

Cooperation as Border-Work. The Example of Social Work Praxes Between Youth Welfare Services and Youth Psychiatry in Germany (East/West)

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Initiated by Susanne Maurer and Fabian Kessl (2005), the discourse on social work as boundary- or border-work has now been taken up by the profession and been reflected within scientific audiences especially in Germany. It thereby has experienced theoretical and methodological development, has been also included into empirical analyses, and thus been further defined (see *Bütow; Maurer 2011; Düring 2011; Kessl; Maurer 2010*). In this article we will try to line out the analytic potential of this concept, and suggest some further differentiations which are based on the theoretical assumptions and first results from our current DFG research project on the challenges of legitimizing social-work competency in areas of cooperative tension, an exemplary study in an East-West-German comparison.

We will approach this in three steps: first, we will summarize some of the theoretical frameworks of our project and try to connect them to boundary-analytic perspectives. Second, we will discuss our first research findings on social work in areas of cooperative tension. Thirdly, we will mark some open questions and challenges. In conclusion, we will formulate some poignant thoughts as to gain a more precise theoretical understanding of the analytical potential of boundary-analytical perspectives related to cooperation.

2 Theoretical reflections on areas of cooperative tension

Postmodern societies are characterized by processes that break down boundaries. However, they also enable processes that address, shift and commingle boundaries. Fusions, “cross-over processes“ or hybridizations, such as changing configurations, new social forms, are equally possible and are all associated with process-related spatial, social and symbolic boundaries. Social patterns of order and orientation accordingly require continual interpretation and concretization. The opportunities and risks are self-evident: while those subjects and players equipped with adequate capital (Bourdieu) can deal reflexively with these challenges, for others, new barriers of social integration arise that often signify (sustained) loss of social status, thus rising also their (social) vulnerability. This readjustment of patterns of social inequality as a result of “de-boundaried“ conditions is accompanied reflexively by a mainstream discourse of naturalized and individualized patterns of explication and policy, such as is found, among others, in the current debate on the underclass. These public debates can be regarded as attempts at the renegotiation of welfare-state boundaries, and as a struggle for interpretive authority (see *Bütow; Gómez Jiménez 2013*).

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In the context thus summarized, what can be determined and discussed with regard to social work as a socio-political and professional player working within, and on, boundaries?

There is much evidence of de-professionalization and increasing precariousness as a result of economic forces in areas of social work (see *Galuske 2008; Bütow et al. 2008*). At the same time there are indications within the configuration of the psycho-social professions of processes dismantling and commingling boundaries (see e.g. *Schweppe; Sting 2006*). Facing the current state of research it cannot be defined more precisely what developmental options social work may have in such changed circumstances.

So far, it is equally unclear how the paradigm shift of the welfare state will affect professional activity in detail: whether and how spaces of agency can be identified and negotiated under the conditions of a new normativity (here: efficiency and effectiveness). Through its specific practice of social differentiation, social work as boundary-work constitutes simultaneously specific possibilities of inclusion, exclusion and participation for its addressees. It must accordingly deal critically and reflexively with its inherent normativities (see *Kessl; Maurer 2010*). Here, our research project applies a dual perspective. In one perspective institutions (and their histories) and the professional activity embedded in them are understood as “memory sites” for socially contested interpretations and practices (on this, see *Maurer 2005*). Resources for, and obstacles to professional activity are also systematically linked with the social historical dimension in the German East-West transformation process. In areas of cooperative tension for social-work professionals – thus our second perspective and assumption – social-work competency is challenged to assert and document itself, against the background – or embedded in the framework (*Goffman 1974*) - of societal, organizational and professional experience. Our project is also asking for the interpretive and argumentative (reasoning) resources that can be activated by social-work professionals when they articulate and assert their competency with regard to problematic psycho-social issues.

The complex theoretical and methodological design of our project is aiming at a new approach to professional and organizational research that adopts boundary-analytic perspectives. These perspectives require translational and transformational efforts at various levels: both cross disciplinary boundaries and utilize them constructively to achieve new configurations. These are, above all, the (German) East-West dimensions and the resulting (possibly) differing biographic experiences as interpretative resources². Further, our own disciplinary backgrounds and diverse approaches (sociology, cultural studies, history and social pedagogy) were integrated productively into the project.

3 Organizational theory-based approach to boundary-work praxis: the example of youth welfare services and youth psychiatry

To research and analyse legitimizing practises which articulate and assert social-work competency in areas of cooperative tension, we choose to reconstruct them from an organizational perspective. This approach takes into account that competency is not given “simply” (f.e.) by legislation, directives or institutional (systemic) division of labor, but rather by actual (daily life) professional activity within organizations – related to, demarked by and cooperating with other professions. These daily life practises are enabling also the experience of an organization that occurs in its “cracks” (see *Weick 1969*). While our analysis relates to a

² We use principles of ethnomethodology as developed by Harold Garfinkel in his “breaching experiments” by using the “East-West-Otherness” to cross normative interpretations.

dual difference (differences of East/West and differences of organizations in youth welfare services/youth psychiatry), we deliberately seek such “cracks”, or even “splits” or “gaps” as moments of fracture, irritation and confrontation. We thus, in a certain fashion, also tap into “organization-related social-work professionalism” – at the point of the attempted, possibly faulty and unsuccessful, construction and constitution of social-work competency at the youth welfare services/youth psychiatry interface. The significance of this interface can be summarized in three points (see also *Bütow* 2007):

1. The youth welfare services/youth psychiatry interface is an organizational transition, in which mutual demands or expectations and challenges to the legitimation of competencies can be described.
2. In both fields, the specific profiles of the professions involved as well as the boundaries of “profession” and “professionalism” can be recognized, revealing themselves in specific perceptions and interpretations of (psycho-social) problems, specific modes of categorization/classification, specific understandings of crisis and *modi operandi*, that require negotiation.
3. The negotiation processes demonstrate specific social conceptualizations and institutional approaches to the addressees’ problems (or needs), between social-work intervention and psychiatric treatment, that are also linked to societal trends in handling of increasingly complex problems.

The relevant legal framework in Germany (called SGB VIII) was installed just about the time of the reunification, 1990/1991. That revised youth welfare law would both, initially differing, areas of activity (youth welfare services, youth psychiatry) require to achieve closer forms of cooperation, on account of the shared circle of addressees. As to mark this linkage – and also to establish new modes of financing services – the term “mental handicap” was introduced by the law.

That not only the mutually established historical and professional boundaries (or borders), but also status differences must be overcome proves to be a difficulty and an irritation at the same time (see *Fegert* 1996, p. 195). Additionally, there are divergences in the definition of “mental handicap” (see *Fegert* 2004, p. 185ff.). To this extent, the question arises of competency and lead in the support planning process in connection with the medical/psychiatric diagnosis (see *Ader* 2004; *Fegert* 2004). This question of professional competency is, however, also related to the question of financial responsibility. With regard to the addressees, the result so far has often been the practice of “passing the buck” between the institutions (and systems), which leads also to the problems becoming chronic (see *Ader* 2004; *Franken* 1998; *Gintzel*; *Schone* 1989). This structural situation makes the youth welfare services/youth psychiatry interface a fascinating area for boundary-analytic work.

Our complex research design includes several stages. In the first stage, expert interviews are used to record the implicit (tacit) and explicit (articulated) knowledge of social-work professionals. In the second stage, conjunctive areas of experience within teams of social-work organizations are analysed by means of group discussion. Lastly, in the third stage, cooperative practices in case conferences are analysed in multi-professional groups (by means of ethnographic observation and group discussion). The analyses are completed by systematic evaluations of documents (homepages, commemorative publications, photos, etc.) (see also *Bütow*; *Maurer* 2011).

4 A first glance on the surface of boundary-work practices

Here we will describe practises of creation and articulation of social-work expertise/competency at the youth welfare services/youth psychiatry interface especially on the basis of expert interviews. Within this material the issue of social-work competency will be articulated, for example, in modes like this:

1. a social worker reflects on herself in the mirror with “the eyes of the other” (“the other” being the professional system of youth psychiatry);
2. a youth welfare organization understands itself, by its institutional philosophy and organizational self-image, as “complementary” or even “instrument” of youth psychiatry; accompanied by a declaration of non-competency in situations of crisis;
3. social work competency is at work “in secrecy”; accompanied by subliminal “grumbling” at the lack of recognition at the interface from psychiatry;
4. against better judgement and extensive reflection on their side, social workers ascribe greater competency to youth psychiatry, especially in crisis situations; the reality of having to provide a “parking lot” for those “resistant to therapy”³ is nevertheless accepted;
5. social workers' efforts at cooperation meet their limits while being confronted with medical boundary-setting authority;
6. respect for the individuality and unique perspective (“Eigensinn”) of their addressees is not always possible (because of difficult personnel situation, overload, poor working conditions);
7. participatory and emancipatory professional concepts developed in the context of “radical social work”, not at least by critique of institutional education, come up against their limits of further development by younger co-workers (who will sometimes receive that “burden” is too hard to carry).

5 A more profound view, in a boundary-analytical perspective

These findings, however, confirm only on a certain level the assumed and already quite well known asymmetries at the interface of youth welfare services and youth psychiatry, the defensive practices of social work professionals, that are generally identified in empirical studies. They provide a description of what makes up social-work experience in everyday boundary-work which is, so to speak, remaining somehow within the constraints of its own boundaries, and in a certain sense also reproducing them. A boundary-analytical perspective, by contrast, accesses further facets, reveals other meanings and allows different interpretations.

This is not to gloss over the situation or to disregard the real affronts, burdens and precarious situations at this interface. Boundaries worked at by social-work professionals are accordingly

³ In German medical language there is the term “austherapiert” (“therapied-out”) as to characterize patients in cases where all medical strategies of healing have failed. Sometimes they are also called as “non-compliance-patients”.

regarded as praxis, in the attempt to highlight its “productivity”, in terms of Foucault’s power analysis (see *Kessl; Maurer* 2009). So far we could reconstruct three levels of boundary-work: boundary-work in crisis as well as in everyday situations, social work handling its own (internal) organizational boundaries, and the socio-pedagogical aspect of border-crossing (transgression). These are discussed below in an exemplary way.

5.1 Boundary-work in crisis and everyday situations

Social work certainly comes up against the boundaries of its competency where its addressees endanger themselves or others— even more so while the professionals' working conditions are often unreasonable (f.e. in respect of staffing levels). In such situations of crisis, in our example, youth welfare services are dependent on reliant cooperation with youth psychiatry. This field of cooperation developed historically as a specific division of labor (manifest in differing professions and organizations) and is normatively related to divergent frameworks. While psychiatry provides a varied normalizing and norm-defining knowledge with regard to “difficult” children and adolescents (see *Ralser* 2009, p. 148f.), social work can as well connect with it, as demarcate itself against. So children and young adults will become clients, patients or – alternately – addressees. The management of boundary situations such as crises then generally involves calling on the competency of the “other” institution. At the youth welfare services/youth psychiatry interface this occurs in a highly diffuse and ambivalent fashion – and may be regarded as boundary-work with varying facets and potential.

Social-work resources are limited and cannot be offered in a state of constant readiness. To this extent, the marking of boundaries and limitations makes sense. Defining limits may bring a measure of relief for the youth welfare organization and its professionals. The transfer of social works' critical cases can thus also be seen as an expression of inherent limitations and the desire for relief.

These limitations are, however, relative: in current social-work professionalization strategies in the context of youth welfare work with traumatized children and young adults (e.g. trauma counselling, psychoeducation; see *Bütow* 2013; see also *Gahleitner* 2011) social workers acquire psychotherapeutic competencies themselves. If so, social-work institutions do not need to place addressees in a clinical context; they may be able to ensure greater proximity and participation, in place of fixation and medication in psychiatry. At the same time this brings about a boundary shift: specific trainings (like “trauma work”) can be seen as crossing the boundaries of social work in the direction of psychiatry.

But there are other boundaries here. This manifests itself not least in cases of “therapied-out”, “non-compliant” patients being returned to youth welfare institutions. When clinical institutions meet their own boundaries, youth welfare services must function as default surety for “difficult” children and young adults, as an agency of last resort, so to speak. This will be often experienced along the daily routine in youth welfare institutions. On the one hand, there is a feeling of being left in the lurch by the medical profession; on the other, social work is actually offering these young people succour and support with regard to human rights and dignity. Appreciation of this important function is hardly to be expected from psychiatry, though. But it is also insufficiently requested by youth welfare services themselves, possibly owing to the myth of the “gods in white coats”, whose factuality is still subscribed to by social workers, be it against their better judgment and their daily work experiences. The myth of the omnipotence of the medical profession, a still well known component of everyday life in our society, is ale extensively encountered in social work context.

Against this background of quasi-essentialized medical competence and the belief that the institutional boundaries of youth welfare work are “anyway” fluid and open, there arises another shift of competencies, from youth psychiatry to youth welfare services, even when it is the medical profession that should be the “really” competent one. On the one hand, youth welfare services are faced with the challenge of managing such critical cases, and while doing so are (too) often overtaxed; on the other hand, youth welfare services here perform boundary work in the sense of participation and justice for those otherwise excluded. However, this very fact is often not openly articulated, either with regard to youth psychiatry or in the cooperation process as a whole, which makes it difficult for it to be handled reflexively.

Rather, in acknowledging the factuality of the myth of the “physician’s art”, medicine and social work both reproduce boundaries. It is in this way that boundaries set by medicine develop their powerful effects. For precisely this reason, such boundary-work carried out by youth welfare services in crises is experienced as conflicts. In expert interviews, however, these experiences are not articulated openly as a kind of conflict, but will be rather expressed as “subliminal grumbling”. In this fashion, our interviews become an arena for demands for recognition and participation.

5.2 Social work within its own organizational boundaries

In the analysis to date, it has been possible to more closely identify three modes of boundary-work within youth welfare services. These relate to, first, “organizational memory”; second, work in multi-professional teams; and third, the articulation of social pedagogy within the myth of cooperation. We will concentrate here on the myth of cooperation.

Cooperation is not a (static) condition, but a highly charged process with lot of conflicts, which can be defined as boundary-work in several senses (as has already been suggested). It must be defined and made concrete by its actors – and here it often comes up against the boundaries of interpretation and organizational divergences. Cooperation – according to the analyses – seems to be a highly diffuse area of tension that often will document itself rather as a vacuum (not taking place, or only by chance), as a kind of symbol (e.g. in the form of cooperation agreements or pilot projects), or as a myth (being called in rhetorical phrases). In this diffusion and difficult praxis, “cooperation” nevertheless reveals itself as important boundary-work for social work, which can be characterized, in *Birgit Althans’s* term as “masked desire” (*maskiertes Begehren*) (see *Althans (2007)*)⁴. For one thing, cooperation represents a central constitutive element of social work itself: accordingly, cooperation is crucial for social work concepts and perspectives, for the profession as a whole and not at least for the very organization of youth welfare services, (which is also formulated by the law with the establishment of SGB VIII in Germany). Constituting and shaping cooperation as a daily life praxis, however, proves to be extremely conflictual, and will turn out more than often as precarious and quite ambivalent. For illustration we are referring to one institution analyzed within the research project. There they have apparently established innovative forms of cooperation, such as the medical profession acting within the youth welfare organization consultatively, as quasi-employed. Nevertheless, this innovation is not received or being part

⁴ Birgit Althans has applied this central pedagogic concept (see Althans 2007, pp. 28–78) analytically for the reconstruction of participation by protagonists of social work in the 19th and 20th centuries, and developed it further. It is applied heuristically for the research project here described, but requires further development and concretization.

of the general knowledge and *modus operandi* of those working there. It reveals itself as a fairly symbolic, and very limited cooperation model, for in crises, social workers there are often directed to their own or other resources, as described in the previous point. Nor is best use made of medical expertise on an everyday basis: it is primarily social work that is performed, working with the resources and individuality of the addressees. This model – and also the close cooperation with youth psychiatry – is nevertheless described in a quite exposed way, both in the self-image of those working there and in public relations material. Social-work expertise and competency thus use the symbolism of cooperation with youth psychiatry in the sense of a “mask of desire”, rather than openly articulate themselves more directly within co-operational relationships. One could also say that youth welfare services thus remain open for a genuine, cross-boundary cooperation, and in this fashion manage a core element of social work's professional self-image, which, nevertheless, remains conflictual.

5.3 Social pedagogy as transgression

In the “gaps” (or “spaces”) between youth welfare and youth psychiatry, familiar roles and competencies can be temporarily deactivated, and new options for action and *modus operandi* in managing problems can arise. This is possible on the condition that the established medical and clinical routines come up against their boundaries, are unable to reach their patients, implicitly admit their powerlessness to social work, and for a while “cede” their competencies. With regard to social work's knowledge and expertise doing “relationship work” with “difficult” patients, the established hierarchies among professions and systems can temporarily become fluid. This is, however, still far from self-confident egalitarian cooperation, particularly in the context of familiar structural imbalances of power between the professions of social work and medicine. When social work cooperates with psychiatry, be it “face-to-face” or on a more organizational level, as shown in practice and through our interviews, this often will be accompanied by the assimilation of “other”, usually medical, terms and concepts. These assimilation processes (or unilateral adaptations to the medical context) must still be investigated more in detail as to reconstruct how “independent”, self-conscious or hybrid social-work articulations can have an impact there (or will be also “masked desires”, as outlined above).

Narrations of social-work competency in a clinical context can, though, according to *Claudia Fahrenwald's* organizational-theory analyses, make an important contribution to productive organizational development in the sense of a learning organization, should they be accepted as part of the organizational culture of social work (see *Fahrenwald* 2011). Narrations of practical expertise can thus not only make a contribution to professional policy, but also make boundary-work praxis in youth welfare services and youth psychiatry “productive”. This also requires a differentiated perspective, as well as creative praxes, with regard to participative options within cooperation.

We may draw the following provisional conclusions: social work is not to be reduced to its normalizing function, nor to its accepting (more or less) given boundaries. Instead, social work can be regarded as an agency to open up, expand and transform itself; to open up opportunities for participation to people who will not fit into hegemonic patterns of normality, and also may fall through the grid of other systems of (social) support – but this can often not be articulated or estimated. Social work's active, boundary-crossing and participation-enabling side belongs both to everyday praxes and to its professional self-understanding, but social work obviously also utilizes “other” patterns of articulation and legitimation of its professional competency. This is related -- according to the methodologically based thesis of

the research project – both to the historically developed legitimation of the institutions of youth welfare and youth psychiatry, but also to institutional and societal memories which may be performed as “masked desire”.

6 Challenges and perspectives

Taking into account conceptual approaches like “reflexive professionalization” (see *Dewe; Otto 2005*) or the notion “productivity of the social” (see *Kessl; Maurer 2009*) cooperation can be reconstructed both empirically and theoretically as a kind of boundary-work praxis. The boundary- or border-work perspective is valuable not only with regard to the addressees (where it is the basis for reflexive concepts and approaches that are sensitive to differences), but also with regard to the social-work profession or organizations (see also *Düring 2011*). Interfaces, such as those between youth welfare services and youth psychiatry, analyzed by our research project as example for areas of cooperative tension, are characterized by boundary-work, which serves as basis, as a medium for processes that shift, permeate or stabilize boundaries. These processes can be experienced and shaped as well, at the level of individual professionals, organizations or institutions.

With reference to the hegemony theorists Laclau, Mouffe and Hall, “the social” can be defined as a continuous, conflictual emergence or process that seldom will fit into the mainstream of social norms or expectations (see *Kessl; Maurer 2005*). The peculiarity of social work is that professional boundary-work is challenged by many difficulties and ambivalences against the background of complex tasking and demands (“great expectations”). The creation of open situations takes place precisely in this area of tension. “The social” is thus crucially linked with struggles for (political) recognition of social shaping processes.

In summary, the following poignant theses can be derived from our empirical analyses:

- Boundary-work praxes in social work are related to areas of tension and conflict, e.g. while designing and shaping processes of cooperation.
- Processes of boundary-shifting, boundary-crossing, reconfiguration or hybridization and boundary-reinforcement are articulated in social work in differing ways and forms.
- The validation of these articulations as claim for and expression of social-work competencies takes place against a background of established societal order and hierarchy, thus the productivity of boundary-work praxis requires to be reconstructed and defined in detail, and with regard to social and institutional history.

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