this purpose. Namely, to be in contact with

other NGOs. The team can contact a number of organizations that their declarations and principles that MCCH adheres also. One of the goals should be to form a dense network of these organizations that will take the initiative and participate in the public debates and harness the dialogue among various stakeholders (Castells, 2008).

7.1 Establish a coalition between civil society actors, policymakers and public officials.

Construct a Framework

Coalitions are initiatives that might not be popular in Greece (Sotiropoulos, 2008), for that reason is important to construct a framework where stakeholders declare their intentions and their aims. Establishing the guidelines and primary goals, building upon transparency would renew the interest for innovative alliances. The first step to achieve this is to set up a communication strategy. Namely, reports that explain the reason and the mutual benefits of the specific coalition.

Save the date

In concrete terms, the stakeholders can adopt a plan of Action and organize internal meetings, preferably once a month. The content of the meetings should include discussion on the best practices that other countries used, with similar problems like Greece. For example, once a month the stakeholders could arrange meetings and address each topic.

Support research, evaluate results, inform

The past years a series of researches discussed thoroughly the economic crisis, unintended consequences of the policy, citizens' reaction and other important topics that can contribute to our understanding regarding complex societal and economic issues (Grasso & Guigni, 2016; Vaiou & Kalandides, 2016; Kousis, 2014). Experts in the field of policy making and scientists can rely on these findings and integrate them into policy reformations bringing the gap of knowledge and innovative solutions (Wampler & Avritzer, 2004). The national research centers are essential to join coalitions as such to assess and evaluate the results of previous studies. Activation of the labor market, social protection, health, and taxes are only some of the most important sectors that policies can target to reform.

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APPENDIX**ΜΝΗΜΟΝΙΟ ΕΡΩΤΗΣΕΩΝ ΓΙΑ ΤΟΥΣ ΕΘΕΛΟΝΤΕΣ ΤΗΣ ΓΡΑΜΜΑΤΕΙΑΣ**

1. Από πότε έρχεσθε εδώ, στο Κοινωνικό Ιατρείο;
2. Ζείτε εδώ κοντά;
- Είστε έγγαμη;
- Έχετε παιδιά;
- Ποιο είναι το επίπεδο εκπαίδευσής σας;
- Έχετε άλλη εργασία; (είχατε άλλη εργασία πριν, είχατε Κοινωνική Ασφάλιση, κ.λπ)
3. Ο άνδρας σας εργάζεται, που, έχει κάποιο ασφαλιστικό φορέα, σας καλύπτει όλους;
4. Πως μάθατε για το Κοινωνικό Ιατρείο του Ελληνικού;
5. Τι επηρέασε περισσότερο την απόφασή σας να συμμετάσχετε στο Κοινωνικό Ιατρείο;
6. Στην επιλογή σας αυτή έπαιξαν κάποιο ρόλο οι κοινωνικές ή πολιτικές σας απόψεις;
7. Είχατε στο παρελθόν συμμετάσχει σε άλλες εθελοντικές εργασίες ή οργανώσεις;
8. Εδώ ποιες μέρες και ώρες έρχεσθε και τι ακριβώς κάνετε;
9. Σας ευχαριστεί η δουλειά που κάνετε, έχετε κάποια προβλήματα;
10. Όταν αποφασίσατε να έρθετε περάσατε κάποια «συνέντευξη», σας ενημέρωσε κάποιος, κάνατε τον πρώτο καιρό μια δοκιμαστική θητεία;
11. Μέσα από την επαφή σας με τους επισκέπτες του Κοινωνικού Ιατρείου υπάρχουν κάποια πρόσωπα ή κάποιες συμπεριφορές που σας έκαναν εντύπωση;
12. Έχετε μήπως παρατηρήσει κάποιες συμπεριφορές που δείχνουν το αίσθημα της ντροπής γιαυτό που είναι ή για το πώς έφτασαν ως εδώ;
13. Όταν μιλούν για την τωρινή τους κατάσταση τι νιώθουν;
14. Έχετε αποκτήσεις με κάποιους από αυτούς πιο στενές σχέσεις;
15. Πως φαντάζεστε την καθημερινή ζωή αυτών των ανθρώπων που επισκέπτονται το Ιατρείο;
16. Νομίζετε ότι ανάμεσα στους επισκέπτες του Ιατρείου υπάρχουν και κάποιοι που μπορεί να έρχονται εδώ και για άλλους λόγους;
17. Τις οδηγίες που δίνετε τις τηρούν;
18. Σκέπτεσθε να μείνετε εθελοντής;
19. Θα θέλατε για τη δουλειά που κάνετε να έχετε κάποια αμοιβή και ασφάλεια;
20. Αν σας πρότειναν μια άλλη εργασία θα παραμένετε εθελοντής;
21. Στο Κοινωνικό Ιατρείο έχετε παρατηρήσεις κάποιες ομάδες, συμφέροντα, αντιθέσεις και ποια είναι η γνώμη σας γι' αυτές;
22. Ποιες προτάσεις έχετε να κάνετε για την βελτίωση του θεσμού του Κοινωνικού Ιατρείου;
23. Πως φαντάζεστε τα Κοινωνικά Ιατρεία σε 10-15 χρόνια;
24. Πως φαντάζεστε το ΕΣΥ σε 10-15 χρόνια;
25. Ακούγονται συχνά κάποια αρνητικά σχόλια ή δυσφημίσεις για το ρόλο του Κοινωνικού Ιατρείου, είναι αλήθεια, ποιοι μπορεί να βρίσκονται πίσω από όλα αυτά;

ΜΝΗΜΟΝΙΟ ΕΡΩΤΗΣΕΩΝ ΓΙΑ ΤΟΥΣ ΕΠΙΣΚΕΠΤΕΣ

- 1) Μένετε εδώ κοντά;
 - 2) Έχετε οικογένεια, παιδιά (φύλο, ηλικία, εργασία. συγκατοίκηση);
 - 3) Πόσο ετών είστε, αν επιτρέπετε;
 - 4) Στο σπίτι που μένετε μένατε πάντα, είναι δικό σας, είναι με ενοίκιο, έχετε κάποια δάνεια γι' αυτό, κινδυνεύετε από τα νέα μέτρα περί πληστηριασμών, μπορείτε να ανταποκριθείτε στην εφορία της ακίνητης περιουσίας, έχετε κάποιο ζώο στο σπίτι;
 - 5) Αυτή την περίοδο εργάζεστε;
 - 6) Πριν τι εργασία κάνατε, για ποιο λόγο δεν εργάζεστε (διαθεσιμότητα, απόλυση, ασθένεια, ατύχημα, σύνταξη);
 - 7) Έχετε ασφάλεια, ποια, πριν είχατε, τα παιδιά σας έχουν, η σύζυγος έχει, πόσο χρόνο είστε ανασφάλιστος;
 - 8) Πως περνάς τη μέρα σου;
- Τι σου αρέσει πιο πολύ να κάνεις;
- Έχεις φίλους, γειτόνους, πως τα πας μαζί τους;
- Βγαίνεις έξω, πηγαίνεις καμιά βόλτα, διασκεδάζεις;
- 9) Έχεις φίλους, αν χρειαστείς κάτι θα μπορούσαν να σε βοηθήσουν;
 - 10) Βλέπεις **τηλεόραση**, τι σου αρέσει πιο πολύ να βλέπεις;
 - 11) Όταν ακούς τα **πολιτικά κόμματα** να μιλούν για τα σημερινά προβλήματα τι σκέφτεσαι;
 - 12) Παίρνεις εσύ ή κάποιο άλλο μέλος της οικογένειας κάποιο βοήθημα από την **Κοινωνική Πρόνοια**;
- Έχεις πάρει φαγητό από δημόσια συσσίτια;
- Έχεις ποτέ πάρει ρούχα από διανομή;
- 13) Με την Εκκλησία τι σχέσεις έχεις, πηγαίνει, συναντάς ανθρώπους, μιλάς, σε βοηθάνε;
 - 14) Πως έμαθες για το **Κοινωνικό Ιατρείο**;
 - 15) Για ποιο λόγο πηγαίνεις, έχεις κάποιο πρόβλημα;
 - 16) Πόσες φορές έχετε έλθει, ποιους γιατρούς έχετε επισκεφτεί;
 - 17) Ετυχε να πάει και άλλο μέλος της οικογένειας στο κοινωνικό ιατρείο;
 - 18) Μέχρι τώρα πως αντιμετώπιζες τα προβλήματα υγείας σου;
 - 19) Πως νιώθεις κάθε φορά που πηγαίνεις στο κοινωνικό ιατρείο;
 - 20) Πως σου φέρονται αυτοί που εργάζονται ως εθελοντές στην γραμματεία ή τα ραντεβού;
 - 21) Οι γιατροί που επισκέφτηκες πως σε αντιμετωπίζουν (σε άκουσαν, έδειξαν προσοχή, σε εξέτασαν όσο έπρεπε);
 - 22) Αν ο γιατρός αυτός σας πρότεινε κάποιες εξετάσεις ή ελέγχους που θα τις κάνατε (εδώ στο ιατρείο, κάπου αλλού, πουθενά);
 - 23) Χρειαστήκατε ποτέ να δείτε κάποιο γιατρό του κοινωνικού ιατρείου εκτός;
 - 24) Παίρνεις φάρμακα από το **Κοινωνικό Φαρμακείο**;
 - 25) Τα **φάρμακα** που παίρνεις επαρκούν;
 - 26) Αν δεν υπήρχε το Κοινωνικό Ιατρείο και το Κοινωνικό Φαρμακείο τι θα έκανες;
 - 27) Πως νομίζεις ότι θα είναι **η ζωή σε 10-15 χρόνια**;
 - 28) Πως νομίζεις ότι θα είναι το κοινωνικό ιατρείο **σε 10-15 χρόνια**;

- 29) Πως νομίζεις ότι θα είναι το Ε.Σ.Υ σε **10-15 χρόνια**;
- 30) Θάθελες να δουλέψεις εδώ στο ιατρείο, **να προσφέρεις κι εσύ κάτι στους άλλους**;
- 31) Έχεις δουλέψει στο παρελθόν σε εθελοντική οργάνωση (που, για πόσο χρόνο, για ποιο λόγο σταματήσατε);
- 32) Στο Κοινωνικό Ιατρείο που έρχεστε έχετε παρατηρήσει κάποιες συμπεριφορές που σας έκαναν εντύπωση (προσωπικό, γιατροί, επισκέπτες);
- 33) Ποιες προτάσεις έχετε να κάνετε για την βελτίωση του θεσμού του Κοινωνικού Ιατρείου;
- 34) Ακούγονται συχνά κάποια αρνητικά σχόλια ή δυσφημίσεις για το ρόλο του Κοινωνικού Ιατρείου, είναι αλήθεια, ποιοι μπορεί να βρίσκονται πίσω από όλα αυτά;

ΜΝΗΜΟΝΙΟ ΕΡΩΤΗΣΕΩΝ ΓΙΑ ΤΟΥΣ ΕΘΕΛΟΝΤΕΣ ΓΙΑΤΡΟΥΣ

1. Τι ειδικότητα έχετε;
2. Από πότε έρχεσθε εδώ στο Κοινωνικό Ιατρείο;
3. Ζείτε εδώ κοντά,
-Έχετε οικογένεια; Παιδιά;
-Η γυναίκα σας εργάζεται;
4. Που εργάζεστε, ποια είναι η βασική σας δουλειά (ιδιωτικό ιατρείο, ΕΣΥ, ΙΚΑ, κ.λπ.);
5. Ποια είναι τα ωράρια της εργασίας σας (εκτός κοινωνικού ιατρείου);
6. Έχετε, πέρα από το πτυχίο σας, κάποιες άλλες σπουδές ή μεταπτυχιακά (πότε, σε τι, σε ποια χώρα);
7. Πως μάθατε για το Κοινωνικό Ιατρείο του Ελληνικού;
8. Τι επηρέασε περισσότερο την απόφασή σας να συμμετάσχετε στο Κοινωνικό Ιατρείο;
9. Στην επιλογή σας αυτή έπαιξαν κάποιο ρόλο οι κοινωνικές ή πολιτικές σας απόψεις;
10. Είχατε στο παρελθόν συμμετάσχει σε άλλες εθελοντικές εργασίες ή οργανώσεις;
11. Εδώ ποιες μέρες και ώρες έρχεσθε και τι ακριβώς κάνετε;
12. Σας ευχαριστεί η δουλειά που κάνετε, έχετε κάποια προβλήματα;
13. Η διαδικασία για να σας δεχτούν στο Κοινωνικό Ιατρείο ποια ήταν;
14. Μέσα από την επαφή σας με τους επισκέπτες του Κοινωνικού Ιατρείου έχετε μια εικόνα ποιες ασθένειες κυριαρχούν, (στους άνδρες και τις γυναίκες, στους νέους και τους ενήλικες) και που τις αποδίδετε;
15. Μέσα από την επαφή σας με τους επισκέπτες του Κοινωνικού Ιατρείου έχετε παρατηρήσει κάποια πρόσωπα ή συμπεριφορές που σας έκαναν εντύπωση;
16. Έχετε μηπως παρατηρήσει κάποιες συμπεριφορές που δείχνουν το αίσθημα του φόβου της ντροπής, της κατωτερότητας, απο τους επισκεπτες σχετικά με τη πως κατεληξαν εδω;
17. Μιλούν για την τωρινή τους κατάσταση τι νιώθουν;
18. Έχετε αποκτήσει με κάποιους από αυτούς πιο στενές σχέσεις;
19. Υπήρξε ασθενής που σας αναζήτησε εκτός κοινωνικού;
20. Πως φαντάζεστε την καθημερινή ζωή αυτών των ανθρώπων που επισκέπτονται το Ιατρείο;
21. Νομίζετε ότι ανάμεσα στους επισκέπτες του Ιατρείου υπάρχουν και κάποιοι που μπορεί να έρχονται εδώ και για άλλους λόγους;
22. Τις θεραπευτικές οδηγίες ή τις φαρμακευτικές θεραπείες που συστήνετε τις τηρούν;
23. Σκέπτεσθε να παραμείνετε στη θέση του εθελοντή γιατρού;
24. Η δουλειά σας στο Κοινωνικό Ιατρείο σας ευχαριστεί;
25. Τι θα σας έκανε να φύγετε;
26. Στο Κοινωνικό Ιατρείο έχετε παρατηρήσεις κάποιες ομάδες, συμφέροντα, αντιθέσεις και ποια είναι η γνώμη σας γι' αυτές;
27. Ποιες προτάσεις έχετε να κάνετε για την βελτίωση του θεσμού του Κοινωνικού Ιατρείου;
28. Πως φαντάζεστε τα Κοινωνικά Ιατρεία σε 10-15 χρόνια;
29. Πως φαντάζεστε το ΕΣΥ σε 10-15 χρόνια;
30. Ακούγονται συχνά κάποια αρνητικά σχόλια ή δυσφημίσεις για το ρόλο του Κοινωνικού Ιατρείου, είναι αλήθεια, ποιοι μπορεί να βρίσκονται πίσω από όλα αυτά;

QUESTIONNAIRE FOR THE BENEFICIARIES

1. Do you live close by?
2. Do you have family? (children, sex, unemployed or not, cohabitation?)
3. If I am allowed, how old are you?
4. In the place you currently living is it yours?
 - do you pay rent?
 - did you had a loan?
 - are you affected from the laws/policies regarding auctions?
 - can you respond to the high taxation policies?
 - do you have a pet?
5. Are you working in this period of time?
6. What was your occupation before? Why you stop working (fired, illness, accident,retirement?)
7. Do you have an insurance? Which one? Does your family have an insurance? How much time you don't have insurance?
8. How do you spent your day?
 - what do you like to do?
 - do you have friends?
 - Are you going out, for a walk, how you enjoy yourself?
9. Do you have friends , that you can rely on if you need them?
10. Do you watch TV? What you enjoy watching the most?
11. When you here the representatives of political parties to talk on the TV talking about the problems the country is facing, what are your thoughts?
12. Do you receive any benefit from the government you or another member of your family?
 - Have your ever received food from breadline?
 - Have you ever received clothing from the a charity?
13. Are you going to the church, do you speak with people there, are they helping you?
14. How did you learned about the Community Clinic?
15. Why did you go, did you had a problem?
16. How many time have you been here, which doctors have you seen?
17. How do you feel when you go in the clinic?
18. How would you deal with your health problems until now?

19. Did any other member of your family visit the clinic?
20. How the people that volunteer in the clinic treat you?
21. The doctors that you visited how they treated you? (did they look after you, listened to you, examined you properly?)
22. If a doctor advice you to take some medication, or do further examinations would you do it? (in the clinic or elsewhere)
23. Was it necessary to be examined by a doctor of the clinic , but not in the location of the clinic?
24. Are you receiving medication from the ¹Social Pharmacy?
25. Is that medication enough for you?
26. If the clinic did not exist, what would you do?
27. Can you imagine how life would be the next 10 to 15 years?
28. How the clinic would look like in 10 to 15 years?
29. How the national health system do you think, it will look like in the next 10 to 15 years?
30. Would you like to work as a volunteer in the clinic, to offer yourself something also to the other people?
31. Have you ever been a volunteer in another organization? (how long, why did you stop?)
32. In the community clinic have you ever noticed any kind of behaviors that made an impression to you?
33. Do you have any recommendations to make in order to improve the institution of the Community Clinic?
34. There are some negative comments regarding the role of the Community Clinic, are they true , can you imagine someone responsible for them?

¹ one of the utilities of the Community Clinic

QUESTIONNAIRE FOR THE VOLUNTEER DOCTORS

1. What is your specialization?
2. For how long have been in the Community Clinic?
3. Do you live close by?
-Do you have family?
-Do you have children?
-is your wife working?
4. Where do you work (national health system, private practise)?
5. Which are your office hours?
6. Besides your bachelor, do you have another degree, master etc?
7. How did you learned about the Community Clinic of Hellinicon?
8. What influenced more your decision to participate in the Community Clinic?
9. In your choice were important your social or political views?
10. Have you ever been a volunteer again?
11. Which days are you coming here (to the Community Clinic) and what are you doing exactly?
12. Do you enjoy the work that you are doing here? Do you have any kind of problems?
13. How was the procedure in order to join in the Community Clinic?
14. You get in touch with the beneficiaries of the clinic, do you have an overview of which diseases are more common among men or women , younger and elderly people? Where could you attribute them?
15. You get in touch with the beneficiaries of the clinic, were there some people or behaviors that made an impression to you? (a case that you still remember-can you give an example?)
16. Have you ever noticed a behavior that points out feelings of shame or disgrace from the beneficiaries about their condition or for ending up here?
17. Do they talk about the current situation - how they feel about it?
18. Do you any closer relationship with any of them?
19. Was any beneficiary that seek you outside of the clinic?
20. How you imagine their everyday lives?
21. Do you believe that among other beneficiaries there are people coming here for other reasons?
22. The instructions that are given to the beneficiaries, do they follow them?

23. Are you planning to remain a volunteer here?
24. Do you enjoy the work that you offer in the clinic?
25. What would make you leave the clinic?
26. In the Community Clinic, have you noticed any groups or any disagreements and what is your opinion regarding them?
27. Do you have any recommendations for the institution of the Community Clinic?
28. Do you imagine the Community Clinics in the next 10 to 15 years? How would they look like?
29. How would you imagine the national health system(EΣY) in the next 15 years?
30. There were some negative comments about the role of the Community Clinic, what is your opinion about it? Who could be the responsible for this?

APPENDIX Variables

Lawdem: Practice of non-institutionalized participation: share of survey respondents who indicate having attended lawful demonstrations.

Measurement notes: (I) Data was weighted by socio-demographic characteristics. (II) Missings are replaced by values from nearest years. (III) Two-step recoding procedure: a) Values averaged across 5 years (e.g. 2001-2005 etc.); b) Calculation of running means for overall mean of both indicators between 5 years. (IV) If data from more than one survey was available, average values were calculated.

Range of values (standardized): minimum = -6.7386; maximum = 100.312.

Period covered: 2005-2012

Missing: All countries, missing values for 2012 replaced by values from 2011

Source: Democracy barometer.

Violdem: Any violent demonstration or clash of more than 100 citizens involving the use of physical force (reversed)

Measurement notes: The indicator was reversed by multiplying values by -1. Range of values (standardized): minimum = -200; maximum =100.

Period covered: 2005-2012 25

Missing: None

Source: Democracy barometer

Unempl: Unemployment (Unemployment rate – annual average)

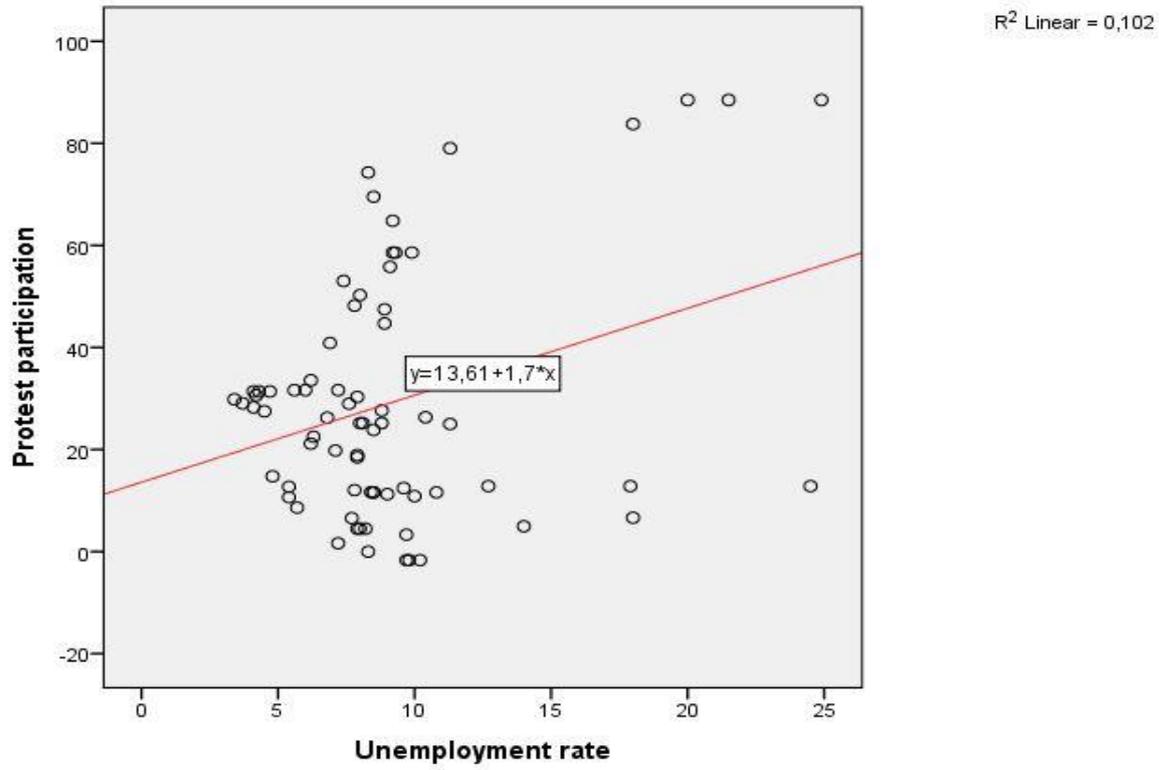
Period covered: 2005-2013

Missing: None

Source: Eurostat

LIVEWHAT,(2013)*Codebook for the comparative dataset on economic, social, and political indicators*. Retrieved from:

<http://www.unige.ch/livewhat/wp-content/uploads/2014/07/WP1-codebook.pdf>

Appendix Unemployment - protest participation:

APPENDIX Unemployment - Violent protest participation

