

ÖFEB

Book Series of the Social Pedagogy Section of ÖFEB
Austrian Association of Research and Development in Education

Sara Blumenthal

Dynamics of Shame in Residential Care

An Ethnography of Child
and Youth Services
and Disability Services

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Dynamics of Shame in Residential Care

Schriftenreihe der ÖFEB-Sektion
Sozialpädagogik

herausgegeben von

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Band 20

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Verlag Barbara Budrich
Opladen • Berlin • Toronto 2026

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Published with the support of the Faculty of
Arts, Humanities & Education of the University
of Klagenfurt and the Open Access Publishing
Fund of the University of Klagenfurt

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This book is available as a free download from www.budrich.eu
(<https://doi.org/10.3224/84743194>).

© 2026 by Verlag Barbara Budrich GmbH, Opladen, Berlin & Toronto
Stauffenbergstr. 7 | D-51379 Leverkusen | info@budrich.de | www.budrich.eu

ISBN 978-3-8474-3194-7 (Paperback)
eISBN 978-3-8474-3332-3 (PDF)
DOI 10.3224/84743194

Verlag Barbara Budrich GmbH
Stauffenbergstr. 7. D-51379 Leverkusen Opladen, Germany
86 Delma Drive. Toronto, ON M8W 4P6 Canada

A CIP catalogue record for this book is available from Die Deutsche
Nationalbibliothek (The German National Library) (<https://portal.dnb.de>)

Cover design by Bettina Lehfeldt, Kleinmachnow – www.lehfeldtgraphic.de
Typesetting by Anja Borkam, Langenhagen – kontakt@lektorat-borkam.de

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Introduction

The dynamics of shame in residential care for young people constitute the central focus of this book. The study is based primarily on interpretations of ethnographically collected interactional processes between field participants and the researcher – who, although largely occupying a passive role, remains part of the field context. Both the expressions of shame by participants and the researcher’s perception of shame serve as points of reference for identifying contrasts and structural relationships within the data. A particular concern of this research is to interpret the significance of the expression of, and reciprocal reference to, affects.

The term “dynamics” is used because this study demonstrates the complexity of pedagogical interactions through the presentation and interpretation of longer interaction passages. In addition to the expression of shame, guilt, contempt, anger, and hatred also play a role. A closer examination of current affect theories shows that these affects cannot be categorised as negative affects. A dichotomous understanding of affects as positive or negative does not do justice to the social functions of affects. All affects, even the unpleasant, painful ones, have important functions for human coexistence and are not negative in this sense. All in all, affect research offers a broad field of study for Social Pedagogy that still needs to be explored methodologically and theoretically. Ultimately, I hope that this study will contribute to the social pedagogical discourse on understanding the social meaning of the affects studied in residential care facilities.

In the case of this qualitative study, researching affects at the social level means that interactions in the context of residential care are constructed and interpreted through participant observation. This places the focus on the interactions between care workers, youths and, in part, myself as the participant-observer researcher. From a contemporary anthropological perspective, upbringing (*Erziehung*) is not to be conceived as a linear activity performed by an adult, but rather as a processual event unfolding between pedagogues and young people (Seichter, 2014). Given the inherently relational nature of upbringing, interactional processes assume particular significance for research within the field of child and youth services.

The focus of this study is therefore not on educational concepts, specifications, or guidelines, but on research-based, co-constructed interactions gathered through participant observation. I consider it my scholarly responsibility to utilise empirical research for a view on institutions, that is independent of the interests of the organisations running the facilities.

Using Grounded Theory, the research question was developed iteratively on the basis of the data gathered. Ultimately, the study adopts an ethnographic approach to investigate the causes, modes of expression, and handling of

shame in the context of aggression within interactions between young people and care workers in residential care.

The study has thus been given a more problem-orientated focus. Nevertheless, this study is not intended to serve for “pedagogue and institution bashing”, as Benno Hafeneger describes, but rather to shed light on the current situation in residential institutions (Hafeneger, 2013, p. 68).

As Fabian Kessl (2011) argues, child and youth services is characterised by the parallel, not contradictory, nature of help and control. The field notes presented here also provide information on how care workers orientate themselves in this field of tension. With reference to care workers in the research who have to find their way in a very complex field of work with its own framework conditions it should therefore be explicitly mentioned, that the light and happy affective aspects of residential care, which also exist, are not emphasised in this study.

On a superordinate level, the primary concern of this thesis is empirical in nature; the study serves as foundational research for subsequent theory development. Explicit normative derivations from the empirical findings are addressed in the concluding section, including those concerning the professionalisation of residential care.

1 State of research on residential care for young people

This study uses an ethnographic approach based on affect theory to investigate the conditions under which young people and care workers live and work in two child and youth services facilities and one services for the disabled facility in Austria. The data collection took place in the facilities in 2016 and 2017. In this chapter, two guiding categories of this study, the category “young people” and “residential care”, are first defined. Subchapter 1.1 describes the historical genesis of current residential care services for young people in Austria. Subchapter 1.2 provides an insight into the development of disability services residential care facilities in Austria. As the research question of the present study was focussed on the connections between shame dynamics, aggression, and violence in interactions in the course of the research, subchapter 1.3 places the present study in the current state of research on violence in residential care for young people in Austria.

Among other things, this study presents data on young people in residential care aged between 12 and 17. There is a lively academic discourse on the question of which categories can be used to delineate childhood, adolescence, and adulthood (Quenzel & Fürstenau, 2020; Blumenthal, Sting & Zirfas, 2020). In an ethnography, such as the present study, one is usually guided by the attributions of meaning made by the field participants. In this study, 14-year-olds were referred to as “children” by the experts, while 12-year-olds were called “young people”. The category of “young people” is thus used by the field participants as a diffuse variable. In order to create a coherent argument for the data interpretation, the term “young people” was chosen for the 12 to 17-year-olds in the data, as the concept of adolescence has been expanded in current youth research studies to reflect the earlier onset of puberty and longer educational pathways (Blumenthal, Sting & Zirfas, 2020, p. 10). In the Shell Germany study, for example, young people are defined as people between the ages of 12 and 25 (Albert, Hurrelmann & Quenzel, 2019). In this study, I follow the definition of the Shell study, as the 12-year-olds in the data were labelled as young people by the experts.

Today, residential care generally refers to the state-organised care of children and young people outside their families of origin, usually provided by private companies or associations. These care services are part of the social and state spectrum of “full upbringing” (volle Erziehung, which means upbringing under state responsibility), but exclude family-based care services such as foster families. There are currently options for residential care in socio-therapeutic, -psychiatric and -pedagogical group homes as well as supported

living arrangements in Austria. This study investigates two group homes¹ primarily funded by child and youth services, and one home funded by disability services.

This study investigates the residential care of young people, regardless of the disabilities or clinical diagnoses attributed to them. With regard to the category “disability”, it should be noted that one field participant refers to this as a fragile category that serves to categorise the children and young people in the institution. For example, one field participant, a care worker working in an institution funded through disability services, explained that children and young people are sometimes formally ascribed a disability in order to enable their placement in an institution. Overall, the present study shows that children and young people with disabilities are sometimes accommodated in the child and youth services facilities – and children and young people without disabilities are sometimes housed in the facilities funded by services for the disabled. However, as the landscape of residential care was historically divided into facilities for people without and with disabilities (child and youth services and services for the disabled), the corresponding strands of the institutions are first analysed in their historical genesis.

1.1 An insight into the historical genesis of today’s child and youth services in Austria

The way in which children and young people were and are accommodated is closely linked to socio-political developments. Since the European Middle Ages, there has been evidence of institutions in which children and young people were housed in groups – in addition to foundling homes and orphanages, there were penitentiaries and workhouses² as well as reformatories for juvenile delinquents (Osztovits, as cited in Lauermann, 2001). In the Middle Ages, orphans were housed in hospitals together with physically and/or mentally ill adults (Scheipl, 2007). With regard to orphanages in Austria in the 18th century, it can be seen that Empress Maria Theresa’s efforts to secure her rule included promoting the establishment of her own church-run orphanages that were independent of hospitals. In 1742, for example, the opening of the orphanage in Rennweg, which was progressive at the time, was opened with the participation of Maria Theresa. Wolfgang Amadeus Mozart, who was 12 years old at the time, performed music to mark the occasion. While the first very

- 1 The conceptual orientations of the facilities are not specified in order to preserve their anonymity.
- 2 In addition to adults, children and young people were also detained and punished in workhouses (Schreiber, 2010).

isolated attempts at education and training instead of punishment and forced labour appeared in the 18th century in orphanages in Austria, reformatories and workhouses remained untouched by such developments. Michaela Ralser, et al. (2015) argue that the characteristics of reformatories and workhouses continue to shape residential education into the 21st century.

At the beginning of the 20th century, the first signs of a rethink regarding the violence practised against children³ and young people in facilities can be traced in Austria – at least as far as their external impact is concerned. Without changing the practices in the institutions, the reformatories were renamed welfare or educational institutions. It was only with the collapse of the monarchy and the emergence of psychoanalysis in Austria, which could be categorised as liberal in socio-political terms, that lasting change began to take place in the institutions (Ralser et al., 2015). The educationalist and psychoanalyst August Aichhorn in particular provided important impetus that influenced the further development of residential care in Austria and internationally⁴ (Wolffersdorff, 2001). Aichhorn was able to substantiate his pedagogical approach both practically and theoretically by running a home in Oberhollerbrunn and in St Andrä alongside his teaching and practice of psychoanalysis. Going against the prevailing attitudes of the time, he accepted that children and young people could display aggression and ushered in a paradigm shift.

Aichhorn's well-received work led to uniformed staff being replaced by employees who had come into contact with pedagogical principles in specialised courses (Osztovits as cited in Lauermann, 2001). Another pedagogue and psychoanalyst who was influential in the reform period of Austrian residential care in the interwar period was Siegfried Bernfeld (Lauermann, 2001). Like Aichhorn, Bernfeld advocated a psychoanalytical pedagogy, although Bernfeld's contributions were in part explicitly socialist in orientation (Bernfeld, 1928). Bernfeld founded the Baumgarten children's home in 1919. He reflected on his work in the home, which had a "socio-critical-psychoanalytical claim" (Schreiber, 2010), in the work *Kinderheim Baumgarten: Berichte über einen ernsthaften Versuch mit neuer Erziehung* (1921). This work is considered to have had a fundamental influence on modern Social Pedagogy (Niemeyer & Naumann, 2012).⁵ Here, Bernfeld differentiates the attitude and mindset of the pedagogues of the "new education" from those of the controlling and punitive pedagogues. He accuses the latter of acting with "pedagogical tricks" and an "ego-infatuated overestimation of their own person and their actions" (Bernfeld, 1921). Observing children and young people, the role model effect of

3 Children from the age of 10 were sent to reform facilities for "transgressions", as they were not yet of criminal age (Schreiber, 2010).

4 His book *Verwahrloste Jugend* (1925) was translated into many languages and attracted international attention.

5 Bernfeld was also able to reach a wide readership with his book *Sisyphos oder die Grenzen der Erziehung* (1925).

pedagogues and affects play a central role in Bernfeld's concept of upbringing (Erziehung), which should be based on "an honest feeling" and a new "primary emotional attitude towards childhood and youth" (Bernfeld, 1921). Using an example of eating together in the dining room, Bernfeld illustrates that a well-organised distribution of meals and a calm atmosphere at mealtimes in the Baumgarten children's home was not achieved through punishments, but by the teacher (the home included a school) sitting down with the children and showing them, how to, first, hand dishes and food to others before serving herself and eating calmly. Bernfeld started by giving these processes time – according to his documentation, the children adopted the teacher's behaviour after a while.

National Socialism brought with it a violent suppression of progressive social developments, including the aforementioned pedagogical-psychanalytical initiatives. With the annexation of Austria by the German Reich in 1938, the National Socialists' inhuman ideology also put an end to the reform efforts in residential care. In Vienna, residential care was reorganised according to the institutional principle with the means of discipline, coercion, and punishment (Lauermann, 2001).

The Second World War created an increased need for the care of children and young people – conditions in the homes remained poor and violence was rife. In 1950, socially committed Catholics opened the first SOS Children's Village to address these problems (Kannonier-Finster & Ziegler as cited in Schreiber, 2014). Positive differences between the structures of the SOS Children's Villages and those of conventional institutions included the structural openness of the SOS Children's Villages towards their host communities from the outset and efforts to keep siblings together in care arrangements (Kannonier-Finster & Ziegler as cited in Schreiber, 2014). As a result, the first alternative structures to the existing residential care system emerged in the post-war period.

Following the "home campaign" (Heimkampagne) of the political left in West Germany in 1968/69, increasing protest against the system of residential care also formed in Austria from 1970 onwards, initiated by the Marxist Spartakusbund (Schreiber, 2010). In Vienna, these processes of change were brought to the attention of legislators by the "Commission on Residential Care", which drew up reform proposals in 1971.

The implementation of the reforms proved to be difficult. According to Schreiber, one of the main problems at the Tyrolean state home in Schwaz, for example, was that the teachers were not capable of implementing the new concepts. It should also be added that beating – "corporal punishment" – and locking up children was legally permissible in Austria until 1989 (Schreiber, 2014).

In the course of the 1980s, the first socio-pedagogical group homes opened in Austria. In 1989, a new Youth Welfare Act, passed by the National Council, came into force; it replaced the legal regulations from the year 1955 (!)

(Schreiber, 2010; Arora, 2010). Residential care was now intended to “... strengthen the socialisation competence of the ‘family’ and the welfare of the child ...” (Schreiber, 2010, transl. by the author). Legislation from 1989 onwards now included non-violent education and co-operation with parents.⁶ However, due to a lack of money and staff, structural problems arose during the implementation of the new law – some of which still persist today. In addition to excessive case numbers, the lack of standardisation of professional qualifications and a lack of continuity in the funding of accompanying measures, such as a violence protection, should be mentioned here (Arora, 2010).

One criticism of the reform, which was implemented in 1991 by means of an implementing law, was and still is its federal nature. Because of the state-specific youth services laws that still exist today (each Austrian province has its own law), it proved impossible to achieve a standardised policy. For Tyrol, the work of independent organisations was now also enshrined in law, resulting in a variety of residential care services. Instead of removing children and young people from their families, more attempts were made to work in and with the families. In the 1990s, external contact points were also created to address the needs of children and young people. The now established system of the Ombuds Office for Children and Young People was implemented as a result of the UN Convention on the Protection of Children ratified in Austria in 1992 (Holzdahrenstaedt & Babic, 2017).

In 2007, a reform of the Austrian Youth Services Act was initiated after several deaths of children whose families were already receiving help with their upbringing. Experts saw the greatest need for an update of the law in the ongoing social change and the ever-increasing strain on professionals (Arora, 2010).⁷ In Salzburg, for example, there were too few places available for residential care in 2012, so children were placed in other federal states and even in Germany (Bauer, Hoffmann & Kubek, 2013). This was one of the reasons why the Austrian Ombuds Offices for Children and Young People published a press release in 2012 entitled “Youth services in crisis – who is responsible?” (Kija, 2012).

The legislation dating from 1989 was only replaced by the Child and Youth Services Act 2013 after many years of political discussion. One key development in this regard was the paradigm shift away from preventing child

6 In the same year, corporal punishment in child-rearing was also banned in Austria (Schreiber, 2010).

7 The argument is that increasingly precarious working conditions are accompanied by an increase in mental illness among parents. This in turn has an impact on the need for child and youth services. At the same time, however, child and youth services are subject to cost-cutting measures, meaning that individual professionals have to deal with more and more cases – which not only affects employees, but also the quality of child and youth services (Arora, 2010). This argument is still valid in 2025.

endangerment towards ensuring the child's wellbeing. The central goal of child and youth services in Austria, according to the 2013 Federal Child and Youth Services Act, which was valid at the time of data collection, was now as follows:

“Section 1 (1) Children and young people have a right to support for their development and to be brought up to become independent and socially competent individuals.” (transl. by the author)

Under the Austrian People's Party (ÖVP) and rightwing Freedom Party of Austria (FPÖ) government, the abolition of the Federal Child and Youth Services Act was pushed through politically in 2013. The law was intended to level out the very heterogeneous regulations in the various federal states due to federalism, for example with regard to the training of professionals or the funding of places in residential care facilities. It was only in force for six years. Instead of the federal law, federal-state agreements were adopted in 2019 to help create comparable conditions for child and youth services across Austria. Partly due to this lack of political support for the development of child and youth services in Austria, comprehensive *quality standards for residential child and youth services* were developed by practitioners as well as training and research institutions (Fice Austria, 2019). They are seen as a counterpoint to further changes to child and youth services in Austria (Sting, 2019) and are discussed in Chapter 5 of this study.

1.2 Perspectives on the history of violence in child and youth services in Austria

As the relevance of the topic of violence in residential care has become apparent in the course of research for this study, the state of research on aspects of the history of violence in residential care is presented below. As in many other countries, the research on the history of residential care in the Austrian context also reveals that abuse and violence against children and young people in residential care are not isolated incidents, but aspects of organisational structures. These organisational structures, which were permeated by violence, can in turn be traced back to the institutional predecessors of residential care, such as the workhouses (Schreiber, 2010). For the post-war period up to the 1990s, there is evidence that various forms of violence, food deprivation, forced labour and educational disadvantage accumulated in Austrian orphanages and rescue homes as well as children's and welfare homes (John & Reder, 2006; Bauer, Hoffmann & Kubek, 2013; Sieder & Smioski, 2012). The educationalist and social pedagogue Gerald Knapp assumes that the violence in residential care was based on a deficit perspective on the mostly socio-economically disadvan-

tagged children and young people (Knapp, 2001). Knapp also explains that children and young people came to the institutions precisely because of the poor opinions adults had about them. Instead of addressing their living conditions or situations, children and young people were distinguished from “normal” children and young people as “unstable”, “conspicuous”, “at risk”, or “in need of help” (Knapp, 2001). Since 2008, when the extent of structural violence against children and young people in residential care homes began to receive media attention, the historical reappraisal of residential care has become more comprehensive. Empirical evidence from various disciplines documents the suffering of present-day adults who were placed in Austrian institutions between 1945 and 1990. The sociologist Andrea Smioski and the social historian Reinhard Sieder (2012) describe the various forms of violence in Viennese institutions. The organised rapes and the physical and psychological violence in the Wilhelminenberg home in Vienna between 1948 and 1977 were investigated by a commission. Judge Barbara Helige, historian Michael John, psychiatrist Gabriele Wörgötter, and retired judge and criminal law expert Helge Schmucker conducted the research under the scientific coordination of historian Marion Wisinger. The final report has been available since 2013 (Helige, John & Schmucker 2013). The historians Ingrid Bauer, Robert Hoffmann, and Christina Kubek (2013) investigated violence against children in care and foster children in Salzburg after 1945. The study analyses the interaction between youth welfare offices, remedial education institutions, and children’s homes against the background of social, political, and legal norms.

For the federal state of Carinthia, the project *Violence against Carinthian children and young people in institutions*, led by education scientist and social pedagogue Ulrike Loch, is the first regional research project on this topic (Loch et al., 2022). The research project focuses on the planned and organised violence against children and young people in youth welfare and child and youth psychiatric institutions in Carinthia, carried out by the primary care physician Franz Wurst and a circle of perpetrators. Conditional factors for the violence that characterised child and youth welfare respectively child and youth services in Carinthia for half a century were identified. The interweaving of two institutions – a child and youth welfare home and later a child and youth welfare facility and a psychiatric ward – within a closed system was identified as a key factor (Imširović, Lippitz & Loch, 2019). The social standing of Franz Wurst is also identified as a key factor regarding his violence. The authors show that Wurst’s social recognition also resulted from the involvement of former members of the University of Klagenfurt with the work and interests of Wurst. Wurst used scientific theories and his own scientific work as a justification for sexual violence. Through teaching assignments in education, medicine, and psychology at the Universities of Klagenfurt, Graz, and Vienna, among others, he was able to influence future generations of professionals in the fields, as Imširović, Lippitz, and Loch point out.

Michaela Ralser, Nora Bischoff, Flavia Guerrini, Christine Jost, Ulrich Leitner, and Martina Reiterer (2017) have published a comprehensive study on violence in institutions in Tyrol and Vorarlberg. The authors show that children and young people from socio-economically disadvantaged families suffered psychological, physical, or sexualised violence in educational institutions run by the provinces and Catholic religious orders.

The historian Horst Schreiber (2010) gives a voice to those affected by violence in Tyrolean children's homes and has also worked on violence in SOS Children's Villages throughout Austria between 1950 and the early 2000s (2014). The main factors enabling psychological, physical, and sexualised violence in the SOS Children's Villages were professionalisation deficits and patriarchal structures (Schreiber, 2014).

In his book *"In the Name of Order"*, Schreiber describes care and institutionalisation in the post-war period as a process of exclusion (Schreiber, 2010). He works with in-depth interviews, discussion groups, letters, emails and reports to the Ombuds Office for Children and Young People from 85 affected persons regarding their placement in various state educational homes⁸ and in psychiatric institutions. In the study, he consolidates the sources into "collective experiences": Descriptions of reasons for committal, the treatment of children's and young people's bodies, relationships, and the compulsion to engage in work instead of education. Schreiber also attributes the impact of growing up in residential care as a process of exclusion to feelings of shame, which lead to a "social silence of the lower classes" (Schreiber, 2010, p. 10). Schreiber emphasises that so-called welfare upbringing (*Fürsorgeerziehung*) in particular had a sanctioning character. Based on the living and working conditions of the monastery and workhouses of the 19th century, Austrian homes in the 20th and much of the 21st century functioned as a sanctioning instrument against "conspicuous" children and young people. While orphanages took in "poor" children and young people who had no other prospects after the loss of their parents, the justification for the placement of those affected in children's and welfare homes was based on the paradigm of "neglect". Until the Nazi era, children's and welfare homes were primarily a church-run disciplinary instrument and a means of excluding socio-economically disadvantaged children and young people. It is particularly noteworthy that exclusion was also justified through biologicistic reasoning. "Inferior hereditary genes" were used in *heilpädagogischen*⁹ and psychiatric "studies" as an explanation for non-conformism

8 Research covered the following children's homes: the Provincial Educational Home for Girls in Kramsach, the Westendorf Children's Home, the Mariahilf Children's Home in Innsbruck, the Scharnitz Children's Home, the Martinsbrühl Children's Home near Zirl, the Kleinvolderberg Provincial Educational Home, the Bubenburger Castle in Fügen and the Schwaz Provincial Educational Home.

9 Loch describes Austrian Heilpädagogik as a therapeutic pedagogy in the tradition of Hans Asperger (see Loch, 2025).

that persisted even after time spent in an institution (Schreiber, 2010). The psychiatric inheritance theories and practices that were widespread before the Nazi era, such as the ban on marriage, forced sterilisation, and the granting of “mercy killing for inferiors”, were taken up by the Nazi regime.

The integration of child and welfare institutions into the industrialised mass murder of the Nazi era was facilitated by the fact that those responsible were able to draw upon the pre-existing paradigm of “neglect”, strictly categorising individuals and killing those deemed unworthy of life. Children and young people affected by sexual violence were also admitted on the grounds of “moral neglect” (Schreiber, 2010). The concept of neglect was therefore very broad and basically allowed the admission of any child, whereby these “bad” children and young people were, as already mentioned, mostly socio-economically disadvantaged. The educationalist and social pedagogue Stephan Sting explains that welfare education was reshaped during the Nazi era by means of National Socialist ideologies. As part of this ideological reorganisation, around 700 children were murdered in the Viennese educational institution “Am Spiegelgrund” between 1942 and 1945 (Neugebauer as cited in Sting, 2015).

At the legal level, the Nazi legislation of the Reich Youth Welfare Ordinance (RJWV) continued to have an impact in the post-war period, as the necessary legal reforms were slow to be implemented in Austria. Under pressure from the Allied Council, the first Austrian Youth Welfare Act was passed in 1954, and corresponding provincial laws followed from 1955 onwards (Arora, 2010). Although decidedly nationalistic ideological goals, such as education towards a “German national community”, were removed from the text of this law, which was valid until 1989, the spirit of the Nazi legislation remained (Arora, 2010). Forced labour, psychological and physical violence, the punishment of children who had experienced sexual violence, and the stigmatisation of socio-economically disadvantaged young women due to sexual activities continued (Schreiber, 2010). However, restrictive sexual norms were also used to marginalise socio-economically disadvantaged boys.

Another reason for placing children from socio-economically disadvantaged families in care on the grounds of ‘neglect’ was the fact that both parents were working, the children often lived in cramped conditions and spent much of their time on the streets, or they were left in the care of single, divorced mothers (Schreiber, 2010). These examples once again illustrate the function of the institutions in safeguarding the bourgeois morality of post-war society and the adaptation of socio-economically disadvantaged people to the social position ascribed to them (labourer, craftsman, unpaid housewife, and mother). Schreiber’s study analyses homes from the post-war period to the 1980s as instruments of institutional classicism, since as institutions they curtailed the development opportunities of socio-economically disadvantaged children and young people through violence.

This empirical study provides an insight into the state of residential care for children and young people in Austria.

Overall, developments in child and youth services in Austria indicate a trend towards the democratisation of educational practices and a reduction in the size of residential units. However, the fact that the discussion about living and working conditions in child and youth services in Austria continues is not only evident in this study, but media coverage of violence in SOS Children's Villages facilities in the 2000s and the cover-up of violence by SOS Children's Villages director Hermann Gmeiner in the 20th century show that the issue of violence in residential care is unfortunately still relevant today (Vol.at, 2025). Further the comprehensive *quality standards for residential child and youth services* published in 2019 stress the need of professionalization when it comes to violence in the facilities (Fice Austria, 2019).

These are summarized in eleven standards, of which “Protection and handling of threats, assaults and violence in the facility” is a quality standard in its own right (Fice Austria, 2019). The educationalist and social pedagogue Fabian Kessl assumes that, due to social developments, a new willingness to punish has also found its way into the area of child and youth services (Kessl, 2011). From this perspective, too, the shame dynamics in interactions investigated in this study offer a relevant approach to child and youth research as well as child and youth services research. As the empirical data comes from two child and youth services facilities and one facility funded by disability services, this focus on shame dynamics also demonstrates the accessibility of inclusion research¹⁰ to subtle forms of violence against young people in residential care. The different forms of violence that can be derived from the interactions are, as will be argued below, linked to shame and shaming practices.

1.3 An insight into the historical genesis of care for children and young people funded by disability services

Interactions between young people and professionals in residential care facilities in Austria are at the core of this study. In these interactions, reference is made to the attribution of learning difficulties. The research interest is independent of the historically evolved legal regulations and funding models of the institutions, which are divided into child and youth services and disability services. This division reveals a glaring problem with regard to the organisation of institutions as well as the structuring of the scientific sector. Due to the sep-

10 For an understanding of the term inclusion in this study, see subchapter 3.4.

aration of institutions for people with disabilities as well as scientific disciplines that deal with the topic of disability, there is insufficient permeability between institutions and too little research resources for the topic of disability in Austria.

Decisive contributions to the Austrian discourse on the rights of people with disabilities were made by educational scientist and inclusion researcher Volker Schönwiese. Thus, the joint text by social scientist Petra Flieger and Schönwiese, *Disabled people's homes: The stepchildren of efforts to come to terms with abuse and violence* (transl. by the author), begins with the observation that there is little research on the violent history of institutions for people with disabilities (Flieger & Schönwiese, 2015).¹¹ Flieger and Schönwiese point to a research gap that urgently needs to be closed, which investigates a single facility providing services for people with disabilities.

Sascha Plangger and Volker Schönwiese trace the founding of institutions for people with disabilities to the 18th and 19th centuries (Plangger & Schönwiese, 2010). With the development of psychiatry and medicine in the wake of the French Revolution, the accommodation of people with disabilities, which was initially shaped by Christian principles, became strongly influenced by psychiatric and medical perspectives. The social scientist Angela Wegscheider emphasises that care for people with disabilities in Austria in the 18th century was very heterogeneous at a low level, depending on the federal state. The 19th century also saw the development of “remedial education” in Austria, which saw itself as a mediator between medicine, education, and psychiatry and influenced the accommodation of people with disabilities.¹²

People with disabilities thus found themselves in institutions in a highly structured field of activity fed by medical, psychiatric, educational, and religious norms. The approach of segregating and often including people with disabilities persisted in Austria until the post-war period. The first integration concepts were only developed in response to the crimes of the Nazi era, based on Scandinavian countries (Plangger & Schönwiese, 2010). In Austria, the primacy of large Christian homes for people with disabilities persisted until the 1970s. The treatment of the residents was characterised by the Christian idea that a disability was a deficit that had to be countered with religious education. This idea led to a violent, paternalistic, or maternalistic way of dealing with people with disabilities. Based on a heteronormative perspective on human

11 The incidents in the psychiatries are not dealt with in detail in this study. A comprehensive study by Mayrhofer, Wolfgruber, Geiger, Hammerschick, and Reidinger on *Children and youths with disabilities in Viennese psychiatric wards from 1945 to 1989. Inpatient accommodation at Steinhof and Rosenhügel* has been available since 2017.

12 See also Elezović, Lippitz & Loch (2017) and Loch et al. (2022) on the disastrous consequences of remedial education in Austria for child and youth welfare at the time.

sexuality, the large Christian homes were strictly gender-segregated and sexual contact was prohibited. In addition to various forms of violence, such as beating or locking individuals into a dark room, the use of psychotropic drugs to sedate people was and still is an ethical and health-related problem in facilities for people with disabilities. This misuse of drugs in the work with people with disabilities results from its close links with psychiatry (Plangger & Schönwiese, 2010). In the present study, it also emerged that psychotropic drugs were used to a high degree in the institution “Blackbird”, an institution funded by the services for the disabled, which collaborates closely with child and youth psychiatry (see field note “Freaking out”).¹³

According to Flieger and Schönwiese, the traditional homes for people with disability were unable to benefit from the youth welfare reforms of the 1970s and 1980s. Some institutions did introduce decentralised accommodation and sheltered workshops at this time. However, structural problems such as a “paternalistic pedagogy of not letting go, the therapeutisation of everyday life” (Flieger & Schönwiese, 2015, p. 150, transl. by the author) and unpaid work remained. Even in the 1990s, the supremacy of large homes in the services for the disabled sector persisted. For the Austrian state of Tyrol, Plangger and Schönwiese show that although the smaller-scale residential facilities for people with disabilities brought improvements, these concepts were also still characterised by a deficit perspective with regard to their addressees (Plangger & Schönwiese, 2010). With reference to the Convention on the Rights of Persons with Disabilities, the authors also argue in favour of far-reaching reforms with regard to the housing of people with disabilities in the 2000s. The results of the present study connect to this analysis – the empirical data show that young people in services for the disabled are affected by violence.

In summary, it can be said that a central step in the development of services for the disabled is an organisational and pedagogical-practical orientation towards the principle of self-determination as articulated by self-advocates (Wibs, 2005).¹⁴ The required orientation towards self-determination can be understood as a suitable paradigm for a democratic society.

13 One young person was administered several psychotropic drugs at the same time. One of the psychoactive drugs, which was used as an “emergency medication”, is actually only approved for adults, as one pedagogue critically noted.

14 “Nothing about us without us! We want to be taken seriously! We don’t want to be treated differently from others! We want to decide for ourselves!” (Wibs, 2005, transl. by the author).

2 References to affect and shame theory

In the following, the state of research on affects in Educational Science and its sub-discipline of Social Pedagogy is presented as a thematic-chronological overview. In accordance with the methodological orientation of the study, the foundations of a Social Science theory of affect are then presented.

Building on the state of research on affects within Social Work as a discipline, the social functions of shame are presented along three topics: the regulation of relationships (2.1.1), the incorporation of social orders (2.1.2), and the negotiation of social adaptation through engagement with emotional norms (2.1.3). The chapter on affect and shame theory concludes with a theorisation of specific affects identified as relevant for researching the process of data analysis and the relationship of affects to aggression and violence.

With regard to the use of the term affects/emotions/feelings, it should be noted in advance that due to the strong conceptual heterogeneity in the scientific discourse on affects/emotions/feelings (Penz & Sauer, 2020), the use of terms by the corresponding authors is retained in paraphrases. For my own research contribution, I use a social-theoretical (not to be confused with a psychoanalytical) concept of affect as an umbrella term for various affective states. In passages that primarily refer to intrinsic aspects of affect, the term emotion is also used (e.g., emotional distress).

Affects/emotions/feelings have a fundamental influence on human experience and action and thus on socialisation and educational processes. For the social and cultural sciences in general, it is proclaimed that an “affective turn”¹⁵ took place in the early 2000s (Clough & Halley, 2007). Ute Frevert locates the discourse around an “emotional turn” from 2006 onwards (Frevert, 2009). However, as there is no canonical text, the exact dating of this paradigm shift remains controversial (Hitzer & Gammerl, 2013) and the use of key terms is also inconsistent (Penz & Sauer, 2020). Sociologists Otto Penz and Birgit Sauer (2020) therefore write about ongoing “emotional and affective turns”, which also go hand in hand with the rediscovery of physicality, a “body turn” in the social and human sciences.

In the Educational Science and in the sphere of Social Work¹⁶ there is now a large body of scientific works on affects. As early as 2003, Margret Dörr and

15 The “affective turn” refers to the social and cultural sciences, more precisely to the rediscovery of corporeality and corporeality as levels of social and cultural scientific analysis (Penz & Sauer, 2020).

16 I use Social Work as an umbrella term for research and practice in Social Work, Social Work and Social Pedagogy. In Austria, the use of the term “Social Work” is debated by the various research and training institutions. Although I believe it would make sense for the development of the profession to look for similarities

Rolf Göppel published the anthology *Bildung der Gefühle. Innovation? – Illusion? – Intrusion?*, in which questions of educational theory are analysed with the help of psychoanalysis. Almost ten years later, Ute Frevert¹⁷ and Christoph Wulf express their astonishment at how little the education of emotions has been addressed in educational science in recent years in their article *Die Bildung der Gefühle* (Frevert & Wulf, 2012). Social Work has increasingly discovered affects/emotions/feelings as explicit research topics, as emotions are ascribed great importance in professional fields in which relationships with people play a central role (Hess, Retkowski & Thieme, 2018). Huber and Krause argue that emotions play an important role in the classics of pedagogy (for example in Aristotle's *Nicomachean Ethics* or in Kant's *Four Principles of Education*) – the implicit significance of the topic therefore exists historically. However, there was a phase in which educational science differentiated itself from its sub-disciplines by marginalising specific topics, such as emotions (Huber & Krause, 2018). In addition to these arguments analysing the development of the European science system, it can be shown that affects, as well as physicality and sexualities, have been devalued within cognitivist and rationalist theories in the recent, patriarchally dominated history of science in Europe (Demmerling & Landweer, 2007). Since the 1980s, feminist scientists have worked out that a binary understanding of emotion and rationality, body and mind, and private and public serves to establish a patriarchal gender order (Penz & Sauer, 2020). For the field of Social Work, for example, Johanna Hess, Alexandra Retkowski, and Nina Thieme argue that emotionality has long been thought of as the opposite of rationality and devalued within professionalisation discourses (Tetzer in Hess, Retkowski & Thieme, 2018). The authors point out the abbreviated reflection processes of professional action that this culture of “not feeling” leads to, and suggest recognising rationality and emotionality as interdependent and equally important levels of reflection of professional socio-pedagogical action. This study follows this perspective.

rather than differences, the following differentiation could be made: “Social Pedagogy, in contrast to Social Work, is therefore closely linked to pedagogical activities and perspectives.” (Sting, 2015, p. 198, transl. by the author)

- 17 Frevert is the director of the Max Planck Institute's History of Emotions research department and in 2017 published *The Politics of Humiliation: Sites of Power and Powerlessness*, a historical overview that highlights the relevance of shame and shaming practices in educational institutions.

2.1 The concept of affect in this study

In line with the ethnographic focus of the study, Penz and Sauer (2020) first present an integrative social-theoretical concept of affect. This is followed by the work of sociologists Thomas Scheff and Sighard Neckel, who offer two important integrative social-theoretical approaches to shame. In the course of analysing the data, sociologist Arlie Hochschild's concept of emotional norms proved useful for interpreting some of the data. This theory and its relationship to shame will therefore also be discussed below.

As already mentioned, there is a broad conceptual debate on the theoretical differentiation of affects, emotions, and feelings (Lubrich & Stodulka, 2019). From a transdisciplinary perspective, sadness, disgust, joy, and fear can be understood as "basic emotional abilities" that are felt and expressed in a culturally moulded way (Engelen et al., 2009). In this approach, shame is a complex emotion that only arises in early childhood with the increasing ability to reflect. Psychoanalytical theorisations of shame contradict this perspective. The psychoanalyst Micha Hilgers (2012), for example, assumes that shame occurs in different forms regardless of a person's development and age.

However, since the present study employs methods that focus primarily on the social-regulatory aspects of affect, I have aligned my approach with current theoretical perspectives that give particular consideration to the social-regulatory functions of affect, while not neglecting the intrinsic and embodied dimensions of meaning that are essential to an understanding of affect.

Current integrative theories of affect have developed since the 1970s along the epistemological differences between structuralist, behaviourist, social constructivist, and phenomenological schools of thought (Neckel & Pritz, 2019). Sociologists Otto Penz and Birgit Sauer use the term affect in an integrative social theory framework. They understand affect, feeling, and emotion as a continuum and use affect as an umbrella term (Penz & Sauer, 2020). With their theorisation of the concept of affect, the authors initially point out that they do not assume a "natural" contrast between "feeling/emotion and reason".

The sociologists emphasise that they understand affects as processual, discursively shaped, complex experiences with multiple interfaces. Embodiment, bodily experience, perception, cognition, and knowledge about mental processes as well as social experiences thus characterise affective processes. Human perceptions and their evaluations, experiences and embodiment, feelings, sensations, and cognition are understood as co-constructions in this framework. In addition to overcoming a binary understanding of emotionality and rationality, Penz and Sauer also strive for a non-binary understanding of nature and culture. The question of the relationship between nature and culture in relation to affects has long been part of the debate in the Social and Cultural Sciences. Penz and Sauer, in their examination of the works of Illouz, Scheer,

and Bourdieu, resolve the problem by recognising that although affects require a body, there are no non-discursive affects (Penz & Sauer, 2020). Affects are thus always part of power structures, which in turn are constructed and reproduced by affects and, in the case of shame, for example, also have the function of social stratification (Bourdieu as cited in Penz & Sauer, 2020). Both aspects, power and the social ordering function of affects, are discussed in more detail below, using shame as an example.

The sociologists propose a three-part internal differentiation of the concept of affect (Penz & Sauer, 2020).

“We consider the following threefold differentiation useful: conscious affect, where one perceives physical changes and knows why one feels or senses something in a certain way (similar to *Gefühle* in Röttger-Rössler 2016: 7), are distinguished from unconscious or pre-conscious affects, which are perceived with a delay, whereby one does not know at first, why one feels a certain way. We would like to expand this differentiation by adding the category ‘reflective affects’. Reflective affects question the moment that trigger a feeling and the connection to a bodily sensation.” (Penz & Sauer, 2020; emphasis in original)

With this internal differentiation, the authors draw a distinction between conscious, preconscious, or unconscious and reflective affects. With regard to shame, it is further argued in line with Scheff (2014) that it serves to regulate social relationships, particularly as a preconscious or unconscious affect.

In Educational Science, it can be summarised that affects are important due to their comprehensive significance for socialisation, education, and upbringing processes. In Social Work, affects are also increasingly being researched because they are considered particularly relevant for interpersonal relationships – because shaping relationships with people is an explicit task in the professional fields of Social Work (Hess, Retkowski & Thieme, 2018).

Among the affects, Social Work research has focussed in particular on the affect of shame. The works of Margret Dörr on the theory and pedagogical relevance of shame (2010, 2014), Veronika Magyar-Haas on shame and shaming in (social) educational situations (2011, 2012), Holger Schoneville on poverty and marginalisation as forms of shaming and disregard (2013), Carsten Schröder on shame-generating and shaming moments in professional relationships (2013) and on emotion work in residential care (2017) are close to the present research topic. Alban Knecht and Sebastian Obermair recently made a contribution on the connection between shame and poverty (2020). Benno Hafenecker published an article on shame related to out-of-school child and youth work in 2013. Veronika Magyar-Haas and Holger Schoneville, together with Liz Frost and Allesandro Sicora, recently published an international volume *Shame, Mistakes and Reflective Practice in Social Work* (2020). The question of why, among the affects, shame in particular has become so important in Social Work research is described in more detail below on the basis of the social functions of shame.

2.2 Social functions of shame: relationship regulation

A fundamental concern of this study is to convey that shame is not a “pathological” feeling, but rather an important regulatory mechanism in people’s relationships with themselves and with each other (Hilgers, 2012). The comprehensive, interdisciplinary work on shame by the American sociologist Thomas Scheff also takes this line of argumentation as its starting point. Scheff’s work is categorised as symbolic interactionism and is also strongly represented in the German-speaking discourse, as Scheff has worked out the social function of shame in regulating social relationships (Adloff, 2013).

Scheff’s integrative approach is characterised by the fact that he develops a very broad definition of shame. In his understanding, society is based on the fact that people can enter into relationships. According to Scheff, preconscious and unconscious affects provide information about the state of a relationship. While pride signals connectedness, shame has the function of conveying a “threat” to social relationships (Scheff, 2014, p. 257). The, usually diffuse, experience of shame thus serves to feel the state of social relationships on a continuum between connectedness and rejection or alienation, thereby avoiding potential conflicts by means of adaptive behaviour (Scheff, 2014). Alongside pride, shame thus forms the affective basis of socialisation processes.

Scheff argues that his broad concept of shame implies “typical” psychological definitions of shame, such as “dissatisfaction with self”. Firstly, he criticises this definition of shame for not implying the crucial component of social relatedness to other people. Secondly, Scheff criticises the fact that psychological definitions of shame do not capture the fact that shame serves to balance even the smallest threats to social relationships (Scheff, 2000). This is why Scheff, drawing on Goffman’s work, also subsumes embarrassment under the term shame (Scheff, 1988).

I follow Scheff’s approach to shame for this empirical work primarily for methodological reasons. If I want to investigate shame as an interpersonal affect on the basis of its expression, starting from my empirical data, a broad understanding of shame is more suitable for an initial approach to the data than the existing, very detailed internal dissections regarding the intrinsic experience of shame (Wurmser, 1997). However, it should be noted that psychoanalytical theories of shame in particular also take relational aspects into account (Hilgers, 2012).

Against the background of a broad, open view of shame that is well suited to a Grounded Theory study, Scheff also assumes a close relationship between guilt and shame. From Scheff’s perspective, guilt can be categorised as part of the “shame family”, as shame, which he also describes as a “master emotion”, has a more profound socio-regulatory function than guilt. Guilt does not hurt the self, but is located at the level of (omitted) action (Scheff, 1990). In a nut-

shell, it can be said that guilt, unlike shame, does not refer to the violation of the self, but to the (potential) violation of others.

Scheff is also heavily involved with the work of the American sociologist Charles Cooley.

“It was Charles Cooley (1922) who formulated the idea of the looking-glass self (LGS), now an accepted part of modern social psychology and symbolic interaction. This idea contains two fundamental proposals. First, self-consciousness involves continually monitoring self from the point of view of others. As Cooley put it, we ‘live in the minds of others without knowing it.’ Second, living in the minds of others, imaginatively, gives rise to real and intensely powerful emotions, either pride or shame.” (Scheff, 2005b, p. 147)

According to Scheff, it was Cooley who added a social component to the psychological definition of shame. In the logic of the LGS, shame or pride arises from the idea that we are perceived by others and the resulting idea of how others evaluate us (Cooley as cited in Scheff, 2014, p. 255). With reference to Cooley, Scheff defines shame as a socially regulative affect that signals even the smallest threats to social relationships through the imagination of the evaluation of the self by others (Scheff, 2014, p. 257).

Scheff assumes that the alienation from others is a central cause of shame. In his thinking, “modernity”, which is characterised by individualisation, conveys the idea that you can “make it on your own”, that you are independent of others and complete in yourself – the importance of social relationships is thus misjudged. Feelings of shame tend to be concealed due to the cultural ideal of independence. Scheff understands the experience of shame as a signal for “alienation” – and since relationships in modern societies tend towards alienation, he sees shame as omnipresent. From this perspective, emotional distance from others, which is enforced by social conditions, can be experienced as a devaluation of the self, which generates shame. The avoidance of further shame can thus lead to social withdrawal, depression as well as aggression or violence. Scheff also shows that shame acts as an initiator of violent behaviour (Scheff & Retzinger, 2001). Shame can therefore also be a valuable level of analysis, particularly with regard to working and living conditions in residential care facilities. In English-language research on Social Work, Scheff’s theory of a “deference-emotion system”, proposing that shame and pride interact in the regulation of social relationships, has informed subsequent theoretical and empirical work. Gibson (2019) demonstrates that pride can also have destructive and shame can reveal constructive dynamics, such as those that promote social cohesion. For example, Gibson argues that pride can lead to professionals putting pressure on addressees – and shame can encourage ethical reflection on professional behaviour.

In the context of socio-theoretical references to “Western society” and “modernity”, Scheff assumes that shame in “Western” societies has the fundamental socio-regulatory function described above, but is usually concealed or

repressed. He attributes the “low visibility of shame” in Western societies to their orientation towards individualism (Scheff, 2014). Scheff assumes that shame is omnipresent in “Western” societies, regulates social relationships above all at the level of the unconscious or preconscious and takes on particularly covert forms of expression. The low visibility of shame is also reflected in the thematic horizon of Western science. The sociologist uses the works of Simmel, Cooley, Elias, Sennett, Lynd, and Goffman to discuss the fact that shame plays a fundamental role in the major sociological theories, but is not named as such. Instead of shame, which always emphasises people’s social interdependence, the emotion of fear, for example, which refers less directly to people’s social dependencies, is dealt with scientifically. This “low visibility of shame” is reflected in the extent to which it can be adequately researched. According to Scheff, studies that investigate the conceptualisation of shame (using questions such as “Do you remember a shameful situation?”) cannot adequately capture the relevance of shame (Scheff, 2000). This results in particular in challenges for qualitative research into shame as affect – the methodological handling of this is described in the third chapter of this study.

Scheff’s perspective on the differentiation between shame and guilt has already been briefly touched on. The differentiation of shame and guilt that he proposes – along the distinction between being and doing – is the most common differentiation of these two affects, which is also used in psychoanalytical discourse, for example (Tiedemann, 2013). The interwoven nature of the experience of affects can only be investigated to a limited extent in this qualitative study, with reference to the experience of the researcher or with reference to explicit narratives about the emotional life of field participants. For this reason, the present study focuses methodologically on the expression rather than the experience of the field participants’ affects. From the theoretical discourse on shame and guilt, however, it should be added that from Scheff’s sociological perspective on emotions as well as from a psychoanalytical perspective, the experience of shame and guilt appears interwoven.

At the level of empirical work with affect expressions, no clear mimic expressions or physiological reactions can be assigned to the affect of guilt – but they can be attributed to shame (lowering one’s gaze, falling silent, etc.) (Lammers, 2020). With regard to the relationship between shame and guilt, it can therefore be said that both affects are examined in this qualitative empirical study. However, the expression of guilt can more readily be inferred from verbal utterances – such as apologies or attributions of guilt – whereas in the case of shame, sometimes very distinct physical reactions may serve as expressive behaviour. Overall, the theory and empirical findings of the present study suggest that shame and guilt should not be understood as separate entities, but rather as interfaces of affective experience and expression that serve to regulate conflicts and social relationships.

As outlined above, Scheff's integrative shame theory is strongly influenced by symbolic interactionism. The special contribution of Scheff's shame theory lies in the detailed elaboration of the social regulatory functions of shame on a relational level. References to "modernity" or "Western society" are used to suggest links to an overarching social theory. In line with symbolic interactionism, the body does not play a role in Scheff's considerations, but Scheff's theory sheds detailed light on the connection between cognitions, relationships, and shame. As already indicated by Penz and Sauer's reference to the interweaving of *affective* and *body turn*, corporeality can, however, be understood as a valuable level of analysis for the social functions of shame.

2.3 Social functions of shame: incorporation of social orders

Current works on affect and shame theory refer to Hermann Schmitz's body phenomenology as well as various habitus theories (Penz & Sauer, 2020). One theory that is repeatedly taken up in these discourses is the habitus theory of the French sociologist Pierre Bourdieu – because the interplay of corporeality¹⁸ and affects¹⁹ is of crucial importance in his comprehensive work (for examples, Bourdieu 2001). With reference to Bourdieu's habitus theory, Sighard Neckel has theorised the social function of shame in regulating social orders (1991). In the following, the social function of shame to re-/produce social orders is therefore explained by means of the significance of affects and corporeality in Bourdieu's habitus theory and with the help of Neckel's elaborations on shame theory.

Bourdieu's work is referred to as "structural constructivism", as he understands the constructive achievements of social actors as structured and yet also structuring in terms of social interaction.

"With the word 'structuralism' or 'structuralist' I mean to say that there are objective structures in the social world itself ... which are independent of the consciousness and will of those acting and are capable of guiding and limiting their practices or ideas. What is meant by the word 'constructivism' is that there is a social genesis; on the one hand; of the schemes of perception, thought and action that are constitutive of what I call habitus, and; on the other hand; of social structures and

18 Bourdieu uses the term corporeality synonymously with body (Fröhlich & Rehbein, 2014).

19 In his work *Meditations. Zur Kritik der scholastischen Vernunft* (2001), Bourdieu ascribes a fundamental role within the habitus to corporeality and, without theorising this in more detail, to affects.

not least of the phenomena that I call fields and groups, especially what are conventionally called social classes". (Bourdieu, 1992; transl. by the author)

Through "practical mimesis" or "mimetism", schemes of thought, perception and action are constructed in his elaborations, above all through the appropriation of practical actions. Thus, the already structured schemata of thought, perception, and action, which also imply affective structures, are inscribed into the body "outside of consciousness and utterance" and represented, for example, in posture (Bourdieu, 1987).

"In all societies, children show extraordinary attention to the gestures and postures that, in their eyes, constitute the proper adult: a certain way of walking, a specific head posture, a contortion of the face, the respective ways of sitting down, handling instruments, all this in connection with a particular tone of voice, a way of speaking and – how could it be otherwise? – with a specific content of consciousness." (Bourdieu, 1976, p. 190; transl. by the author)

Bourdieu understands affects and the symbolism of their expression, alongside cognitions such as perception and thinking, in their interweaving with a broader symbolic order. From this theoretical perspective, acts of cognition are carried out on the basis of a symbolic order. The "habitus" of actors is thus also ascribed the function of a social sense of orientation with regard to cultural preferences. Social stratification is (re-)produced via the bodily habitus, as Bourdieu associates the symbolic meaning of the lifestyles that actors prefer not only with cognitions, such as value judgements, but also with bodily experiences, such as pleasure or disgust. The preferred lifestyles and their corresponding affective structures carry a hierarchy within them, which is why the habitus also serves to (re-)produce social orders.

In the theory of the "looking-glass self" referred to in chapter 2.1.1, for example, Bourdieu formulates the criticism that the reproduction of "norms"²⁰ is conceived solely at the level of cognitive representation. In Bourdieu's theory of habitus, however, social structures arise from the fact that it is not only the unconscious/conscious world of thought, but also the body that is decisively characterised by social rules. Bourdieu also uses the bodily component, the incorporation of social structures, to explain the persistence of social power relations. From the perspective of Bourdieu's habitus theory, social judgements are not individual, but are fed by a broader, culturally shaped symbolic order. Since shame is incorporated and signals the violation of social conventions, it contributes to the persistence of social orders as a bodily phenomenon.

Sighard Neckel researched the significance of shame at the level of social stratification in his work *Status and Shame* (1991). Neckel ascribes fundamen-

20 Bourdieu rejects the concept of norms, as he does not consider explicit rules and regulations, but unconsciously incorporated structures, which essentially determine the experience and behaviour of actors, to be relevant for the re-/production of society (Bourdieu, 2009).

tal functions to shame, as “habitual shame” limits decisions to act or restricts cultural search movements (Neckel, 1991). In a broader social-theoretical framework, the function of securing social orders through the bodily experience of shame can also be ascribed to the relational regulation of shame already explained by Scheff, in line with the work of Bourdieu and Neckel. Through this theoretical lens, the painful feeling of shame always gives rise to an, albeit unconscious, judgement (I am stupid, unattractive). Shame thus is an important level of analysis for addressees of Social Work, such as young people in residential care. The relationship between professionals and their addressees can also be examined in terms of shame theory – since, according to Neckel and Sutterlüty, social inequality in modern societies results from hierarchised social judgements (*soziale Bewertungen*) (Neckel & Sutterlüty, 2010). Social judgements therefore serve to create hierarchies, also in the fields of Social Work. Social judgements are thus to be understood as part of social struggles. It is difficult to imagine human cognition and social life entirely without judgements. Neckel and Sutterlüty’s distinction between gradual/quantitative and categorical/qualitative judgements is relevant for both research and Social Work practice – because, according to this, there are social judgements that enable hierarchisations within social groups (gradual, more/less) and social judgements that generate social exclusion (categorical, either/or). Categorical judgements or devaluations through shaming (e.g., insults) thus have at least a dual function; they serve as a means of social differentiation for the person who disparages others and lead those who internalise the categorical devaluation through the experience of shame to devalue themselves. The use of judgements that create categorical and thus permanent exclusion is an important level of analysis for both research and Social Work practice that aims to counteract power relations. From an epistemological perspective, it is important to critically reflect on categories of knowledge that presuppose a conception of the human being as devoid of transformability or formative capacity (*Bildsamkeit*). For work in the fields of Social Work, practitioners face the challenge of reflecting on their own assessments of addressees. At the same time, the fact that social judgements are secured on the level of the affective body also means that in-depth reflection work certainly has its limits (see also Neckel, 2005).

As early as 1998, the educationalist and social pedagogue Eberhard Bolay took up Neckel’s approach and discussed it in the context of “helping relationships”. He traces the fact that needing or receiving help in a meritocracy tends to be an experience of shame and also depends on whether people feel that they can provide something in return (Bolay, 1998). Bolay argues that people who see support as their social right are less susceptible to shame due to the normativity of shame. For professionals dismantling shame-generating structures and patterns of interpretation that contour professional helping is a basic skill in Bolays approach (Bolay, 1998).

With reference to Bolay and Neckel, Carsten Schröder (2013) refers to the significance of the denial of “legitimate claims” for experiences of shame. In addition to the negative classifications mentioned by Neckel (i.e., social devaluations), the denial of “legitimate” claims also occurs here as potential shaming. However, social exclusion in interactions also has the potential to cause shame. Due to the cultural nature of shame, forms of interaction such as disregard, humiliation, devaluation, threats, sanctions, and social exclusion (Streit, 2019), like all “-isms” (racism, sexism, etc.), are categorised as practices that often generate feelings of shame. In the course of this study, the relevance of aggression and different forms of violence became apparent when analysing the data. All forms of violence perpetrated against people can tend to be understood as interwoven with shame and as practices of shaming, as they function not only by causing pain or fear, but also by restricting autonomy, which can be experienced as shameful (Fücker & von Scheve, 2013).

Is it also shaming if a person is devalued but does not react with shame? The American professor of Social Work, Brene Brown, suggests that practices that are devaluing but are not responded to with shame should be labelled as humiliation (Brown, 2018). A devaluation (for example, “You’re lazy!”) for which a person is ashamed would thus be understood as shaming, while a devaluation for which the devalued person is not ashamed would be understood as humiliation. However, since the term humiliation implies that humility is generated, the term shaming-attempt seems more appropriate for shaming that does not generate shame. Empirically, shaming is only assumed to have occurred for the purposes of this study if one of the practices mentioned (devaluation, insults, social exclusion, withholding of entitlements, punishments/sanctions, disregard, exercise of violence) and a corresponding expression of shame in response can be traced in the data.

Overall, the theoretical perspective on the incorporation of social orders through shame described above has the following methodological consequences: as the large number of historical studies cited in Chapter 1.1 also show for Austria, residential care in the past was mostly organised in the form of larger homes whose structures were characterised by violence (e.g., Elezović, Lippitz & Loch, 2017; Ralser, 2017; Bauer, Hoffmann & Kubek, 2013; Schreiber, 2010). Against this background, the present study adopts an ethical perspective which, by employing Grounded Theory as a research style, affords a high degree of openness to the situational realities of residential care facilities. From an affect-theoretical perspective, the occasions, experiences, and expressions of emotions represent the experiences of social relationships and cultural interpretations (Neckel & Pritz, 2019) and thus also social structures and power relations. The research perspective on the occasions, modes of expression, and handling of shame in residential care therefore also explores how social orders are created and negotiated at a micro level.

2.4 Social functions of shame: negotiating social conformity by confronting emotional norms

The concept of emotion work²¹ stems from the study *The Managed Heart. Commercialisation of Human Feeling* by the American sociologist Arlie Russell Hochschild (1983). Her influential study is categorised as social constructivism and cognitivist (Neckel & Pritz, 2019).²² Based on an empirical study of the work of flight attendants, Hochschild argues that service professions in particular require a specific type of emotional control (Hochschild, 1983). Her work on flight attendants, who should not show negative emotional expressions but positive and calming emotional expressions, is supplemented by a study with employees of the same company. According to Hochschild, the male “bill collectors” were encouraged by the company to use a negative, threatening emotional expression in their work as a means of exerting pressure in order to collect debts (Hochschild, 1983). Hochschild emphasises the gender-sociological dimension of the study by stating that all people²³, both privately and professionally, perform emotion work. However, Hochschild assumes that women (she argues with reference to the American middle class of the 1980s) perform more emotion work than men, especially in their private lives, due to economic dependencies.²⁴ The gender perspective of the theory is exciting for the field of Social Work, as it can be deduced that the emotion work associated with care work in the fields of Social Work is challenging, but due to its connotation with femininity, privacy, and voluntary care based on love, it is not adequately remunerated economically (Bitzan, 2008).

Hochschild’s thesis that there are emotion-related characteristics of modern service professions has become particularly widespread. She theorised these in the two interrelated concepts of emotion work and emotional norms. She thus offers an “explanatory model of the commercialisation of emotions” – according to this, emotions are shaped by organisational goals (Neckel, 2013).

- 21 In the following, the terms emotion and feeling are not used in a standardised sense, but rather in accordance with the use of the terms by Hochschild and German-language secondary literature.
- 22 In Social Work, Schröder (2017) in particular has recently applied Hochschild’s concepts empirically.
- 23 Hochschild argues on the basis of “men and women” within a dual understanding of gender, which corresponds to the scientific mainstream of the time (Hochschild, 1983).
- 24 Due to lower economic resources and the resulting economic dependency, Hochschild sees the specific nature of female emotion work in confirming, enhancing, and celebrating the well-being and status of other people, especially men, on an emotional level (Hochschild, 1983). Unfortunately, even today, almost 40 years later, the emotional constraints described can still be seen as a relevant level of analysis due to the continuing socio-economic disadvantage of women.

Following Hochschild, a successful commercialisation of emotions has taken place when employees derive satisfaction from the emotion work they perform (Hochschild, 1983). Emotion work refers to practices that serve to generate or suppress emotions, to control the degree of emotional involvement or to change feelings that are actually felt (Hochschild, 1983). The term “emotion work” signifies “... all inner and outer efforts, all practical activities and subjective strategies ... that deal with the modelling of one’s own emotions and those of other actors in everyday private and professional life” (Neckel 2013, p. 169; transl. by the author).

According to Hochschild, people feel uncomfortable when they perceive a difference between their emotional state and a perceived emotional norm (Hochschild, 1983). Emotion work therefore serves to adapt to emotional norms that vary depending on the social context. Since a difference between the feeling and the emotional norm is indicated by a diffuse, unpleasant feeling, the adaptation performance of emotion work can thus be attributed to shame or shame avoidance. Neckel’s explanation that people adapt to emotional norms out of concern for social acceptance also points to the fundamental function of shame and shame avoidance in emotion work.

As described in this second chapter, shame serves the purpose of social conformity and indicates when conventions are not being fulfilled. This applies not only to conventions regarding linguistic expression, dress, or behaviour, but also to “emotional” conventions, as the works of Hochschild and Neckel suggest. What is decisive about Hochschild’s perspective is that people cannot simply avoid emotion work, as emotional norms are subliminally perceived not only explicitly, but above all implicitly, in the sense of a pressure to conform.

“In my attention to patterns of perception and expectation, I may seem to imply that people actively chose to focus and expect as they do. Sometimes ... they do. But *for the most part*, we see and expect in ways *we do not actively direct* and in ways we are often totally unconscious of.” (Hochschild 1983: 224; emphasis in original)

In line with the low visibility of shame presented by Scheff (2014), Hochschild assumes that people are pre- or unconsciously aware of emotional conventions. The core thesis of Hochschild’s analysis is that emotion work causes suffering, as the actual function of emotions to inform people about their “real sensitivities” is affected (Hochschild as cited in Neckel, 2013). Within her elaborations on emotion work, Hochschild distinguishes between “surface acting” and “deep acting” (Hochschild, 1983). “Surface acting” refers solely to the expression of feelings that are shown but not felt, such as a fake smile. “Deep acting” refers to the regulation of one’s own feelings by reinterpreting situations, through relaxation practices or invasive practices such as taking drugs.

Based on more recent studies that refer to Hochschild, Neckel argues that emotion work can also have positive effects, such as increased self-efficacy.

According to Neckel, another problem within Hochschild's theoretical construct is the differentiation between authentic, genuine emotions and acted emotions. This is because Hochschild suggests that the "genuine" feelings of employees in the world of work tend to be in need of correction, without taking into account that economic structures also affect the genesis of "genuine", habitualised feelings.

A further criticism of Hochschild's work stems from the dispute between proponents of the disciplining thesis and proponents of the informalisation thesis. Hochschild supports the disciplining thesis, as she argues that modern capitalism demands emotion work from individuals, which leads to suffering through alienation (from actual feelings) (Hochschild as cited in Neckel, 2013). She also assumes that people in dependent relationships have to perform more emotion work than people who are less dependent on others (Hochschild, 1983). However, the informalisation thesis argues that there are no authentic emotions, as emotions are always socially situated and emotional norms were relaxed in the 20th century, as social power differences became more blurred (Wouters as cited in Neckel, 2013). Neckel points out that Hochschild's concept of alienation in the disciplinary thesis assumes an authentic emotionality. However, socially habitualised patterns are already shaped by social and economic conditions. According to Neckel, the concept of alienation is therefore based on a false premise. Furthermore, the assumption that people alienate themselves from their actual feelings due to emotional norms at work can only be connected to the critique of informalisation to a limited extent. In overcoming the binary discourses within the disciplining and informalisation thesis, Neckel argues that the shaping of the individual expression of feelings is increasingly seen as a task of individual self-management (Neckel, 2005). As a common feature of both theses, Neckel emphasises an "actor" who may or should increasingly understand his feelings as his own task. Neckel develops the approach that, under modern living conditions, increased self-control (informalisation) and increased control (disciplining) are intertwined. With reference to the disciplining and informalisation thesis, Neckel argues that the increase in disciplining does not simultaneously cause a decrease in informalisation and vice versa.

Since Social Work organisations in Austria, as in Germany, are located in a field of tension between the welfare state and capitalism (Thole as cited in Talheim, Freres & Schrödter, 2020), this theoretical perspective raises the question of how this field of tension manifests itself at the level of emotional norms and what exactly this means for Social Work mandates.

According to Neckel, the expanding form of emotion work does not involve regulating existing feelings, but rather working on feelings at the level of habitualisation – for example, "more serenity through meditation" or "positive thinking". Neckel sees these emotional "self-management strategies" as both a need and an imposition (Neckel, 2005). For example, he takes a critical

look at the discourse on “emotional intelligence”, which goes back to the psychological work of Daniel Coleman. It can be seen that the techniques criticised by Neckel 15 years ago have become widespread in the media and have gained cultural influence as an aspect of an even broader “self-optimisation” (Balandis & Straub, 2019). In the field of Educational Science, it can be observed that the discourse field critically examined by Neckel has given rise to concepts of “emotional literacy” and “emotional alphabetisation,” along with corresponding training programmes, particularly for kindergartens and schools (Seel & Hank 2015, pp. 407ff.). A distinction should be made here, also from Neckel’s critical perspective, between approaches that manipulate people’s emotional lives by deliberately evoking specific affects and approaches that aim to “only” verbalise one’s own affects. However, this certainly tends to be an area that a critical Educational Science should observe and examine in terms of the emotional rules emphasised by Neckel. In any case, Neckel assumes that emotional regulation through mental training, for example, does not have the desired effects in full and can therefore become a source of failure. This in turn can produce suffering through psychological dissonance effects such as burn-out syndrome and depression (Neckel, 2005).

Research into the fields of action of Social Work could ask whether and how strategies of emotional self-management affect professionals and the recipients of residential care that are particularly vulnerable to mental illness.

2.5 Hatred, anger, contempt, and aggression

In addition to shame, expressions of affect such as hatred, anger, and contempt became relevant during the course of the data collection. These affects are defined as theoretical terms. Finally, the concept of aggression is also presented as an umbrella term including violence that is less charged with social norms than definitions of various forms of violence.

During the field visit to the home “Blackbird”, the young resident Tom says that he hates me (the detailed interpretation follows in subchapter 4.1). As philosophers Christoph Demmerling and Hilge Landweer argue, terms for affective experiences such as hatred, anger, and rage are not used with precision in everyday language (Demmerling & Landweer, 2007). However, it is appropriate for an ethnographic project to develop an argumentation in the interpretation of data that recognises the language of the field participants. Hate is conceptualised by Demmerling and Landweer as an affect that arises from the perception that another person wants to harm you or has harmed you. In principle, hatred can therefore also serve to protect against further attacks and thus to protect oneself. Hate and contempt are affects that are negatively related to others, whereby contempt, more so than hate, is directed in a pejorative manner

against the despised person as a whole. Demmerling and Landweer point to a connection between hatred and powerlessness, and contempt and power – these connections are illuminating for the interpretation of data that point to asymmetrical power relations. Therefore, attacks by the powerful on the weak can be motivated by contempt rather than hatred, as the philosophers argue. When proposing such differentiations, it should be kept in mind that affects rarely occur in their pure form and that power constellations can of course change in interactions – in theory, contempt and hatred could also merge. However, it can at least be stated as central to the present study that hatred, as a theoretical concept, can be traced back to a perceived harm to the person in the context of the experience of inferiority and serves as form of self-protection. Demmerling and Landweer argue that people tend to hate in circumstances where they feel powerless. In my field notes, I often intuitively used the term anger for observed emotional expressions. Demmerling and Landweer conceptualise anger and hatred within psychoanalytic theorising as affects of aggression. The concept of aggression referred to here originates from psychoanalysis and has become firmly anchored in everyday language. Demmerling and Landweer structure aggression effects such as anger, rage, and hatred according to their intensity.

“Anger and resentment arise when one’s control of a situation becomes fragile or one’s own intentions are thwarted. In German, ‘Ärger’ (resentment) refers to the less intense feeling, while ‘Wut’ (anger) is usually addressed as a more intense feeling that contains a pronounced physical component. Anger erupts in all directions. Resentment, on the other hand, is easier to control in its expression because it is the weaker emotion.” (Demmerling & Landweer, 2007, p. 307f.; transl. by the author)

The philosophers go on to explain that anger, just like resentment, can also be directed at facts or objects, in contrast to hatred and the most morally justified anger, for example. Universally occurring expressive indicators for “anger” at the level of facial expressions are furrowed eyebrows, a fixed gaze, and lips pressed together (Matsumoto, Hee Yo & Chung, 2010). Verbalisations that indicate hostility towards oneself, others, or objects refer to “anger”. Interrupting, threatening, and reproaching others can also be understood as expressions of anger. Verbally, increasing the volume of the voice and strongly emphasising individual words are mentioned as expressions of “anger” (Retzinger, 1995).

To summarise, it can be said that anger and hatred can be distinguished on the basis of their intensity. While hate is cited as the most intense form of aggression that is based on behaviour or intentions of others that are perceived as harmful, anger has less clear goals and may also be directed against objects or circumstances.

Affects such as anger and hatred can be closely linked to the topic of violence. I looked for a generic term for practices that harm others, that is less

morally charged than the term violence in the course of the data collection. In the following, the terms aggression and violence are therefore differentiated from each other and placed in relation to affects.

2.6 Affects in the context of aggression and violence

The following section explains the relationship between the theoretical concepts of aggression, violence, and affect.

One of the best-known German-speaking researchers into violence and aggression, Klaus Wahl, understands “aggression as an ensemble of mechanisms ... to assert oneself against others or to prevail over them by harmful means” (Wahl, 2012, 2; transl. by the author). Wahl’s broad concept of aggression was initially used in the course of data collection and analysis, as it is compatible with the theories of affect relevant to the present study. In his work, Wahl explicitly explains the connection between affects and aggression or violence. According to Wahl, aggression is also shaped, activated, or inhibited by the socialisation and social circumstances of individuals. Wahl argues that aggression and affect are functionally related, as both concepts have the function of regulating social coexistence, among other things. Following on from the assessment theory²⁵, which is very influential in the theorisation of affects/emotions/feelings, Wahl considers (unconscious) situation interpretation, such as the perception of the other person, to be decisive in determining which affects occur. These affects, which result from an assessment of the situation, determine whether people resort to violence (for example, when they are angry). The interpretation of situations and the resulting anger, for example, is in turn dependent on socialisation, such as cultural and milieu-related gender socialisation. According to Wahl, a great deal of attention is therefore also paid to dealing with anger as an affect that favours aggression and violence in child-rearing. The social scientist also addresses the phenomenon that highly aggressive people have a distorted perception of other people’s feelings and behaviour and feel constantly threatened.

Wahl includes physical practices such as hitting or restraining, but also actions on a psycho-social level such as insults, among expressions of aggression shaped by socialisation. As already described, Wahl understands the concept of violence more narrowly than the concept of aggression. This emphasises that violence is a historically and culturally changing construct that has the social function of de/legitimising actions that harm others. Based on the evaluative and regulative functions of social emotions such as “... love, sense

25 In the *Emotions as Bio-cultural Processes* approach, affective states are attributed to conscious and unconscious assessments of situations (Engelen et al., 2009).

of power, insecurity, fear, anxiety, sense of belonging, antipathy, anger, hatred, disappointment, and sadness”, the social scientist argues that these can inhibit or promote aggression and violence (Wahl, 2012, p. 73; transl. by the author). Whether the action resulting from the various affects is categorised as violence is, as already described, a question of socio-cultural conventions. The connection between affects and violence is therefore that it depends on the interpretation of the situation in which affect occurs. Anger and hatred can initiate acts of violence, but do not necessarily have to. Rather, violence is understood to be multifactorial (Wahl, 2012; Ricken, 2020). Violence can also be carried out without the driving force of affects, for example because it appears legitimate.

Like any term, violence is a social construct, but the term “violence” is much more morally charged than other terms. The moral facet of violence and the wide range of academic discourse on violence are *also reasons* to reflect carefully on the use of the term when interpreting data. As the sociologist Carol Hagemann-White points out, the labelling of practices as violence involves a strong judgement. If violence is condemned, it involves criticising the perpetrators; if violence is seen as “neutral”, the description suggests a justification of the practices. Due to concepts of violence being morally charged, I decided to use a narrow concept of violence in relation to physical violence and the threat thereof during the data interpretation phase. This is because, in addition to the moral connotations of the term, the use of a very broad concept of violence results in very abstract formulations when generating theses, which are detrimental to the conciseness of the theses. However, my approach, which results from a number of considerations in the interpretation of the data, does not mean that the present study *negates* a broad understanding of violence. Rather, a categorisation of the theses generated in a broader discourse on the concept of violence is presented at the end of the work.

3 Methods: Ethnographic research into shame and other affects in residential care

This study is empirically based on an ethnographic field notes as well as on a qualitative interviews looking at the expression of affect. A detailed version of the methods chapter can be found in the German edition of this book (Blumenthal, 2023). The complete data set of the larger ethnographic study underpinning this study comprises 65 pages of field notes and autoethnographic documents, audio recordings and transcripts of eight semi-structured interviews with pedagogical staff, 15 interviews with young people, as well as audio recordings of team meetings.²⁶ Besides the interactions between the study participants, the field notes also contain the documentation of my own behaviour and affects during field work. Anthropology has developed an in-depth discourse on the importance of researchers' affects in the field and in data production (see, among others, Davies & Spencer, 2010; Oppermann, 2012; Stodulka, 2014; Stodulka et al., 2019). From the epistemological stance of constructivism, access to the feelings of field participants cannot be claimed since the perception of other people's feelings is always an act of one's own construction, in this case by the researcher. It is also difficult to perceive mixed affective states in their complexity and to put them into succinct terms. Therefore, the presented approach is understood as an approximation of the perceived expression of affects of the field participants by the researcher.

3.1 Participant observation

Participant observation is the key method in ethnographic studies (Ricken & Reh, 2014). The primary advantage of participant observation is direct access to witnessing and simultaneously participating in interactions in the respective research fields. This method allows access to otherwise hidden dimensions of social action. Ethnography, especially the ethnography of affects, thus implies a tension between descriptions and attributions by the researcher, which should be reflected methodologically. The presented ethnographic and interpretative work focuses on intersubjectively comprehensible expressions of affects. This

26 To preserve anonymity, the initially planned analysis of the institutions' pedagogical concepts was omitted. Given the size of the facility providers and the limited number of residential care institutions in Austria, disclosing these concepts would have made it possible to identify the specific facilities involved.

leads to the question of how an intersubjective ethnography of affects can capture the often-concealed affect of shame.

The collection and analysis of data for this study is conducted by analysing and interpreting the observation of affects expressed by field participants, of the researcher's own affects, as well as drawing on the interpretation of the broader social context. The basis for the gathering, analysis, and interpretation of data are physical and verbal expressions of affects (e.g., the intonation of expressed words) as well as linguistic conceptualisations (i.e., naming) of affects. The latter usually occurs only retrospectively, when reflecting on the experience, which has implications for the qualitative interviews, as I will discuss in the following section.

3.2 Semi-structured interviews

The semi-structured interviews with young people and professionals conducted as part of the study were primarily used as a complementary source of information for further interpreting the field notes. A total of 23 interviews (15 with young people and eight with care workers) were transcribed and globally analysed using research-guided questions (Loch, 2014). Individual passages were analysed following Grounded Theory methodology according to Strauss and Corbin (1996) – on the one hand for interpreting the interviews, and on the other hand for condensing the interpretations of the field notes.

All interviews started with the request that the interviewees talk about their work life (professionals) or life (young people) in the facility. In order to obtain the perspectives of the field participants on the interactions interpreted in the study, participants were asked to recount the interactions in the course of the interviews (Loch & Rosenthal, 2002). For interviews in a research study on shame, it is recommended to work with narrative forms of questioning, as taboo subjects are more likely to be conveyed within narratives.

When using narrative forms of questioning for shame-related topics, three challenges emerged during my ethnographic work. First, extended narratives rarely emerged, as field participants often changed the subject, stated that they could not remember, or gave brief responses lacking a narrative character. Second, the interviewees stated that they perceived some of my questions regarding concrete situations during my participant observations as incomprehensible. Third, as an interviewer I occasionally and unintentionally shifted to closed forms of questioning, partly out of nervousness, and partly because I was mentally preoccupied with the topics raised by the young people, such as instances of violence by care workers. Generally, questions addressed to those affected by violence should not be formulated in a way that requires them to justify themselves to the interviewer (Kavemann, 2016).

Summing up the course of the interviews, I conclude that the essential factor for obtaining information in the form of self-directed narratives is whether I, as a researcher, succeed in creating an atmosphere of trust during the conversations.

3.3 Data analysis and interpretation

In Grounded Theory, comparing the properties of the constructed codes or concepts and categories is crucial. In order to code openly in the most productive way, I initially scanned the text word by word and singled out words and phrases that seemed essential for understanding the material (Strauss & Corbin, 1996). Subsequently, I also applied axial coding to find structural similarities and contrasts in the data. During the coding process, I focused in particular on three factors: observed affects of participants, the meaning of my own affects as a researcher, and the wider social context of the expression of affects. The communicative validation of my interpretation took place within interpretation sessions with fellow scholars from within my area of research.

During the analysis and interpretation of the data, I discovered narrative structures of the expression of shame in the context of aggression. On the basis of these structures, I formed ascending theses for each of the topics of the study constructed. Those are “Shame dynamics in-between the emotional burden of care workers and their pedagogical scope of action”, “Shame dynamics in the pedagogical handling of violent behaviour from the perspective of young males”, “Educational shaming by care workers as pedagogical means of sanctioning girls”, and “Suicidal behaviour as a cause of shame and guilt among facility members”.

3.4 Ethical issues

The policy of the ethnographic study that underlies the presented material was to be as transparent as possible; hence, I disclosed my research focus to all field participants. In doing so, I endeavoured to use appropriate and understandable language for the children and young people. In the disability services facility, I worked with a drawing visualizing my research approach. I also repeated my explanations to individual children and young people at their request.

All field participants mentioned in this study provided informed consent. I emphasized that participation in the study was voluntary, all participants were required to sign a consent form, and after signing, they could withdraw from

the study at any time before publication. Some young people in the facilities visited made it explicit from the beginning that they did not want to participate and, occasionally, someone withdrew from the study during the research. A clear ethical boundary must be acknowledged with regard to obtaining consent from children, which is regulated through their legal guardians. This issue requires reflection from a children's rights perspective.

4 Shame dynamics in residential care of young people

This empirical chapter first presents the field access to the institutions studied. Following this, case-specific and cross-case theses are derived on the basis of nine cases along the topics “Shame dynamics inbetween the emotional stress of care workers and their pedagogical scope of action”, “Shame dynamics in the context of the pedagogical handling of the exercise of violence from the perspective of young males”, “Education-related shaming as a pedagogical means of sanctioning girls by care workers”, and “Suicidal behaviour as a cause of shame and guilt among members of the institution”.

Access to the research field requires careful reflection, as in this early phase of field research, processes of familiarisation and alienation determine whether, and if so, how the role of the researcher in the field can be shaped (Loch, 2014). In the present study, the facility managers both approved and supported participation in the study; the impetus to participate in the study did not primarily come from the care workers working with young people. However, the care workers are the gatekeepers who decide whether and to what extent the participatory observation takes place. Overall, the care workers were open to participating in the study, although the fact that the facility managers wanted to take part in the study may have meant that the care workers had to adapt to the wishes of the facility managers. In all cases, the children and young people were first asked by the care workers whether they wanted to take part in the study, before I asked the young people in person.

To gain access to the field, I first conducted an online search to gain an overview of the existing residential care institutions in Austria. At the same time, I asked my colleagues at the University of Klagenfurt in Social Pedagogy and Inclusion Research to share personal contacts in the field. I sent a letter to the contacts I received in this way, as well as reaching out to a number of “cold” contacts. I asked for non-binding preliminary talks to discuss possible survey methods and the degree of participation in planning the direction of the study with those involved. There was a quick response with a request for further information or a request to wait until the matter had been discussed in the team. A facility manager from this first phase of contact referred me to a facility manager of a children’s and young people’s home for the disabled. This led to contact with the first facility represented in the study, the Blackbird facility.

Getting to know the “Blackbird” facility

The initial introduction to the Blackbird facility was through the facility manager. He gave me a tour of the facility, which is known as a home, and introduced me to some of the care workers and some of the children and young people. The facility is funded by the disability services and is located in a rural

area of Austria. It has an adjoining public school and large grounds with a garden, animals, and sports and play facilities.

Of the 14 resident children and young people aged between 6 and 15 and four care workers, I was able to observe a group of six children and young people, supervised by two long-term employees, in their daily lives on ten days. The qualifications of the observed care workers are not academic; both care workers are over 40 years old and have completed care worker training, as was customary in Austria at the time of their training.

In addition to the daily routine at the facility, such as eating together, cooking, playing in the garden, and doing homework, I also took part in three excursions. Finally, I conducted interviews with the two care workers and the six children and young people.

The children and young people were informed about my role with the help of a poster I made with drawings and explanations in an easy-to-understand linguistic style. I used the poster when I introduced myself at the facility and it was later displayed by the care workers at the facility. When asked about my role, I used the poster to explain what I was doing and to emphasise the voluntary nature of their participation in the study.

According to the pedagogical management of the Blackbird facility, the reasons for residential care of the children and young people were that the parents were overwhelmed by their parenting duties due to illness or learning difficulties, as well as neglect or abuse of the children and young people by the parents. According to the information provided by the care workers, all resident children and young people come from socio-economically disadvantaged families. The care worker Hannes also told me that not all of the children and young people housed here are “disabled”, but that children with particularly high care needs are classified as disabled due to their social behaviour and are then accommodated in the facility.

Getting to know the “Jackdaw” facility

I was put in touch with the manager of the Jackdaw facility by an informant in the field. Concerning the theoretical sampling in this study, the socio-spatial location and the federal state represent a maximum contrast²⁷ to the Blackbird facility, as the Jackdaw facility, in contrast to the Blackbird facility, is located in an urban area. At the time of data collection, the Jackdaw facility had only been in existence for a few years – this is also a maximum contrast to the Blackbird facility, which has a long institutional history. At the time of the data collection, eight young people were housed in a large group home within the child and youth services facility, while two others lived in the same building

27 The term “maximum contrast” refers to the comparison horizons with which theoretical statements are made within the data analysis using Grounded Theory.

in an external residential unit. Eight care workers, four women and four men, were responsible for the ten young people in total. In addition, a housekeeper was employed, and the head of the facility was occasionally present in the house as a contact person. The group in the group home consisted of six girls and two boys aged between 12 and 17. Overall, seven professionals and six young people who were accommodated in the facility took part in the study. It turned out that the education and training of the care workers also represented a maximum contrast to the previously studied Blackbird facility, as no care workers in the Blackbird facility were academically trained, while all care workers in the Jackdaw facility were academically trained. The (desired) qualifications of all care workers ranged from degrees in Educational Science and Psychology to Social Work. In terms of the age of the professionals, Jackdaw, like Blackbird, had several long-term care workers who were also over 40 years old. However, care workers under the age of 40 were also observed at Jackdaw, some of whom were still in training and had not been working in residential care for long. Another contrast between the Blackbird and the Jackdaw facility is structural. The Jackdaw facility was financed by child and youth services and has greater financial resources than the Blackbird facility, also due to the attributions²⁸ made to the children and young people. However, this contrast to the Blackbird facility, which was financed by the disability service, is not maximal. This is because the Jackdaw facility also accommodated young people with learning difficulties, while the Blackbird facility housed children and young people who were considered to have a disability for formal reasons. The mixed-gender group concept represented a minimal contrast. In contrast to the Blackbird facility, the Jackdaw facility only housed young people aged 12 and over. I therefore decided to focus the data collection on the age group of 12 to 17-year-olds resident in both facilities. The age range of the young people²⁹ in the study therefore represents a minimal contrast. The reasons given for the young people being cared for in the Jackdaw facility were parental illness, the death of a parent, “neglect”, and violence within the family.

I first met the care worker Nikita, later also the care worker Maria, the facility manager Mr. Jakob, and the care worker Martin. When I first met the young people, I met all of them except one, who was taking part in an excursion. In a conversation with Nikita and Maria, we discussed ethical aspects of the consent of children and young people and the survey methods. We talked about the fact that survey methods such as videography are not suitable for the field of residential care, as the facilities are supposed to offer the children and young people privacy.

Nikita told me about his work in detail. He also showed me around, pointing out that the desks were too small for the young people. The rooms were

28 For ethical reasons, I have not included the diagnoses given to the youths.

29 For the use of the term “young people”, see Chapter 1.

also very noisy. Structurally, the facility was a very large room with small rooms added later. The living room and the eat-in kitchen were connected; the living room was visible from the kitchen through a glass pane. According to Nikita, the concept of the living room is that even young people with a history of abuse do not need to be afraid here, as it is open and can be seen from a distance. However, he also said that every conflict between the young people was directly visible and there was no peace and quiet. During the course of the field visit, I realised that I could hear everything that was being said on the ground floor and on the first floor, which is designed as an open gallery.

When the young people arrived back at the facility after school and their other activities, I introduced myself to them and explained that I deal with the importance of shame in everyday life at the group home. As an example, I mentioned the feeling of discomfort when you arrive somewhere and think you are not dressed appropriately. The young people immediately started talking to each other about what they were ashamed of, with one young person saying that he was ashamed of the girls present. They reacted angrily and an argument ensued.

At a later stage, I gradually explained to all the young people individually that participation in the study was voluntary, that all participants had to sign a declaration of consent, and that they could withdraw from participation at any time before publication after signing if there were any concerns. This option was also utilised.

Getting to know the “Magpie” facility

I selected the Magpie group home after completing the thesis using the data material from the Jackdaw group home based on online research. The criteria used to select the Magpie group home were structural similarities with regard to the mixed-gender concept of the group home and the age of the young people housed there. Following an enquiry by email, I received a positive response from the head of the facility. I was able to participant observe a group of 20 young people, supervised by ten members of staff, in their everyday lives over ten days at the group home, which is located in an urban area. The participant observation mostly took place in the group home’s shared kitchen while tidying up, cooking, and eating, in the hallway while playing table football, in the office, or in the living room.

After getting to know each other personally in a team meeting, the team decided that they would take part in the study and would first ask the young people if they were interested in finding out more about the project. We agreed that I would introduce myself to the young people in the weeks before the potential data collection, which at that point was five months in the future. The subsequent introduction of myself and my work to the young people was postponed by a week because, according to the facility management, there had been

a suicide attempt by a young person resident in the facility. My offer to postpone the data collection by a few months was gratefully declined.

When I introduced myself to the young people, eight males and one female, a care worker, and the head of the facility were present. Two of the boys giggled at first while I was talking and made sexualised jokes about the topic of the research project. One young man, Till, shouted loudly at these two boys during the conversation as they kept whispering and laughing. I explained my research focus on affects and specifically shame. I emphasised that participation in the study was voluntary, that all participants had to sign a consent form, and that they could withdraw from participation if they had any concerns. The young people present agreed to take part in the study. I invited everyone to take their time in considering participation in the study and to return the consent forms to me later. At the end of the introductory round, the head of the facility, Karl, explained to a member of staff that it would be as if a trainee were present, to which the staff member responded with a nod.

At the end of the participant observation, I conducted semi-structured interviews with six care workers and six young people. In contrast to the two other group homes studied, Blackbird and Jackdaw, not all of the children and young people accommodated at the Magpie group home came from socio-economically disadvantaged families. According to the head of the group home, three of the young residents were from economically well-off families who, however, had “difficult dynamics”. When I asked about the reasons why the young people were in residential care, the head of the group home pointed out that the parents’ inadequate parenting skills were formally recorded as the reason. Behind this lay a variety of factors such as parental alcoholism, violence by parents, sexualised violence by the mother’s new partner, drug abuse and related offences committed by a young person (in this case, residential care replaces imprisonment), as well as truancy.

4.1 Shame dynamics inbetween the emotional stress of care workers and their pedagogical scope of action

The following field notes from the Blackbird (“Almost no tolerance”) and Jackdaw (“No solidarity”) facilities show structural similarities with regard to the causes of shame and how it is dealt with.

“Almost no tolerance”

After a trip to the park, we stop outside the facility. Care worker Hannes says that we should first bring the scooters and the bike back to the shed. Vanessa,

Tom, and Gerome (all 13 years old), who are resident in the facility, walk ahead with their scooters and the bike, while Hannes and I walk slowly behind them. Hannes tells me that the children simply have no patience and zero tolerance. He reformulates. To say zero would be wrong. Almost no tolerance. As soon as something does not go the way the children want, they “snap”. Meanwhile, Vanessa, Tom, and Gerome turn the corner of the house to a large shed where the bikes, scooters, and other play equipment are stored.

I suddenly hear a loud noise. As we turn the corner of the house into the driveway leading to the shed, Tom is standing next to a pile of wood. Three or four feet away, Gerome and Vanessa are standing in front of the shed’s gate, facing Tom. Tom’s gaze is fixed on Vanessa and Gerome, who in turn are looking at Tom. Vanessa is still holding her bike and Gerome his scooter. Tom’s scooter is on the ground, in his raised hand he holds a log. When he sees us, he quickly lowers his hand with the log. Hannes calls out to Tom in a calm, steady voice: “Now I’m curious!”.

Vanessa and Gerome shout, with indignation in their voices, that Tom wanted to hit them. Tom now drops the log and quickly walks away from the gateway, past us. Hannes approaches Vanessa and Gerome, while I remain where I am.

When walking past me, Tom turns to me and shouts loudly: “I hate you, Sara!”. I am perplexed and just look at Tom. He walks so far away from the shed and around the side of the house that neither I nor any of the others can see him. Hannes, Vanessa, and Gerome are moving the play equipment into the shed. I take a few steps backwards to get Tom back in my field of vision. He has stopped in front of the house with his head down and is looking over at me from a distance, with an expression of hurt on his face. When our eyes meet, he takes a few steps further around the corner so that he is once again out of my sight. As I have the impression that Tom is ashamed and wants to be left alone, I turn around again, away from Tom, towards Vanessa, Gerome, and Hannes.

We now walk together from the shed back to the house, and Tom, who is still standing in front of the house, comes into our field of view again. Hannes tells us to go ahead, which we do. When I turn around again after reaching the house, I see Tom and Hannes walking calmly next to each other and talking to each other.

Still outside the house, Tom runs up to me, hugs me and says: “I like you. Sorry.” I say: “Apology accepted.” and allow the hug. Together with the other kids, Tom now runs past me into the house, laughing. Inside the house he hugs me again and says: “I like you.” Again, I do not actively hug him back and say: “I like you, too.”

Following up on what happened at the shed, regarding the conflict between Tom, Gerome, and Vanessa, I ask Hannes what he said to Tom after he had

slammed the scooter into the shed door. Hannes says: “Nothing really” and then adds: “Tom knew exactly what was going on”.

Interpretation of “Almost no tolerance”

At the beginning of the field note, two groups are constituted; on the one hand the young people and on the other hand the researcher and the care worker, who walk behind the young people. This distinction is also established in the conversation – and then transformed at the end of the field note. The care worker refers to the children and young people in the facility as “the children”, who simply have no patience and almost no tolerance. This representation of the children and young people can have different functions. Firstly, the care worker’s portrayal of the “children” as having “almost no tolerance” could mean that he assumes that the “children” have limited skills when it comes to relationships. Since this perception of the care worker is communicated to the researcher in a one-on-one conversation, it can be read as the care worker revealing how narrow his scope of action for the pedagogical work with the children and young people is, due to their limited capacity in terms of relationships (Diehm, 2000). Secondly, the representation of the children and young people can also point to the fact that their behaviour represents an emotional burden for the care worker.

Sociologists Sonja Fückler and Christian von Scheve argue that denying people recognition and respect shames them, because feelings of inferiority and inadequacy are created this way (Fückler & von Scheve, 2013). Thus, when the care worker describes the children and young people as having “no patience” and “almost no tolerance”, this can also provide potential shaming occasions for the care worker personally. Third, the care worker’s assessment that “the children” have no patience, almost no tolerance, and snap is symbolically negative. As negative classifications, they are thus part of the devaluation of the children and young people he is responsible for. Although the care worker relativizes his devaluation, interestingly, he does not do so with regard to its function of representing “the children” as a homogeneous group. Rather, he relativizes the extent of the deficit that he attributes to the homogeneous group he has constructed. This general devaluation of children and young people in residential care does not take into account structural or economic aspects and does not reflect the professional discourse in social work in Austria. Therefore, the general devaluation of the “children” can have the function of reducing complexity and also relieving the care worker from an emotional burden of having to deal with aggression and conflict on a daily basis. In contrast to this, the other care worker I was able to work with in this facility, Erika, did not express any devaluations of the children, but mentioned, for example, that she liked working with Tom.

In the situation in which the care worker sees the young people in the driveway of the shed, he addresses Tom with the phrase, “Now I’m curious!”. Since the care worker could not see how the situation came about, his reaction points to the fact that this is a recurring scenario in which he clearly attributes responsibility to Tom. By addressing Tom admonishingly and Tom reacting to the admonition, a clear relationship of perpetrator (Tom) – victims (Gerome and Vanessa) is suggested. Tom raising a log in the direction of Vanessa and Gerome can be understood as a threat of physical violence. Threats are not only potentially frightening, but also tend to be shameful, since “feeling threatened”, together with the arising fear, produces a loss of sovereignty and thereby undermines the socially valid norms of autonomy and individuality (Fücker & von Scheve, 2013, p. 199). Fücker and von Scheve argue that violence is a social act and always based on relationships. Regarding the presented field note, it is unclear what led up to Tom raising the log. In any case, Hannes’ comment to Tom, “Now I’m curious!” implies that Tom has already done something wrong, but can still give in. Thus, this reminder can also induce guilt (about doing something wrong) and shame (about being suddenly exposed and negatively evaluated as a person). The admonition, however, also implies that Tom can now make a choice. In this respect, “Now I’m curious!” also has the character of an invitation, in addition to the accusation. For even if, “Now I’m curious!” implies that Tom might not choose the “right” reaction, it shows a space in which Tom can still behave “correctly”. Hannes’ reaction gives Tom room to make up for what he has done.

As the care worker Hannes and I turn to Vanessa and Gerome, they shout that Tom wanted to hit them. Hereby, the two young people directly follow Hannes’ implicit attribution of guilt to Tom. Tom’s supposed intention to hit resonates with the moral predisposition to even consider certain actions. In this respect, the acclamation of the care worker implicitly aims at the level of being (morally responsible) as well as the level of doing (hitting). Scheff’s (2000) concept of shame aims at including the smallest endangerments of social relations as causes of shame. Against the background of this broad view of shame, he also assumes a close relationship between guilt and shame (Scheff, 2014). The clear assignment of guilt to Tom by Vanessa and Gerome can, together with the admonition by the care worker, become an occasion of guilt and also shame. This is the case, because Tom’s actions are evaluated negatively, but at the same time – and this hits the moral level of being – bad intentions are attributed to him.

Tom then lowers the log he was holding up in the direction of Gerome and Vanessa and leaves the situation. Since feeling ashamed is accompanied by a tendency to conceal oneself or the subject of shame, leaving a situation is seen as one of the clearest expressions of shame (Seidler, 1995).

While guilt results from the power of having done something wrong, shame is associated with the feeling of being powerless. As Tom walks away,

he shouts at me: “I hate you, Sara”. The philosophers Demmerling and Landweer argue that hate – in this respect hate is similar to shame – is also rooted in experiences of being powerless. From their perspective, hate serves to overcome powerlessness. “The powerless person experiences himself as capable of acting in hate” (Demmerling & Landweer, 2007, p. 297; transl. by the author). The care worker shapes the situation of Tom’s leaving in such a way that he does not confront the boy (this could cause further shame), but leaves Tom alone for the time being. The fact that I, as the researcher, do not now follow the care worker, in a participatory observational manner, but rather Tom, has the potential to disrupt Tom’s “being left alone”. However, Tom re-establishes the situation of being withdrawn from the gaze of others by stepping out of my field of vision. Meanwhile, Hannes is in the shed with Gerome and Vanessa to stow away the scooters and bicycle. Possibly, a conversation about the situation also takes place there, however I, the researcher, am out of earshot.

Only on the way back from the shed, after Tom had been alone for a few minutes, does Hannes turn to Tom. Hannes makes sure that Tom and he speak privately by asking the other young people and me, the researcher, to keep walking. Since Tom had previously withdrawn from our gaze, this can be understood as the care worker giving attention to Tom, through which closeness is established. At the same time, a transformation of the one-on-one conversation from the beginning of the field note takes place. Instead of me, Tom now walks next to the care worker in a confidential conversation. Understood in this way, the threat and the expression of shame on Tom’s part are now followed by closeness and attention on the part of the care worker. The fact that Tom apologizes to me, the researcher, after the conversation is also accompanied by the establishment of physical closeness. All in all, the apology is only expressed to the researcher, not to Gerome and Vanessa.

In response to my question in the interview at the end of my field work about what the care worker discussed with Tom, the care worker says, “nothing really”. He might have given this short answer due to the question form. The fact that he had discussed “nothing really” may further indicate that the level of speaking, which is what I am inquiring about, was not relevant in the one-on-one conversation, but rather the physical level (walking side by side). Moreover, “nothing really” may mean that the care worker did not put Tom down. “Nothing really” may also indicate that Hannes is using pedagogical practices which he either does not reflect on or does not want to make explicit, since it was a private conversation.

The care worker’s postscript that Tom knows exactly what is going on suggests that Hannes assumes a recurring experience with Tom and a shared reading of the situation. Recurring, stable patterns of interaction are seen as the basis of relationships (Böhle et al., 2012). The care worker’s statement can thus be understood as a reference to the fact that a relationship exists between Tom and the care worker, which here takes the form of walking side by side and a

one-on-one conversation of uncertain content. Since the level of interaction between myself and Tom clearly shifted after the one-on-one conversation, Tom's apology to the researcher can be seen as a result of this conversation. However, an apology to the threatened young people does not follow and cannot be observed later on during the field work either. The level of social behaviour among the young people thus remains de-thematised, at least during the fieldwork.

In accordance with the general devaluation of the children and young people derived at the beginning of the interpretation, according to which they are only capable of limited relationships, the care worker works within a limited pedagogical scope of action, in which social conflicts are only partially dealt with. The social constraints of the children and young people perceived by the care worker, which forms the basis of their general devaluation, hence become apparent by his restricted pedagogical practices.

Theses

1. Tom's physical threat to other young people is followed by an admonition from the care worker and an expression of shame on Tom's part. The young person's withdrawal of the threatening gesture, followed by his leaving the situation and hiding are interpreted as a clear expression of shame.
2. For the young male, the expression of shame following the physical threat results in closeness to the care worker, who is also male, and subsequently also closeness to me, the researcher.
 - The one-on-one conversation between the researcher and the care worker is transformed into a one-on-one conversation between the young resident and the care worker after Tom's threat, accusation, and expression of shame. The young person also apologises to me and hugs me after I accept his apology.
3. The care worker constructs the young people as a homogeneous group on the basis of perceived deficits in their social behaviour (no patience, almost no tolerance). The deficits of the children and young people perceived by the care worker, which form the basis of the generalised devaluation of the children and young people, are brought out again by his limited pedagogical practice.
 - The social relationship between the young people is not dealt with in this situation – because Tom's expression of shame at being seen threatening the other young people after a one-to-one conversation between Tom and the care worker, to an apology from Tom to me, the researcher, not to the other young people.

No solidarity

The revised field note "No solidarity" and interview excerpts were prepared as part of a participant observation at the Jackdaw facility, a group home financed by child and youth services.

When I visit the Jackdaw facility for the first time, I am welcomed by the care worker, Nikita (32). He greets me and shows me around the facility while he tells me about his work. The care worker says that he would be happy if the young people smoked weed instead of drinking, because then they would be less aggressive. He talks in great detail about “the young people”. For example, Nikita says that the young people have difficulties handling valuables properly. Bicycles, for example, always have “a flat tyre” straight away. Nikita also says that he has noticed that the young people don’t show solidarity among each other, that they tell on each other to the care workers, and that friendships and romantic relationships don’t last long. He says that his work is virtually invisible and that it is difficult to see where success has been achieved. As the conversation progresses, I feel increasingly uncomfortable as the care worker continues to speak disparagingly about the young people. The care worker talks about the relationship with the youth services and the youth advocacy office, which hold regular consultation hours at the facility. He says that the young people don’t understand what the youth services office does, adding that one representative once left in resignation and took the piece of paper detailing the young people’s rights with her.

Nikita also talks about the fact that young people are allowed to cross the boundaries more if they behave in an imposing manner. He himself once accidentally punched a young person in the throat when he pushed him away. He explains to the young people that they can first turn to the head of the facility and then to the legal profession if he himself, as a care worker, treats them badly.

Interpretation “No solidarity”

The meeting with the care worker Nikita (32) is characterised by a self-running narrative in which he provides a lot of information about his work at the Jackdaw facility. Nikita talks about “the young people” during the first meeting and a tour of the facility, thereby constructing a homogeneous group. The first topic and reason why he would be happy if “the young people” smoked weed³⁰ instead of drinking is that “they” would then be less aggressive. Since “drinking” colloquially means drinking alcohol, this argument can be understood to mean that the care worker has experienced aggressive young people under the influence of alcohol in the course of his work. Since “being happy” as a term of affect is most likely to be understood as a reference to the absence of unpleasant affective experiences, i.e., as an expression of relief, the narrative implies that the increased aggressiveness of young people under the influence of alco-

- 30 Colloquial term for the illegalised plant marijuana, which has a psychoactive effect when dried and smoked. The fact that “the young people” smoke weed implies that “the young people” themselves choose which mind-altering substances they take. This is also consistent with the concept of the facility, according to which, as the head of the facility relates, the administration of psychotropic drugs is kept to a minimum. In contrast to the Blackbird facility, where almost all children and young people receive psychotropic drugs, only two young people at the Jackdaw facility were receiving psychotropic drugs at the time of data collection.

hol represents an emotional burden³¹ for the care worker in his everyday working life. As already argued in the field note “Almost no tolerance”, the denial of respect can lead to feelings of inferiority and inadequacy, which can also be summarised as shame (Fücker & von Scheve, 2013, p. 199). Therefore, an everyday working life in which aggression occurs repeatedly can offer potential causes of shame for the care worker personally. The focus of the narrative at this point is on the emotional relief of the care worker and thus on the needs of the care worker themselves. At this point, the reasons for the young people’s aggressiveness that go beyond substance use are de-thematised. The aggressiveness of young people can be framed as an emotional burden in the day-to-day work of the care worker.

In Nikita’s story, the lack of proper handling of valuables is presented as a “difficulty” for “the young people”. As an example, the care worker mentions the fact that, in his opinion, bicycles always have “flat tyres”, i.e., the inner tube is damaged. In addition to the generalised devaluation of the young people as aggressive, the care worker also mentions a moral deficit of “the young people” due to their carelessness. In the narrative, external factors for the occurrence of a flat tyre, such as broken glass on pavements, play no role. The primary cause of the “difficulties” does not appear to be external factors, but rather the characteristics of the young people when handling valuable objects.

The care worker’s perspective that the young people do not show “solidarity” towards each other also represents a negative generalisation of the young people’s characteristics. An example of “not showing solidarity” is “telling on each other”. Telling on each other refers to deceitful behaviour based on the principle of competition. The care worker thus devalues the young people in terms of their morals and social behaviour. The generalised depiction of the duration of the friendships and romantic relationships of the young people in the facility, which are implicitly portrayed as deficient because they are too short, is also linked to a devaluation of the young people’s relationship skills and social behaviour. Like the care worker Hannes in the Blackbird facility, the care worker Nikita in the Jackdaw facility uses perceived deficits of the young people (the lack of commitment in relationships, not showing solidarity) as the basis for the generalised devaluation of the young people.

By stating that his work is “virtually invisible” and that “it is difficult to see where success is achieved”, the care worker once again emphasises the stresses and strains of everyday work. At the same time, the depiction of his work as “quasi-invisible” can also be read as meaning that it is ineffective. The ineffectiveness of his work is relativised by the fact that the care worker says that it is difficult to identify successes – successes, in the sense of positive effects of his actions, are therefore tangible and relevant to the care worker to

31 I use the concept of emotion in contexts where reference is made solely to intrinsic aspects of affect (see Chapter 2).

a very limited extent. The narrative about the lack of effectiveness of their own work, in the context of the young people's devaluations, implicitly refers to an orientation towards a "sovereign subjectivity" (Schäfer & Thompson, 2009). The failure of sovereign, i.e., seemingly linear, "control and responsibility possibilities" of the care worker towards the young people can thus be read as a cause of shame for the care worker, which also goes hand in hand with the devaluation and thus potential shaming of the young people.

Another generalised devaluation of "the young people" is the story about the relationship between "the young people" and the "Youth Advocacy Office"³². The fact that the young people do not understand the purpose of the Youth Advocacy Office can be read as a reference to the young people's lack of abstraction in the facility. The detailing of the story that a representative once left in resignation and took the piece of paper detailing the rights of the young people with her can be read to mean that not only the care worker but also other professionals fail in their tasks due to the negative characteristics of the young people. This part of the narrative can be read in such a way that the care worker uses external people to underline the argument that his work is very difficult or impossible in view of the deficits of "the young people".

Nikita states that young people are more likely to cross boundaries if they act in an "imposing manner". This may mean that the same rules do not apply to all young people in the facility, as the care workers are impressed by young people acting in an "imposing manner". Since Nikita then talks about violent behaviour, the formulation can be read as an allusion to the aggressive behaviour of specific young people and also as a criticism of the fact that other care workers allow themselves to be intimidated by young people. The narrative passages interpreted so far can also be understood as a preface that frames and levels out the following narrative about an act of violence carried out by the care worker, even if it can be legitimised.³³

The fact that Nikita once "accidentally" punched a young person in the throat when he pushed him away can be understood as a counterpoint to his colleagues' reaction to the young people behaving in an "imposing manner". In this reading, the care worker expresses that he is setting boundaries against aggressive young people by physically defending himself. The implication is that the care worker did not intentionally want to use physical violence in the situation described. In any case, the care worker describes a violent reaction with the punch, regardless of whether it was carried out to defend against an attack or not. The negative portrayal of the young people that precedes the

32 At the time of data collection, the Ombuds Office for Children and Youths acted as an independent advocacy organisation for children and young people in residential care (Holz-Darenstaedt & Babic, 2017).

33 Self-defence in the event of a physical attack is often culturally negotiated as legitimate violence (legally "self-defence").

story about the punch can be read to mean that the care worker is showing how limited his scope for pedagogical action is due to the young people's deficits.

The reference to the fact that he himself advises the young people to first contact the head of the facility and then the Children's and Youth Advocacy Office if he, the care worker, treats them badly can be read as a transfer of responsibility from the care worker to the young people. This is because it is not the care worker who is responsible for any "bad" treatment of the young people, but the young people themselves who are supposed to level out their "bad" treatment by making a complaint. The Children's and Youth Advocacy Office is taken up by the care worker and positioned as a third party in a conflict between him and the young people. This part of the narrative passage can be interpreted as an expression of the care worker's defensive attitude towards the young people in his care. Such a defensive attitude can be read as self-protection and as a reference to ongoing conflicts in the care worker's day-to-day work.

Theses

1. The stresses and strains described and the lack of success experienced by the care worker can be interpreted as potential shaming of the addressees and also as an expression of shame on the part of the care worker. The narrative about the lack of "feasibility" and the resulting limitations of the educational work can be understood as an interpretative structure that serves to justify the defence against an attack in the form of physical violence.
2. The care worker constructs the young people as a homogeneous group on the basis of perceived deficits (aggressiveness, lack of proper handling of valuables, and lack of cooperation).
3. The deficits of the children and young people perceived by the care worker lead to an assignment of responsibility to the young people. According to the care worker, it is up to the young people to raise the issue if they feel they are being treated badly by the care worker.

Cross-case theses on "Shame dynamics in the field of tension between the emotional stress of care workers and their pedagogical scope of action"

The cases "Almost no tolerance" (Blackbird facility) and "No solidarity" (Jackdaw facility) show contrasts at the level of the structural conditions of residential care, as well as at the level of the interaction partners and the interaction events. The contrasts at the level of structural conditions include the following aspects:

- the Blackbird facility is a disability support facility – the Jackdaw facility is a child and youth support facility

- the socio-spatial location of the facility: the Blackbird facility is located in a rural area and has a public school attached to it – the Jackdaw facility is located in a city
- the size of the facility: the Blackbird facility accommodates a total of 14 children and young people; the group that was studied consisted of six young people and two care workers – the Jackdaw facility accommodates a total of ten young people; the group that was researched consisted of six young people and seven care workers
- the supervision ratio: at Blackbird, a facility for the disabled, there is one care worker for every three children/young people – at Jackdaw, a child and youth services facility, there is one care worker for every 1.25 young people

The contrasts at the level of the interaction partners and the interaction events include the age of the care workers in relation to their length of service at the facility. Hannes is 47 years old – Nikita is 32 years old, Hannes has more than 25 years – Nikita less than five years of service in the respective institution.

Similarities between the cases “Almost no tolerance” (Blackbird facility) and “No solidarity” (Jackdaw facility) can also be differentiated on the basis of the structural conditions of residential care as well as the level of the interaction partners and the interaction events. The similarities at the level of structural conditions include the co-educational concept of the two facilities.

The similarities at the level of the interaction partners and the interaction events include the following aspects:

- The people referred to as “children” by the care worker Hannes in Blackbird, who appear in the case “Almost no tolerance”, are of adolescent age (*im Jugendalter*), the care worker Nikita is talking specifically about young people (*Jugendliche*).
- the gender of the care workers (Hannes and Nikita – male)
- In both cases, aggression on the part of young males is significant: in the “Almost no tolerance” case, a young male threatens other young people; in the “No solidarity” case, the care worker talks about a physical altercation with a young male resident.
- Both care workers generalise when talking about their addressees.
- The two care workers construct the young people as a homogeneous group on the basis of social and moral deficits.

Cross-case theses

1. Based on the contrasts and similarities presented, it can be deduced from the narrative passages of the care workers that the work of the two care workers is emotionally strained, partly due to the aggression of the young people. The negative generalisation of the addressees by the care workers, which as a pedagogical attitude can potentially cause shame among the young people, is accompanied by limited scope for pedagogical action in both facilities.

2. The fact that in both cases the care workers make generalised derogatory remarks to me, the researcher, about the young people, points to the creation of social orders through negative classifications. Therefore, the generalised devaluation of the young people by the care workers can be interpreted as a practice that serves to create a social order in which the care workers are superior to the young people. Given the gender composition of the data (both care workers are male), a larger sample of field participants would be useful to explore whether the concept of masculinity among care workers plays a role in their work with young people and in the generalised devaluation of young people by staff.

4.2 Shame dynamics in the context of the pedagogical handling of violence from the perspective of young males

Three interview excerpts with the two male residents Tom (13) and Gerome (13) from the Blackbird facility and Patrick (16) from the Jackdaw facility are interpreted below and compared in terms of structural similarities and differences. All three have already lived in more than one institution. They all practise different forms of violence in the facilities.³⁴ The violence also includes physical violence against objects or people.

With regard to the following approach of interpreting the interviews in terms of expressions of affect, it should be noted that the interviews were conducted without prior knowledge of the various indicators of the different affects of aggression. At the time of the interviews in the Blackbird, I had only just started collecting data and had not yet focussed on aggression. At the later stage of the interview in the Jackdaw, I took a very general approach to aggression as an “ensemble of mechanisms ... to assert oneself against others or to prevail over them by harmful means” (Wahl 2012, p. 3, transl. by the author). Therefore, the transcripts and the accompanying notes on general contextual

- 34 Tom initially lived with his biological parents, then in a home, and then with a foster family for several years. At the age of nine, he was placed in the Blackbird facility, from where he was temporarily transferred to another facility, but the care workers transferred him back to the Blackbird facility. He has also spent several short periods in psychiatries, and a further change of institution is planned. Gerome was moved from his family of origin to a group home, then to a psychiatrie and then to the Blackbird facility, which he will leave in the next few months due to his age. Patrick first lived with his biological parents, then with a foster family, then in a group home and in the Jackdaw group home. He has undergone several psychiatric hospitalisations and is now expected to live independently, although the care workers regard this as the last low-threshold option before homelessness.

factors of the interview, such as the interviewee's tone of voice and body language as well as the researcher's affective experience, also offer few details on the effects of aggression perceived by the researcher. In the research process, I decided on the basis of the data situation to supplement Wahl's considerations on aggression and violence (2012) with a philosophically oriented theorisation of the various "affects of aggression". As the available empirical material only allows a rough distinction to be made between hate, anger, and rage, I occasionally also use "aggression affect" as an umbrella term.

Freak out

The following interview excerpt was conducted as part of a participant observation programme at the Blackbird facility.

In the following passage from a semi-structured interview with Tom (13), some questions about Tom's previous biography are discussed first. Tom came to the Blackbird facility from a foster family when he was nine years old. At the time of the interview, he had been resident here for four years. Among other things, he is said to have a learning difficulty.

Researcher: "So what's it like for you to live here, tell me!"

Tom, without hesitation and with vigour in his voice: "Not so good. All the kids, er, annoy me and hit me all the time."

Researcher: "Hm."

Tom (with a raised voice and quickening speech): "Uh, and they always just want me to get scolded and then (.)³⁵ I always have to, I always have to stay inside until the evening at the weekend."

Researcher: "Hm."

Tom, faltering, but with a firm voice: "Yes, d, they're pretty mean."

Researcher (surprised): "Okay? So, if there's been a fight, then you have to stay in your room, is that what you mean?"

Tom, emphatically: "Yes, until the evening."

Researcher: "Hm."

Tom searches for words: "Always, I have to go without food until lunchtime."

Researcher (surprised): "Without breakfast?"

Tom: "Yes."

Researcher: "Hm (3)³⁶ and how often has that happened?"

Tom (without hesitation, in a reproachful tone): "That's the tenth time."

Researcher (still surprised and somewhat helpless): "Without breakfast?"

Tom, emphatically: "Without breakfast."

Researcher: "Hm (3) and what do you do upstairs when you are alone?"

35 The transcription mark (.) indicates a brief pause in the flow of speech.

36 The transcription mark (3) stands for a three-second, i.e., longer, pause in the flow of speech.

Tom: "I lie there, and I have something to read so that I have something to do."

Researcher: "Hm."

Tom: "And I also play with my stuffed animals from time to time."

Researcher: "Hm. Hm, and how do you feel when you're alone in the room?"

Tom: "I don't mind anyway, I'm really glad that I'm on my own. Without Thomas, Gerome, and Linus. And without Peter."

(...)

=³⁷ "Because of the four, I'm very glad that we're separated."

Researcher: "Hm."

Tom: "Every now and then when I eat, Gerome, Linus and Thomas, too. Thomas always comes over."

Researcher: "Hm."

Tom: "And then, and then, 'Wow, again – just, just wolfed it all down!' That's what they say all the time."

Researcher: "Aha. They annoy you."

Tom: "Yes, and they just want me to freak out and then. And they succeed! And then, and then I always get scolded by Hannes, and he drags me along, Hannes, and just scolds me and then 'Yes, Hannes, scold him', Thomas says all the time."

Researcher: "Hm. (.) What do you mean, he drags you along?"

Tom: "No (sighs) he, he ni, takes me by the arm and pulls me along."

Researcher: "I see. Yeah, okay, hm."

(Four second pause, I look down at the table and think about how I should continue the interview, affected by the descriptions).

Tom continues: "And that's why the (name of the head of the facility) and a care worker are looking for a place for me in X³⁸ until the end of the school year, this year."

Researcher: "Hm."

Tom: "U, u, and I'm very glad I'm getting out of here."

Interpretation "Freaking out"

In the interview, when asked what it was like for him to live in the facility, the young person expressed a negative assessment without hesitation – it was "not so good". Tom's account, which follows on from this statement, cites the actions of all the "other children", who annoy him and beat him, as the reason for the negative assessment of the living situation in the facility. The depiction suggests that Tom is alone in the face of the entire group of the "other children". The young person's brief description of his situation in the facility refers to shame in several respects. Firstly, he sees himself as excluded from the group of young people, secondly, he assumes that they actively want to harm him (he thinks that two of the boys want him to be scolded), thirdly, he states

37 The transcription sign = stands for continued speech.

38 In another province of Austria.

that he experiences physical and psychological violence from the other boys and fourthly, according to his account, he actually receives scolding as a consequence.

The young person now speaks with a raised voice and quickening speech, which can be interpreted as indignation due to the intonation. He explains a context that he also describes again later in the interview. “U, and they always just want me to get scolded and then (.) I always have to, I always have to stay inside until the evening at the weekend.” The context can be understood to mean that Tom feels provoked by the “children” and, as a result, unjustly punished by the professionals. By emphasising the absoluteness (“all the children”), the intensity (“constantly being teased and hit”) and the repetition (“constantly, always, always”), his description can be read as a clarification of a recurring scenario. Tom thus positions himself as being repeatedly hit, devalued, and socially excluded by the other “children” and has thus taken on a passive role in his comments so far. As he stutters and struggles for words within the narrative, “Uh, and they always just want me to get scolded and then (.) I always have to, I always have to stay inside until the evening at the weekend.”, the stuttering can be interpreted as an expression of shame in the context of the narrative about experiences of social exclusion and violence³⁹. Stuttering in the context of retelling shameful experiences has the function of concealing the cause of the shame (Retzinger, 1995; Marks, 2019). Since, as described, affects rarely occur in their pure form, outrage, which is accompanied by affective arousal, can also be the cause of stuttering in addition to shame.

“Outrage and anger are feelings that normally arise when one believes that others are violating a moral norm that one considers important to follow.” (Demmerling & Landweer 2007, p. 302; transl. by the author)

Interpreting the affective arousal that I perceived in the interview situation as an expression of indignation is also supported by the fact that Tom describes the other young people as “mean”, i.e., Tom also points to unfair treatment and thus to a moral failure on the part of the other “children”. Tom also states that the conflicts with the other young people lead to him being scolded and having to stay upstairs. The young person now implicitly shifts the focus away from the behaviour of the other “children” towards him and onto the behaviour of the care worker. This is because the care worker is not mentioned, only the condition that he has to stay “upstairs” (his room is on the top floor of the house). After an affirmative “Hm” from the researcher, the young person switches back to his view of “the other” children, which he disparages as

39 When asked in the interview what Tom wishes for with regard to his life in the facility, he answers without hesitation: “I wish that nobody would annoy me anymore. And another thing I wish for is that I would stop listening to what they say.”

“pretty mean”.⁴⁰ Tom’s role in his story can initially be interpreted as that of a victim, as he presents himself as passive. As the researcher, I use a question at this point in the interview, changing the topic from Tom’s devaluation of the other “children” to the punishment of “staying upstairs at the weekend”, which Tom mentioned. When asked if Tom has to stay in his room, Tom answers in the affirmative and adds “until the evening”. This may indicate that he has to stay in his room for a longer period of time, possibly the whole day. It also implies that he is not rebelling against this type of punishment but is complying with it, i.e., staying in his room. Tom now adds that, in addition to the room detention, he is also not given any food. When asked, he states that this has already happened ten times. This statement emphasises that Tom is describing a repetitive scenario here. The account thus refers in several ways to shame and the occurrence of violence among the young people, which Tom is outraged about.

When asked how he feels when he is alone, Tom says that he doesn’t mind, but that he is “happy” to be alone. He now specifies that he is happy to be alone, without the boys Thomas, Gerome, and Peter. Since “being happy” as a term of affect is most likely to be understood as a reference to the absence of unpleasant affects, i.e., as an expression of relief, the narrative implies that living with the aforementioned boys is such a burden for Tom that he prefers staying in his room to being together. This makes it clear that the recurring conflicts are conflicts within a group of boys – possibly conflicts that have something to do with the negotiation of status assignments among the boys. According to Tom, from this perspective, psychological and emotional (insults) as well as physical violence is used to fight for status. Tom goes on to detail that the boys insult him when he eats by devaluing the speed at which he eats. This level of devaluation can be seen in connection with Tom’s weight, which in turn is partly caused by psychotropic drugs.⁴¹ As the care worker Hannes explains when asked, the psychotropic drugs are generally used to calm Tom down, although Hannes classifies some of the drugs as ineffective or only very slightly effective.

The rest of the interview (“They just want me to freak out. And they succeed!”) can be understood to mean that Tom or the members of the institution in general are not allowed to “freak out” – because “freaking out” is sanctioned by the care worker Hannes through “scolding” and physical assaults (pulling away, dragging by the arm). “Freaking out” colloquially describes a process in which anger is expressed uncontrollably and excessively. As Tom fails not to

40 Another young person spontaneously said in the interview that he often made fun of Tom because he was “fat”. The fact that other young people mock Tom because of his weight was also been repeatedly recorded by me in the field notes.

41 He takes Concerta, Trileptal, Cisordinol, Zyprexa Vel. and Temesta, although his carer critically notes that Tom’s “emergency medication” Temesta is actually only for adults.

“freak out” and “freaking out” is sanctioned, his attempt not to “freak out” can be understood as emotion work (Hochschild, 1983). The fact that he fails to suppress or control his anger can be interpreted as a failure to fulfil an emotional norm that he perceives as such.

Following on from the interaction “Almost no tolerance”, the care worker Hannes tells the following story:

Hannes: “That’s really tough, but I’ll tell it like it is. Not that we want to get rid of him. But Tom isn’t in a good situation here. But no institution wants him. We once took him to an institution that only accommodated boys. That would have been a good fit. But after just one day, they wanted us to pick him up again. As the facility is further away, we said that wouldn’t work. So, they brought him back to us.”

The care worker adds that Tom has already destroyed at least 20 doors in his four years at the facility.”

The care worker’s brief account underlines the strategy described by Tom of resolving conflicts by isolating Tom from the other children and young people. The statement that no institution wants him, i.e., Tom, suggests that the care worker is problematising Tom’s behaviour rather than the behaviour of the other “children”. The care worker particularly emphasises Tom’s violence against objects. As Tom’s repeated damage to the facility is added to the argument that Tom should leave the facility, Tom’s violent behaviour appears to be a problem that is weighted more heavily than preventing Tom from moving to another facility.

Tom’s statement that he is happy to be separated from the other children can be read to mean that he sees no scope for dealing with the conflicts in the group.⁴² The statement “U, u, and I’m very glad that I’m leaving here” can be read as an affective relief on the part of the young person that his departure from the facility has been arranged.

Theses

1. Tom associates “freaking out”, i.e., the use of physical violence against objects and threats to people initiated by anger, with the fact that he is teased and hit, i.e., shamed, by the other boys in the facility.
 - The young male is shamed by the other boys because of his eating behaviour and his weight. The young person is given psychotropic medication because he is aggressive. According to the care workers, the extra weight is also due to Tom’s medication. A circular relationship can therefore be established here between approaches to reduce aggression (through medication, which causes weight gain) and new causes for aggression (shaming due to excess weight).

42 During my time in the field, I often observed Tom threatening others with physical violence and even kicking a smaller child as he passed by.

- Tom says that the care worker's "freaking out" is followed by various forms of punishment (scolding, confinement to his room, food deprivation).
 - Tom mentions physical separation as a way of dealing with the conflicts between the young people. Spatial separation should ultimately also be implemented when he moves out of the facility.
2. The emotional norm in the institution, which the young person repeatedly fails to fulfil, can be defined as "not freaking out", i.e., not acting out anger in a violent manner.
- Tom presents the fact that he is "freaking out" as a reaction to injustice that has happened to him, which he is outraged about. According to Tom, "freaking out" leads to him being punished by the care worker by being told off, confined to his room, and deprived of food. The interview and the field notes do not reveal any specific pedagogical approaches to solving the conflicts between the boys.

A happy face

The following passage is taken from an interview that took place between the researcher and the young resident Gerome (13) at the end of the field visit to the Blackbird facility. He has been living at the facility for four years and is said to have a learning difficulty.

Researcher: "And what is it like for you with the care workers here?"

Gerome: "Not so nice, not so nice."

Researcher: "Hm, so in which situation, for example, is it a problem for you, or where do you feel uncomfortable?"

Gerome: "Because of the rigour."

Researcher: "Can you give me an example to help me understand what you mean?"

Gerome: "Erm (2), they shout so often, and I often I do something wrong, and then they shout again and Erika always looks around, I don't like that."

(...)

Researcher: "You. Erm. I wanted to ask you something else,"

Gerome: "Yes"

= "which is perhaps not such an easy topic for you."

Gerome: "Yes."

Researcher: "And if you don't want to talk about it, that's okay, just say 'please don't'."

Gerome: "Yes."

Researcher: "Okay?"

Gerome: "Yes."

Researcher: "Er. I heard that, er, I think the day before yesterday or something, that you were very angry."

Gerome: "Yes."

Researcher: "Together with the care worker."

Gerome (indignant): "That was last week."

Researcher: "Mmm, so it would be interesting for me to know why. Or it would be interesting for me, hm, to know your perspective on it (.)." "

Gerome: "Hm."

Researcher: "Hm."

Gerome: "I was angry because I'd been grumpy all day, I just had to hold back my anger."

Researcher: "Okay."

Gerome: "Yes. I did it, to just hold back the anger."

Researcher: "Hm."

Gerome: "Yes." (.)

Researcher: "Hm."

Gerome: "And then it just went, and then I just couldn't do it anymore (voice drops) and then it's just."

Researcher: "Yes."

Gerome: "Then I teased and everything and then." (clicks loudly with a biro)

Researcher: "So you teased someone, or you were teased?"

Gerome: "I teased someone."

Researcher: "Okay."

Gerome: "Yes."

Researchers: "So you are"

Gerome: "The care worker, the care worker told me."

Researcher: "Hm."

Gerome: "And that's just the beginning."

Researcher: "Hm. So, you were angry in the morning and then all day long?"

Gerome (quieter): "Mhm."

Researcher: "And then when everything came out, was it in the afternoon?"

Gerome: "Yes." (clicks loudly with a biro)

Researcher: "And did anything happen that morning? Anything?"

Gerome: "Well, nothing. I just got up and was already grumpy and I wanted to put on a happy face so that no one would notice the whole day and by the evening it's already over."

Researcher: "Which face did you want to put on?"

Gerome: "A happy one, yes."

Researcher: "A happy one." (laughs)

Gerome: "Yes."

Researcher: "And did anything happen the day before, anything?"

Gerome: "No, nothing."

Researcher: "Hm."

Gerome: "Yes."

Researcher: "And do you have any, so can you somehow describe why or how you felt?"

Gerome: "I felt tired, tired, grumpy."

Researcher: "Hm."

Gerome: "Erm, not in a good mood."

Researcher: "Hm."

= "and how it started where x (the care worker) took me out and I was so funny apparently and then it started."

Researchers: "Who was funny?"

Gerome: "I wanted to be funny. (.) Yes, because yes."

Researcher: "Ah, so you teased the others."

Gerome: "Mmm, I found that so funny."

Researcher: "Yes."

Gerome: "I was, I was just grumpy."

Researcher: "Yes."

Gerome: "And then we went out with x (care worker) and then I wanted to go back and he didn't allow it and that's when it started."

Researcher: "Okay. Where did you leave from – from here?"

Gerome: "From the day room."

Researchers: "From the day room."

Gerome: "Yes, downstairs from the day room."

Researcher: "Okay, so you were in the group with the others, so to speak."

Gerome: "Yes."

Researcher: "= you teased them and then he told you to go outside and then everything came out."

Gerome: "Yes."

Researcher: "Okay. Hm. And is there anything that you would say that would help me or do me good in a situation like this?"

Gerome: "(.) Yeah, if x (the care worker) didn't shout like that and everything, if nobody shouted at me."

Interpretation "A happy face"

As the researcher, I preface the question by noting that it is "perhaps not such an easy topic" for the interviewee. This approach can be read as follows. The particle "perhaps" here implies that I, as the researcher, assume that I am addressing a topic that is difficult for the young person. The addition that the interviewee may say "please don't" if they do not wish to talk about the forthcoming topic can be understood as a strategy on my part to reduce the power asymmetry inherent in an interview situation – an asymmetry that also carries the potential to evoke feelings of guilt, shame, or even fear in the interviewee through questioning. I now discuss the fact that I have heard that the interviewee was "very angry". The fact that I, the researcher, add "together with the care worker" can be read to mean that the focus here is not on the interviewee alone (which can generate guilt and shame), but on a situation in which others were also involved. This question arose against the background that the care workers repeatedly raised the problem that Gerome had long-lasting "outbursts". I now elaborate on the question, but stop at "why" and instead ask for

Gerome's perspective on the situation in which he was "jointly" angry with the care worker.

In his answer, the interviewee takes up the "why question" and explains that he has been grumpy all day and "only" had to hold back his anger. This can be read as a justification strategy in response to the "why" questions. The "had to" can be understood as a suggestion that external instances are responsible for what happened, not Gerome alone. It is unclear which authorities are meant here. In response to my question as to "why", the young person explains that he has been "grumpy" all day. In Austrian, "grantig" here translated as "grumpy" is a term for an affective state of low mood (ÖBV, 2018). When used in the interview, the term can be understood to mean that the young person is describing a long-lasting bad mood that cannot be traced back to a specific occasion. The young person then uses the concept of "anger" introduced by the researcher⁴³. Gerome explains that he has been grumpy all day and has had to "keep his anger under control". Since the term "grant", subsequently chosen by Gerome, is used synonymously with anger, his account can be interpreted as illustrating how he had suppressed anger and experienced this as a self-imposed demand. Hochschild assumes that an orientation towards emotional norms in organisations enables so-called emotion work to be carried out (Hochschild, 1983). For an ethnography of affects, this means that field participants navigate between what they feel and what they think they should feel and express. Gerome's statement that he had to "hold back the anger" can be understood as a regulation of his own expression of feelings.⁴⁴ The fact that Gerome describes the emotion work he has done, here in the form of suppressing the expression of anger, as a "must", can be interpreted to mean that he assumes the institutional emotional norm, according to which an expression of anger is undesirable in the institution. The subsequent reinforcement of the connection, "Yes. I did it, to just hold back the anger.", emphasises that he regulates the expression of anger here on the basis of the emotional norm he perceives. Gerome's further remarks are characterised by the lowering of his voice, a sentence break, "And then it just went" and a reformulation "and then I just couldn't do it anymore (voice drops) and then it's just." indicative of verbal and linguistic shame indicators (Lewis in Scheff, 1988). In terms of content, Gerome's "I just couldn't do it anymore" represents a failure in the attempt to conform. At the same time, Gerome distances himself from the emotional state described by using the phrase "it". The "anger" here seems to be something he wants to control, as he believes he has to. Ultimately, however,

43 Anger also does not have to be directed towards a clear goal; it arises when one's own intentions are thwarted (Demmerling & Landweer, 2007)

44 Within the concept of emotion work, the regulation of the expression of emotion, but not the emotion itself, is referred to as "surface acting" (Hochschild, 1983). As Neckel notes, emotion work can cause suffering, as emotions actually serve to communicate "real sensitivities" (Neckel, 2013).

he does not succeed in suppressing the anger over the course of the day. Overall, the description can be understood as an expression of shame due to Gerome's "lack of" expressive control and his failure to fulfil the emotional norms of the institution.

Gerome describes the control of his anger that is slipping away from him with "Then I teased and everything and then." As the young person is talking about his actions in a negatively judgemental way here, this can also be understood as an expression of an interweaving of guilt (about doing something wrong) and shame (about being judged negatively as a person who teases others). The young person implies that he has done something else besides teasing, which he generalises to "and everything". Since he also refers specifically to the care worker, the term "other" likely denotes a person of equal status, i.e., another young person. What exactly Gerome has done remains unclear. As a consequence of the teasing and other generalised activities ("and everything"), Gerome describes that he was "told off" by the care worker. The fact that Gerome represents his treatment by the care worker as having been "told off" refers to shame in two ways. Firstly, the wording indicates that the act described was contrary to his will. The use of the grammatical passive also positions Gerome as the object upon whom the action was performed. In his influential work on shame theory, *Shame and the Self*, the American psychiatrist Francis Broucek sees "objectification" as the central cause of shame (Broucek, 1991). He defines objectification as an experience in which one's own status as a subject is disregarded, denied, or negated. In this respect, the description that Gerome was "told off" can be read as a reference to an experience of shame. The fact that "it", i.e., the actual "outburst", only began after he was forbidden to return to the day room can be interpreted as a consequence of the care worker's intervention.

I now ask whether Gerome was angry in the morning and then all day long. The enquiry, away from the shameful incident towards the chronological sequence and the further contextual conditions of the incident, can be interpreted as a distancing from the shameful event, initiated by me, the researcher. In the passage, "And then when it all came out, was it afternoon?" I use a similar strategy of concealing the actual action as the young person. Adopting shame indicators in interactions can serve to protect oneself and the person feeling ashamed from deepening shame. Gerome's brief "yes" is followed by the question of whether "anything" happened the morning before the situation described. Gerome responds in the negative without hesitation. The fact that Gerome states that he woke up "grumpy" can be read to mean that Gerome does not want to share the reason for his grumpiness or that he has no explanation himself. The latter seems more likely, as the care workers also do not talk about Gerome's anger in a reflective and distanced manner. The care worker describes how he restrains Gerome when he "freaks out" and also fights with him "mentally" – this is necessary because he is "endangering himself

and others”. At the same time, the care worker explains that he perceives the practice of restraining the young person as a necessary professional requirement, as a “must”, and as stressful.

Hannes: “And if it goes on for hours, if Gerome freaks out for a few hours, which has happened a few times recently, then you have two or three hours of a hard physical and mental battle with him and afterwards you’re pretty exhausted ...”

Researcher: “Hm.”

= “because then you also have to restrain the child because it’s self-endangerment and endangerment of others, as soon as you have to restrain someone it’s also a crossing of boundaries for you, because you don’t want to, but you do it because you have to. That’s quite stressful, yes.”

The care worker uses the legal term “self-endangerment and endangerment of others”, which implies that the care worker assumes that they must take action in order not to make themselves liable to prosecution. Gerome’s detention is presented by the care worker as an unavoidable and stressful part of the pedagogical work, and justified by the danger to others and to “the child”. The care worker Erika explains her perspective on Gerome’s escalating anger, which is a recurring theme at the facility, as follows:

Researcher: “Okay, and, um, those tantrums he has.”

Erika: “Mhm.”

Researcher: “In what context do you see this yourself, what are the reasons for it?”

Erika: “There are no reasons with Gerome, if there were reasons, then it could be managed somehow with medication, just like with the others, but they are unorthodox, nobody can say why.”

Since I, as the researcher, am asking for an explanation of Gerome’s anger, it may be that the very form of the question leads the care worker to regard the anger as unfounded. The care worker’s perspective on the function of medication (meaning psychotropic drugs here) can be understood to mean that, from her perspective, medication has the function of dampening the aggressive expression of anger, which does not work to the satisfaction of everyone involved, either in Tom’s case (see field note “Almost no tolerance”) or in Gerome’s case. What is interesting for the current context, however, is that the care worker considers Gerome’s outbursts to be “unorthodox”, i.e., “not normal” and inexplicable. Given the care worker’s knowledge of the serious abuse⁴⁵ Gerome experienced and the boy’s social exclusion by his family of origin, as well as his treatment by his care worker Hannes, the opposite conclusion, that Gerome’s anger is understandable, would also be logical. The fact that Gerome’s anger is considered unfounded by the care worker can also be seen as an expression of helplessness. As Goffman explains, classifying be-

45 Erika explains in the interview that Gerome received a psychotherapy session lasting ten hours, during which she was present throughout.

haviour as “not normal” serves to distinguish, devalue, and ultimately stigmatise individuals and groups of people (Goffman, 1975). Erika’s perspective on Gerome’s outbursts therefore has the potential to shame and stigmatise. Neither the care worker Hannes, nor the care worker Erika, seem to reflect on their own roles, the role of the group, or the biographical experiences of the young person with regard to his escalating anger. It can therefore be said at this point that the helplessness of the care workers in the face of Gerome’s anger, a violent approach to the young person, and the devaluation of the young person⁴⁶ are interwoven.

Gerome states that he wanted “no one to notice” throughout the day. Fear of punishment may well play a role here. However, the fact that he claims to have chosen a “happy face” to mask his anger can also be read as a reference to shame. The masking of one’s own perceived undesirable grumpiness (out of shame) can be related to the emotional norm of the institution that has already been explained. In this reading, Gerome would try to avoid a negative evaluation of himself by the care workers and the other “children”. The fact that Gerome states that he wants to put on a “happy face”, even though he felt differently, can be understood as Gerome trying to adapt to the emotional norms of the institution. Gerome teasing others can thus be understood as a practice through which he gives expression to his actual emotional state – the anger – in a form that still more closely corresponds to the emotional norms of the institution. This interpretation is also supported by the fact that Gerome is mocked by another young person in the facility because of his escalating anger. In the interview, the young male Florian, who a resident in the facility, says the following about how the children and young people live together:

Florian: “X (another young person) always says to Gerome that when Gerome gets rowdy, he’s always called a riot kid.”

Researcher: “Hm.”

Florian: “Gerome doesn’t like that.”

Gerome goes on to say that he wanted to go back to the day-room afterwards, but the care worker did not allow this, and “it” only started then. This argument can be read in such a way that Gerome’s anger is further exacerbated by the care worker’s ban. According to the interview passage with Hannes, what happens as a result of the ban on going back and the subsequent start of what Gerome describes as “it”, is a prolonged physical confrontation. This physical confrontation, described by the care worker as a battle, can be interpreted as a consequence of Gerome’s escalating anger and the interventions of the care worker Hannes.

If one follows Gerome’s account, “it”, i.e., the actual escalating conflict with the care worker, only begins when Gerome wants to return to the day

46 The theoretical concept of stigmatisation is related to the present empirical study in a later chapter.

room and the care worker forbids this. Assuming that the young person and the care worker regularly enter into a prolonged physical conflict, this “battle” can also be understood as a violent social practice characterised by anger, shame, and shaming, which serves to negotiate social status within an asymmetrical network of relationships. As the participants are both male, this fight can also be interpreted as a performance and practice of masculinity.

Theses

1. The failure to fulfil the emotional norms of the institution can be understood as an occasion of shame for Gerome.
 - The young person tries to suppress anger, as expressing anger does not correspond to the emotional norm of the institution.
2. Gerome talks about what happened in the day room and between him and the care worker Hannes, his speech includes shame-indicators. It remains unclear, apart from the teasing of the other young people, why exactly Gerome should leave the day room. The description that Gerome was not allowed to re-enter the day-room can be read as a reference to a shaming experience, since he is socially excluded.
3. The fact that “it”, i.e., the actual “outburst”, only began after the ban on re-turning to the day room can be interpreted as a consequence of the care worker’s intervention.
 - The practice of physically restraining young people is described by the care worker as necessary and a burden in everyday working life due to the danger to others and themselves.
4. The young male is shamed by the other boys because of his escalating anger.
 - The devaluation of the young person in the group, his teasing and other unclear behaviour towards the other young people, the helplessness of the care workers in the face of Gerome’s anger, the violent treatment of Gerome by the care worker Hannes, and his devaluation by the care worker Erika are to be understood as interwoven.

Summary of the theses of the cases from the Blackbird facility

1. The emotional norm of the institution is that Tom and Gerome assume that they are not allowed to act out their anger in a violent manner. The repeated failure to fulfil this emotional norm represents an occasion of shame for the two young males.
 - The punishments for “freaking out” levelled at Tom and Gerome include medication, being restrained, being shouted at, and, according to Tom, food deprivation and confinement to one’s room.
2. The failure to meet the organisational emotional norm perceived by the two young persons is, as an occasion for shame, part of recurring conflicts in the institution. The conflicts in turn provide a basis for the devaluation of the children and young people by the care workers.

3. The devaluation of young people who are ascribed a learning difficulty by professionals is based on the attribution of poor social behaviour (see “Almost no tolerance”), violence against objects (see “Freaking out”), and the attribution that violent expressive behaviour is not normal (see “A happy face”).
 - Only limited pedagogical approaches to dealing with the conflicts in the facility can be observed. The young people are given psychoactive medication to keep them calm. The desired goals are not fully achieved through the medication.

Don’t give a shit

The following interview was conducted with the young person Patrick (16) during the phase of organising his departure from the Jackdaw facility. He tells me that at the time of the interview he had spent almost a year and a half in the facility after being “kicked out” of the group home he had previously lived in at the age of 14. A care worker tells me that Patrick threatens the other young people and exploits them by taking their money and mobile phones and sending them to do his shopping for him, for example. Two care workers cite a physical attack by Patrick on the care worker Frank as the final reason for the decision that Patrick has to leave the facility. Patrick’s pocket money (60 euros a month) was cut, partly due to the “misuse” of his clothing allowance. The facility’s rule is that the young people pay back the corresponding sums from their pocket money if they “misuse” the money given to them. When the care worker Frank refuses to give Patrick the regular amount of pocket money without deductions, Patrick attacks the care worker with a chair. Patrick is not given any psychotropic medication and regularly takes legal and illegal drugs.

Patrick, in a monotone voice, tells me how he was “kicked out” of his previous group home: “And then I just moved into the group home (Jackdaw). Yes, and now I just live here.”

Researcher: “Hm.”

Patrick (his tone suddenly sharpening and his speech quickening): “With all the disabled people.”

(Speaking more slowly and calmly again) = “And yes, now I’m moving out. (2)”

Researcher, referring to an earlier part of the interview: “Yes, so your uncle organised for you to come here?”

[Patrick: “Yes, yes.”]⁴⁷

Researcher: “Because he lives here too, doesn’t he?”

Patrick: “Yes, in XX.”

Researcher: “Hm, yes.”

Patrick (in a low, husky voice): “And yes. (.) What else?”

47 In the transcription system, square brackets indicate portions of speech that occur simultaneously with other utterances (specifically with the immediately preceding one).

Researcher: "Yes. (Sighs) I don't know, so yes (.)"

Patrick, his voice getting louder and his speech quickening: "You have to tell me a big topic, what I should say, man"

Researcher laughs quietly.

"= not why I live there or I can tell you that it sucks down there, and that's all."

Researcher: "Yes, I would be interested in an example."

Patrick: "Yes, that's fine (claps his hands), an example. Yes, an example of why it sucks?"

Researcher (affirming): "Mhm."

Patrick, speaking hastily: "Yes, everything, I'm 16 years old, I've (.), yes, I'm only young once, so to speak, and I just want to experience something and so (.) Shit, and you can't do that here."

Researcher: "Hm."

Patrick, sounds satisfied: "And that's why I'm getting a flat now and so I can do more, I can go out whenever I want and so on."

Patrick's voice increases in volume and he claps his hands = "Yes, I mean, it's more chilled for me anyway, but only because I'm leaving here soon."

Researcher: "Hm."

Patrick, sighing: "Yes (.)"

His voice gets louder, his speech quickens = "But it's actually shit, I can't live with young people like this (claps his hands), because I think, okay, yes, it goes well for three or four weeks and then, after three or four weeks, I think to myself, man shut up, otherwise I'll give you a couple."

Researcher: "Hm."

Patrick, in a louder and more aggressive tone, clapping his hands: "It's like this every day now, someone says the wrong thing to me, man, so I think, hey, man, when I leave here, man, I'm really going to knock your teeth in. But I've often imagined (his speech quickens) that I'm going to start to get angry because of a guy, that I'm just going to start slapping him."

Researcher: "Hm."

Patrick (sighs, speaking more softly and calmly): "Yes."

Researcher: "Hm, okay, maybe you can tell us about a more specific situation where you realise that you don't like it."

Patrick, speaking louder and faster again: "Yes, if anyone says anything about my family."

Researcher: "Hm."

Patrick (calmer): "Because my mum no longer likes my dad and all that. My dad (claps his hands, continues speaking louder and faster), and yes, if someone says something about my sister, that's the end of me, I don't care what happens to me, I'll even go to prison for that, I don't care."

Researcher: "Hm."

Patrick (excited): "I'm on probation and all that, but you know, if someone says something about my sister, I don't care how long I go to prison, alright."

Patrick now speaks increasingly aggressively and quickly = “Whether it’s for thirty, forty or fifty years, even if it doesn’t work, even if I’d get the death penalty in America, I’d go to prison for that or get the death penalty, I wouldn’t care.”

Researcher: “Hm.”

Patrick: “Well, I mean really now, I mean before, at eleven years old, I once beat someone up⁴⁸ because of my sister, because my sister is now 80 per cent disabled and just overweight, and I don’t like it when someone calls my sister disabled, fat pig and who does he think he is, I go up to him and say, what, yes, say it again to my face – he said it again, I said, did you seriously just say that and he said ‘Yes.’, then I gave him a nail⁴⁹, then I broke four of his ribs, unhooked his jaw, broke his nose, broke his ulna, because I gave him a full penalty⁵⁰, then I wanted to jump on his face and so on, he got a lot of scratches and things there and wounds on his face, and I just didn’t care.”

Researcher: “Hm.”

Patrick: “If someone [unintelligible] with me, I’m chilled with my colleagues. If someone acts normally with me, I act normally, if someone respects me, I respect them. Otherwise, I can’t show respect. When I realise, okay, he treats me normally, then I treat him normally. Respect is not built instantly.

Researcher: “Hm.”

Patrick now seeks direct eye contact: “I don’t know, because you act normal with me and I act normal with you. I have respect for my colleagues and if someone were to say to me (now disguises his voice and imitates someone) ‘Yes, I’m older than you, man, you must have respect for me’, I think to myself ‘Man, you’ll get yourself a couple, man’. Just because he’s older, or when adults say I should have respect for them, just because they’re older, because they’ve already experienced more or because they’ve already achieved something – it could be, it could be that I can achieve more when I’m older, that could be, but I don’t believe it (laughs mischievously).”

Patrick now talks in detail about how he had to look after his sister while his mother was at work, about his parents’ divorce, the violence between him and his mother’s new partner. He also talks about psychiatric hospitalisations, after which he was even worse off than before, a police manhunt for him, his acts of excessive violence against other young people, and his drug use.

Patrick: “I get along with people. But not with people who are younger than me. There is no one who is younger than me in my circle of friends (...). But, (2) I, it’s like this, I don’t get on well with younger people because they always think they’re better, they, they know everything better, especially the mentally disturbed ones, because I’m not exactly mentally (..) normal myself, that’s how I put it. But with people who, who (.), because I’m supposedly a perpetrator down there and they’re all victims, Thomas⁵¹ always says. And I just don’t get along with people who hurt themselves or have suicidal thoughts or some shit like that, man (unintelligible)

48 Austrian dialect for beaten up.

49 Special type of hitting, possibly on the head.

50 Sideways, brutal kick on a person lying down, in which the perpetrator swings wide. The term “penalty” refers to the kick from a penalty kick in football.

51 Patrick names the facility manager.

'I'm going to kill myself now!' Man, because of their fucking attention, man, if you want to kill yourself, man, then hop into the X⁵², bye. (.)"

Researcher: "Hm."

Patrick: "I don't give a shit, man, if someone down there dies. (.)"

Researcher: "Hm."

Patrick: "When I say something, I do it. ... But now the time has come for me, man, to see my life more clearly, to realise that all of this isn't a joke. Because, man, I've screwed up a lot, I've boxed people (.) I got into drugs really early on and all that fucking (.) and then, I don't know, and I live, I'm 16 and I live in a group home (shouted) with 13- to, well 12- to 17-year-olds and I'm one of the oldest in there and somehow they're all people who hurt themselves!"

Researcher: "Hm."

Patrick, in a very upset tone of voice, shouting excitedly: "And I! Just like that, and I. (Now less upset.) That's a group and I."

Researcher: "Hm."

Patrick: "Yes, and I can't deal with that, man, it pisses me off, not least because of my ex, because my ex killed herself."

Researcher: "Hm."

Patrick: "Yeah, whatever (laughs). ... Two years after I was with her, because I was with her for two and a half years (..). Erm, and in any case that's why I can't cope, that's why I hate it, that's why I always say to people 'Hey, what's up with you, are you asking for a beating?!' But if someone from down there wants to kill themselves (Patrick refers to the group home below the room of the interview), I wouldn't give a shit (...). I do think to myself, hey man, it's a pity about the person, but if someone wants to die in general, I don't give a shit who, I would cry for one or two people, my sister and my grandma, with the other people, I say, well, die, man, nothing to be done, it's a pity about the person [unintelligible], man."

Interpretation "Don't give a shit"

When asked what it is like for him to live in the facility, Patrick addresses the fact that he was excluded from the previous facility and thus came to the Jackdaw group home. The monotone quality of his voice and the normalisation of the previous change of facility, conveyed through the repeated use of the particle "just", indicate that Patrick is talking about matters that are distressing for him – both in relation to residential care in general and to the change of facility in particular. This is because a monotone quality of voice can indicate that an affective colouring of the language is being avoided. Linguistically, the German particle "halt", translated as "just", is understood as a word that emphasises the normality of a situation (Müller 2016). However, since normality does not require any special linguistic marking, the use of the particle indicates that something is being presented as normal here despite not being perceived as normal. The attempt to normalise residential care and the change of institution,

as well as the monotone voice can be read as an indication that the young person is talking about topics that are unpleasant for him – this can be understood as an expression of diffuse shame.⁵³ The interpretation that the topic of residential care and the change of institution represent an occasion of shame for the young person is also supported by the sudden, sharp change in tone of voice that occurs with the change of topic. The sharpness of the tone and the generalisation of others as “all disabled people” point to an expression of contempt. Demmerling and Landweer understand contempt as an affect that is negatively related to others, whereby contempt is directed in a derogatory manner against the person who is the object of contempt as a whole. From this perspective, violence by the “powerful” against the “weaker” tends to be fuelled by contempt rather than hatred (which results from feelings of inferiority) (Demmerling & Landweer, 2007). Based on the intonation, Patrick’s reference to the other young people with whom he is housed can be interpreted as an expression of contempt. The monotonous, pressed voice abruptly sharpens when the others are belittled – and the speech quickens. In addition to contempt, the context and intonation of the narrative passage also indicate an expression of anger. This is because quickening speech is a typical indicator of stress and also of anger (Scherer, 2003). By using the colloquially derogatory term “disabled person” and the sudden, sharp tone of voice, Patrick introduces his departure from the group home with a devaluation of the people with whom he is housed. The expression of anger and contempt in the given context can be understood as an expression of superiority towards the other young people at this point in the interview.

By saying that he lives “with” all the disabled people, Patrick devalues the people he lives with. As care workers do not live in the facility and Patrick does not refer to care workers in the remainder of the interview, but to his problems in relation to living with the other young people, it is reasonable to assume that he is referring to living with the other young people with the preposition “with”. Since anger arises when control of the situation becomes fragile or one’s own intentions are thwarted (Demmerling & Landweer, 2007), it can be understood that Patrick despises the other young people on the one hand, and cannot completely control the situation of cohabitation on the hand. Contempt and anger do not necessarily have to lead to acts of violence, but they can potentially lead to violence against others (Wahl, 2012).

Patrick now says more slowly and calmly that he is now moving out. The pace of speech, the tone, and the content of the statement indicate that he perceives moving out as emotional relief. In addition to the sudden change in intonation, there is an ambivalence in terms of content. Patrick now emphasises

53 According to Scheff, shame has a fundamental socio-regulatory function (Scheff, 2014). In contrast to fear, shame tends to be experienced in an undifferentiated or diffuse way (i.e., not perceived as such) and is rarely conceptualised (Lewis as cited in Scheff, 1988).

the autonomy of his departure – it seems to be a self-determined act. Against the background of the previous suggestion of anger – and thus the fragile control of the situation – as well as the background information from the field, it can be argued that Patrick is de-thematising the fact that he has to move out due to a violent attack against a care worker. The young person therefore did not suggest or choose to move out himself. The thematic avoidance of the fact that a decision was made for him to move out, as well as the avoidance of addressing the violence he had committed and the reason for this violence (Patrick wanted more money from the care worker) may indicate that Patrick avoids further occasions of shame in the interview. The departure desired by the care workers, as a means of distancing from his person (social exclusion), the fact that decisions were made about him and that he cannot freely dispose of money (limited autonomy) are classic occasions for shame.

After the brief conversation about his uncle, Patrick's voice changes, becoming softer and hushed ("And yes, what else?"). The lowering of the voice indicates an expression of grief (Scherer, 2003). When I, as the researcher, react uncertainly to Patrick's question, "And yes. (.) What else?" ("Yes. (Sighs) I don't know, so yes (.)"), Patrick's voice becomes louder and his speech quickens. At the same time, he sounds upset, but retains a smug undertone ("You have to tell me a big topic, what I should say, man!" Researcher laughs quietly. "= not why I live here or ... I can tell you it sucks down there and that's all"). Due to the smugness audible in the tone of voice, the emerging anger is hinted at as more of a scenario. The fact that the young person asks for a more detailed question in order to continue the interview can be interpreted as the young person reacting aggressively to the incipient uncertainty about what is to be said in the interview. Due to its intonation, the researcher's laughter at this point can be read as an attempt to "laugh it away"⁵⁴, and thus as an expression of shame in response to the young person's criticism of the questioning style. As a researcher, I also had the feeling that the interview was slipping away from me and that the young person was threatening me on a subtle level with his emerging anger. The interviewee's suggestion of anger can be understood here as a protective function that prompted me to check my questioning behaviour. It can therefore also be said that Patrick exerts influence on the questions he is asked by threatening. The young person's negative assessment of his situation in the facility as "it sucks down there and that's all" can be understood on the basis of the linguistic boundary marker "and that's all" as meaning that he does not initially disclose the exact reasons for his negative perspective on the facility. Behind a very general devaluation, which can also

54 Laughter can serve to relax in a shameful situation and thus make it easier to cope with a shameful experience (Tiedemann, 2007). In this form, laughter is also referred to as "laughing (something/it) away".

be read as an expression of anger⁵⁵ due to the angry tone of voice and the description of the situation as “sucking”, Patrick hides more precise reasons for his assessment of the institution. The expression of anger can once again be understood as protection from questions about potentially shameful details about Patrick’s life in the institution. This can be understood as a linguistic expression of shame, as generalisations can serve to conceal shameful topics (Retzinger, 1995). His emphasis, marked by the phrase “that’s all”, in signalling that he does not wish to continue talking, underlines the protective function of his statement.

When asked for an example of why it “sucks” for Patrick at the facility, Patrick initially gives a very general answer (“everything”). He then explains that he wants to experience something because of his youth and that he can’t do that in the facility. This assessment may relate to the structural conditions and rules of the facility. He thus indicates that the living conditions in the facility do not meet his youthful needs for “self and life testing” (Blumenthal, Sting & Zirfas, 2020). His reason for moving out corresponds to common perspectives of young people as a phase of life, and not to the statements made by care workers about Patrick’s violence. Against this background, Patrick’s account of his departure from the facility can be understood as a strategy to normalise his reasons for leaving and thus also as a strategy to conceal the ultimate, potentially shameful reasons. The fact that Patrick conceals the actual, potentially shameful reasons for his departure is also supported by information from an interview with Marie, another young person accommodated at Jackdaw, about how care workers treated Patrick:

Marie (14): “It was kind of cool when we went to the care worker because he (Patrick) always called us at half past three to open the door for him, (...) he wanted to call Natalie, so she would open the door, then he hid by the cars and so on, and then a care worker was suddenly standing there (Marie laughs). Yes, then he came in and started yelling because the care worker wouldn’t open the room for him and then he had to sleep as he was. But he didn’t get much, he didn’t get any more clothes, he didn’t get any pocket money, he didn’t have anything, so he didn’t give a shit about what the care workers said.”

From this interview passage, it can be deduced, that the care workers sanctioned Patrick’s rule violations by cutting or withdrawing his clothing allowance and pocket money, and denying him access to his room. In his interview, Patrick himself constructs a narrative that does not pursue the sanctions and the care workers’ ultimate decision that Patrick had to move out, but instead focuses on normality and self-determination as reasons for his departure.

In the following passage of the interview, Patrick emphasises once again that moving out gives him more autonomy as he can “do more”. The young

55 As described, anger can be understood as a more intense affect than resentment (Demmerling & Landwehr, 2007).

person now refers back to the living conditions in the facility by saying that it is now “more chilled”, i.e., more relaxed, for him. Patrick links the fact that “it” is now more relaxed, i.e., less conflictual, with the condition that he will soon be moving out. This in turn can also be interpreted to mean that he is not willing or able to relax in the facility, with the other young people and the rules of the facility, in the medium or long term.

His assessment that he is now more chilled is now once again strongly relativised. In the interview passage that follows, he comes closer to the “actual” reason for his departure. The young person describes it as “sucking” to live in the facility because he “just can’t” live with the young people. Here, as at the very beginning of the interview, Patrick cites the “young people” as the reason for this very negative assessment of his living conditions in the facility and not, as just before, the rules of the facility. Patrick’s statement that he “can’t live with young people” suggests that he does not see himself as a member of a group in the facility. As can also be observed in the Blackbird facility with regard to Tom, the oldest boy in the group is the one who is supposed to leave the facility due to various forms of violence. In addition to the care workers, the young female Sonja (15) also reports physical violence from Patrick.

Sonja (15): “Well, I had no idea why he never liked me. He even blocked my path once. I wanted to pass by and he hit me on the shoulder. That really hurt, so I reported it straight away.”

Patrick’s statement that he is fine for three or four weeks shows that he perceives a limited scope for peaceful coexistence with the other young people. However, this space is limited by Patrick’s need to vent his aggression by inflicting physical pain on the other young people. He cites the fact that “someone” says something “wrong” to him every day as the reason for his now daily fantasies of violence. As a rule, this phrase “saying something wrong” denotes an insult, which in turn points to the significance of shaming for Patrick. Only when he has left the facility, i.e., is no longer subject to its rules, does he plan to inflict violence on individual young people – in this respect, Patrick is making a threat here, which may also serve to ensure that the other young people stay away from him and don’t say anything “wrong” to him as long as he lives in the facility. At the same time, as a researcher, I feel subtly threatened by these statements, as I also say something to Patrick during the interview.

At this point in the interview, I ask Patrick to tell me about “...a more specific situation where you realise that you don’t like it”. The interpretation that, among other things, shame is hidden behind the young person’s very present anger strengthens the example of a situation Patrick now gives. However, as he gives an argumentative rather than a narrative answer to a question with, “if someone says something about my family”, Patrick’s answer can be understood as a justification for his violence. After all, responding to a “dishonouring” of the family with violence seems more culturally widespread and ac-

ceptable than using violence against weaker people out of a desire for violence, or using violence because you need money.

After this very brief and generalised answer from Patrick, the interview shifts to another topic. Patrick now talks in great detail about his past, not about his living conditions in the facility. This changing of topic indicates that Patrick is dealing with the conditions of his care and his violence in the facility, and that the conflicts and experiences of violence in his past are very much on his mind. When discussing his family, Patrick first mentions his parents and their conflictual relationship. His increasing agitation at the mention of the insult to his sister makes it clear that the discrimination and shaming of her person, to whom a disability is attributed, is particularly emotionally stressful for Patrick.

Patrick now talks about his first violent excess at the age of eleven, which he justifies by the insult to his sister. The fact that he cites the insult to his disabled and “just” “overweight” sister as the reason for the violent excess points to the massive significance of shame in Patrick’s biography. Patrick justifies his violence by saying that he “doesn’t like it” when his sister is insulted. “Not liking” something can also be understood as an expression of diffuse shame, as it indicates a state of affective discomfort regarding to social relationships (Retzinger, 1995). The follow-up sentence that he “didn’t care so much” about the injuries he caused the other child can also be read as a reference to the fact that he no longer cares so little today. The repeated use of the phrase “I don’t care” with regard to prospective punishments for violence as well as the consequences of his violence for the victims makes it clear that acting out his aggression in defence of his sister is more important to Patrick than avoiding sanctions. As Patrick links the dynamic of fending off experiences of shame through violence, he constructs a scenario of patriarchal honour, which constructs the moral grounds for him to use his personal freedom and even his life to defend his sister. It can also be deduced from this interview passage that Patrick had already acquired the strategy of reacting to experiences of shame with immediate anger and physical violence in the socialisation process before he came to the Jackdaw facility. A large, visible scar is the result of an injury inflicted by his father, whom he had not seen for five years at the time of the interview, as he recounts. Another passage from the interview emphasises that Patrick was exposed to domestic violence at the hands of his father and learned to defend himself physically:

Patrick: “Yes, I said to my father, ‘hey man, if you come, you’ll get such a slap, man, then I’ll let you’. Then he said, ‘Yes, yes, I’ll come.’ Then, the day before, he said ‘I’m not coming’ (voice drops, unintelligible). For my dad, I’m always just little Patrick who only gives a soft tap. Because I had already hit back at my father then, I didn’t care. Yes, but when the going gets tough, my father can fight really hard, just like my uncle. After all, my uncle did martial arts for 21 years.”

The use of physical violence and an apparent indifference to the violence (“Because I had already hit back at my father then, I didn’t care.”) is deeply rooted

in Patrick's family socialisation, according to this narrative passage. Physical violence is interwoven with masculinity insofar as Patrick was the victim of violence at the hands of his father and, even as a child, adapted to his older male relatives by integrating physical violence into his everyday life.

In the longer narrative passage that follows, Patrick constructs conditions for his own renunciation of violence. The young person presents normality and respect as the central points of reference for his social behaviour. Normality and respect thus appear to be precarious at the same time. The American sociologist Suzanne Retzinger argues that the socio-regulatory affect of shame can occur in the context of a feeling of not being respected (Retzinger, 1995). Therefore, it could be concluded that Patrick links the behavioural norm of non-violence (with regard to physical violence), which is widespread in Austria, to the condition that others show him respect – i.e., do not shame him. Patrick also rejects culturally widespread customs, such as general respect for older people. This is consistent with the fact that Patrick says he hit back at his father as a child. At the same time, he hints at self-deprecation here, as he playfully makes it clear that he only sees limited future opportunities for himself. The level that he may “achieve more when he is older” can also be read in such a way that the young person symbolically valorises “achievement” and at the same time indicates that he only sees limited opportunities for himself to compete and dominate on the level of “achievement”.

After a longer narrative passage in which Patrick talks about his life story, which is characterised by violence, relationship breakdowns, and institutions such as psychiatric and child and youth services facilities, he returns to his life in the institution. First, he reflects that he generally “gets on with people”, i.e., from his point of view he is able to lead a low-conflict social life. However, he then qualifies “getting along”; younger people are among the group of people he does not get along with. So, it is not just the younger age of this co-inhabitants in the facility, as previously described in the interview, that is the reason why Patrick does not get on with the other young people. Rather, Patrick constructs ... as the reason, why he is not getting along with them. The expressed suffering from the know-it-all attitude can be read as a reference to recurring feelings of shame in communication with the other young people. With “they know everything better”, Patrick emphasises that he feels patronised, i.e., ashamed, by the other young people, who are younger than he is. Patrick particularly attributes the patronising behaviour to the “mentally disturbed”, although he also relates this devaluation to himself in a relativised way (“I'm not psychologically (.) normal myself”). Psychological “abnormality” is thus a commonality in the interview that Patrick emphasises between himself and the other young people. At this point, it can be concluded that Patrick's aggression towards the other young people serves to negate weakness by clearly distinguishing himself from the other “psychologically disturbed” young people who self-harm. Patrick also makes it clear that he despises the

social dependence on attention that he observes in the other young people (“Man, because of their fucking attention”). The fact that he uses “attention” here to describe an existential social need as unnecessary highlights Patrick’s focus on autonomy.

Patrick is particularly contemptuous of young people who show suicidal thoughts and auto-aggression for their perceived inconsistency (“If I say something, then I’ll do it”). In addition to the contempt, the narrative passage about his inability to cope with the self-harming behaviour and suicidal thoughts of the other young people can be read as a narrative about a constant confrontation with psychological crises that overwhelms the young person. Since these crises also take place in the group home where he lives, i.e., in his immediate social environment, the previous narrative can be interpreted to mean that Patrick does not feel emotionally safe in the institution.

The depiction that it is now time for Patrick to “see his life more clearly” and that he has really screwed up a lot in the past can also be read as a reference to guilt (which, in contrast to shame, does not refer to the violation of the self, but to the (potential) violation of others (Scheff, 1990)).

While the care workers have jointly decided that Patrick has to leave the group home, the head of the facility says in a brief, spontaneous conversation that he would take in a young person “like Patrick” again in the future. He does not see Patrick’s time at the Jackdaw facility as a failure, but also as a partial success.

Similar to Tom in the Blackbird facility, Patrick doesn’t see himself as a member of a group. (“I’m 16 and live in a group home (!) with 13 to, well, 12 to 17-year-olds and I’m one of the oldest in there and somehow they’re all people who hurt themselves! (...) And I! Just like that, and I. (Now less upset) It’s a group and I (...)”). The young person’s brief account refers to shame in several respects. In addition to his general non-belonging to the group, the depiction suggests that he sees himself as too old to live in a group home, i.e., that he is not housed in an age-appropriate manner. Patrick is also categorically different from younger people who self-harm. The potential cause of shame here, as already argued, is that he has to live with people and can therefore also be socially associated with people he himself despises.

At the end of the interview passage, Patrick once again clearly expresses his anger (“Yes, and I can’t deal with that, man, it pisses me off, not least because of my ex, because my ex killed herself”). As the anger relates to the suicide of his ex-girlfriend, this anger can also be interpreted as an aspect of a grieving process. The subsequent pretended indifference is now followed by the expression of hatred, which he only briefly touches on. In contrast to anger, hatred can be traced back to powerlessness and a feeling of inferiority. Therefore, at the end of the interview, the thesis can be strengthened that Patrick expresses a strong sense of being overwhelmed by the psychological crises of the other young people – to be overwhelmed can potentially be related to feel-

ings of shame, since it can be seen as weakness. The self-interruption also points to the expression of shame (“that’s why I hate it, that’s why it always suck”). Self-interruptions are understood as a verbal expression of shame, as this results in censorship of the topic (Retzinger, 1995).

His contempt for the need for attention, his distancing from the other young people due to their weakness, and the fact that Patrick would only openly mourn two close relatives – his sister and his grandmother – by crying, indicate that Patrick keeps himself emotionally distant from other people.

The ambivalence between indifference and consternation at the end of the interview passage (“But if someone from down there wants to kill themselves, I wouldn’t give a shit (...). I do think to myself, hey man, it’s a pity about the person, but if someone wants to die in general, I don’t give a shit who, I would cry for one or two people, my sister and my grandma, with the other people, I say, well, die, man, nothing to be done, it’s a pity about the person [unintelligible], man”) refers in the context of his ex-girlfriend’s suicide to the significance of experiences of powerlessness in the face of other potential suicides in Patrick’s social environment.

As background information from the field visit, it should be added to the interview that the devaluation of the other young people can also be read in the context of the appropriation of their resources (money, mobile phones, “services” etc.). Aggression such as contempt, anger, and hatred enable Patrick on the one hand to distance himself from crisis-like experiences that go hand in hand with shame and grief. On the other hand, the effects of aggression are also interwoven with constructing others as inferior. Patrick’s contempt, anger and hatred can therefore also be interpreted as an affective prerequisite for appropriating the resources of others.

Theses

1. Like Tom in the Blackbird facility, the oldest male in the group, who tends to be physically stronger than the other young people, is to leave the facility due to the use of various forms of violence, including physical violence. Like Tom (Blackbird facility), Patrick (Jackdaw facility) does not speak directly about the violence he has used in the facility. The violence within the facility, which care workers in both cases cite as the reason for the departure, is de-thematised by the young people and thus concealed. The young people’s departure due to (physical) violence can therefore be interpreted across all cases as a cause of shame and guilt for the young residents.
2. Like Tom in the Blackbird facility, the physically superior, older Patrick in the Jackdaw facility is shamed by the other young people and uses various forms of violence to regulate his status in the group.
3. Patrick’s expression of contempt, anger, and hatred can be read in the context of experiences of shame, guilt, and grief. At the same time, the expression of aggression is interwoven with the devaluation of others and their exploitation. Patrick’s expression of contempt, anger, and hatred can thus be interpreted as

a contextual condition of shame, guilt, and grief and at the same time as an affective enabling space for the appropriation of other people's resources.

Cross-case theses on “Shame dynamics in the context of the pedagogical handling of violence from the perspective of young people”

The cases “Freaking out”, “A happy face” (both Blackbird facility) and “I don’t give a shit” (Jackdaw facility) show contrasts at the level of the structural conditions of residential care as well as at the level of the interaction partners and the interaction events.

The contrasts at the level of structural conditions include the following aspects:

- the socio-spatial location of the facility (Blackbird is located in a rural area and has an affiliated public school, Jackdaw is urban, inclusion is promoted)
- the organisation of the facility (Blackbird is a facility providing services for the disabled, Jackdaw is a child and youth care facility)
- the group size and the childcare ratio (6:2 in Blackbird (one care worker for every three children/young people) and 10:8 in Jackdaw (one care worker for every 1.25 children/young people))

The contrasts at the level of the interaction partners and the interaction events include the following aspects:

- the training of the care workers (in Blackbird, a facility for the disabled, the two responsible care workers have a non-academic education, in the second facility, a child and youth services facility, the care worker is actively pursuing a degree)⁵⁶
- the length of time the young people were cared for at the respective facility (Tom: four years, Jerome: four years, Patrick: one and a half years)
- the attribution of a “disability” to the young people (the two young people in the Blackbird facility are attributed learning difficulties, the young person in the Jackdaw facility, with whom the care worker had a physically escalating conflict, is not)
- the use of psychotropic drugs (both young people in the disability support facility receive psychotropic drugs, the young person in the child and youth support facility does not)

Similarities between the cases of “freaking out”, “a happy face” (both in the Blackbird facility) and “I don’t give a shit” (Jackdaw facility) can also be differentiated on the basis of the structural conditions of residential care and the level of the interaction partners and the interaction events.

The similarities at the level of structural conditions include the co-educational concept of the facility.

56 The training courses and studies are related to the field of activity and are not described in more detail for reasons of anonymisation.

The similarities at the level of the interaction partners and the interaction events include the following aspects:

- the three boys are young persons (Patrick is 16, Tom and Gerome are 13)
 - the gender of the young people who perpetrate different forms of violence (male)
 - several forms of care and changes of care for all three young people
 - use of violence against objects and/or persons by all three young people
 - the relative age of the young people in residential care (all three young people are among the oldest male residents in the facility), which is also associated with greater physical strength in relation to the other children and young people
 - stories about the shaming of the violent male by the other young people
1. The first cross-case hypothesis that can be derived from the contrasts and similarities presented is that the three young people who perpetrate violence experience shaming within the group of young people in residential care.
 - In addition to shaming within the group, other similar contextual factors in the use of violence are the biographical experience of different forms of violence, the relative physical strength of the violent young people, the age and gender structures in residential care, repeated changes of institution, and also the attribution and production of masculinity by the young people and by the professionals.
 2. The second cross-case hypothesis is that the young people in the disability support facility report that they are affected by sanctions that restrict their freedom of movement in the context of aggression in interactions (being restrained, being “removed from the group”, being confined to their room). The young person in the child and youth services facility does not report being affected by sanctions that restrict their freedom of movement in the context of aggression in interactions.
 - Based on the contrasts and structural similarities described above, it can be deduced that the two young people at the institution funded by the services for the disabled receive targeted medication to calm them down (Tom and Gerome), are restrained (Gerome), are shouted at (Gerome) and experience food deprivation (Tom) and confinement to their room (Tom). The punitive practices in relation to Patrick at the Jackdaw facility include the reduction of funds and denial of access to the room/bed.
 - The facilities deal with violence against objects and/or people perpetrated by the oldest male resident in the group on a case-by-case basis by forcing them (Tom in Blackbird and Patrick in Jackdaw) to leave the facility.

The extent to which aspects relating to care workers (length of service, gender, training, etc.) play a role in the sanctioning practices cannot be comprehensively compared. This is because the sanctioning practices of food deprivation, confinement to one’s room, and scolding were taken from the interviews with Tom and Gerome – it is not possible to clearly identify which care worker practises which sanctions according to the young people. Ultimately, the re-

search results point to the need for further research into sanctioning practices, particularly in institutions for the disabled, as the present research results point to the restriction of young people's freedom of movement and thus to human rights violations.

4.3 Education-related shaming as a pedagogical sanction of girls by care workers

The following two field notes "Ugly" and "I am stupid" are from the participant observation at the Jackdaw facility. Eight young people are accommodated in a large group home within the child and youth services facility, while two others live in the same building in an external residential unit. Eight care workers, four women and four men, are responsible for the ten young people. A housekeeper is also employed and the head of the facility is occasionally present in the house as a contact person. The group in the group home consists of six girls and two boys aged between 12 and 17. All of the care workers at the Jackdaw facility are academically educated. According to the head of the facility, the reasons the young people are in care are parental illness, death of a parent, "neglect", or violence within the family.

Messy

Natalie (15), Sebastian (14), and Alina (12) sit at a large table to do their homework in the afternoon. The care worker Frank (30) sits next to Sebastian. Natalie and Alina sit opposite them. While Frank is discussing a maths problem with Sebastian, Natalie and Alina are hitting each other and arguing quietly. I sit off to the side and make a few notes; Frank gets up from the table and goes into the glassed-in office next door.

Sebastian now looks at me and says in a monotone voice: "What are you thinking now?"

I consider whether I should say something about my observation, but then switch to another thought: "I'm thinking about going swimming tomorrow."

Sebastian sits quietly while Alina and Natalie write something in their notebooks. Now he calls for Frank. Frank comes over and sits next to him. Sebastian begins to read out a maths text syllable by syllable.

Sebastian: "DIS(.)-(.)MAN(.)TL"

Natalie, who is sitting opposite Sebastian, glances at Alina over the edge of her open book and starts to giggle. Alina is now giggling, too.

The situation makes me uncomfortable because I get the impression that the two girls are making fun of Sebastian.

Frank remains facing Sebastian and says to Sebastian in an unchanged tone of voice: "What does it mean, dismantle?"

Alina and Natalie are now giggling more quietly.

When Sebastian hesitates, Frank begins to explain the text task to him.

Sebastian now says "What are you thinking?" loudly and clearly, in a seemingly indeterminate direction, and in an openly questioning tone of voice.

Alina and Natalie have now stopped giggling and continue with their homework.

Later, Frank turns to Alina. The care worker takes her exercise book in which she has solved maths problems.

After a quick glance at her work, he says, continuing to look at the notebook: "And there's the first mistake."

He looks on briefly: "There's another one."

Frank continues, looking at the exercise book: "Three out of six tasks are wrong. (.) Your writing is so messy that nobody can read it. (.) You will lose points if the teacher can't read your writing."

A great sense of unease rises in me as I endeavour to take down word for word.

Frank continues to do the maths; Alina watches him in silence.

Frank: "Four out of six tasks wrong."

Alina now snips at her cuticles with the tips of her scissors.

Alina, in an annoyed tone: "I'm not interested in that."

Frank, in an annoyed tone of voice: "What was it like at the other school?"

Alina, in an equally annoyed, defiant tone: "I wasn't interested then, either."

Frank: "You have to enter the numbers."

There is silence in the room. Frank hands her back the notebook.

Alina's gaze is now fixed, her face is red and she looks down at her notebook with her head bowed. She takes the notebook and leans forward, resting her arm on the table and her head on her arm. In this pose, which covers her face, she writes something in the notebook.

Interpretation "Messy"

The homework is done in a fairly quiet atmosphere, in which three young people and the care worker Frank sit together at the table. The fact that Alina and Natalie are hitting each other and arguing quietly while Frank is talking to Sebastian can be interpreted as an expression of tension on the part of the two girls. The reason for the tension could be that they are being observed by me in a performance situation (they are supposed to be doing homework). However, the rather playful hitting and arguing may also refer to their relationship with each other, which is characterised by mutual teasing. Ultimately, the hitting and arguing can also be read as a strategy to gain the attention of the care worker, who is in a conversation with Sebastian at the time. The fact that the care worker does not respond to Natalie and Alina, but gets up from the table and goes into the office, can be understood as a strategy by which the care worker evades the girls' attempts to gain attention.

In the absence of the care worker, Sebastian now addresses me, the researcher. His question to me about what I am thinking can be understood as referring to my observing and thus meaning-constructing and ultimately possibly also judgemental role. In terms of content, the question can be understood to mean that the young person, who is said to have a learning difficulty, is asking for further information in order to interpret the situation, which is characterised by silence. The evasive answer from me, the researcher, can be read as a strategy not to substantiate the situation with an evaluation by means of an interpretation.

Sebastian now looks at his exercise book, but doesn't write anything. As the two girls continue to work on their homework, the care worker's strategy of not giving them any attention but leaving the room seems to have worked. The immediate return of the care worker Frank when Sebastian calls him can be interpreted to mean that Frank, who is also Sebastian's primary care worker, is giving Sebastian special support with his homework. Sebastian's manner of reading, syllable by syllable, gives the impression that he is unable to read fluently in general or in specific situations.

The fact that Natalie glances at her neighbour Alina at this point and begins to giggle can be interpreted as making fun of the way Sebastian reads. From this perspective, the giggling underpins Sebastian's devaluation; Alina's and Natalie's giggling thus has the potential to cause shame. The interaction also has a tendency to marginalise Sebastian, as two young people jointly make fun of Sebastian's halting way of reading.

The care worker Frank doesn't react to the giggling, but continues to speak to Sebastian in the same tone of voice. This time the young person seems to be directing his question to the room. However, he doesn't get an answer from the girls, the care worker, or me. The fact that his question remains unanswered in the room can be understood as an avoidance of the actual topic that the girls were making fun of Sebastian and therefore also as an avoidance of a shame topic. As this is the second time Sebastian has asked a (similar) question that remains unanswered, the lack of an answer to his question can also be interpreted in relation to the category of disability. In Austria, activists from the self-advocacy movement of people with learning disabilities in particular have pointed out that the unequal treatment of people with learning disabilities in communication (ignoring, using the first name, etc.) constitutes discrimination (Wibs, 2005). Sigot explains that the feeling of being ignored is one of the experiences of disadvantage for women with learning difficulties (Sigot, 2017). Against the background of these discourses, the ignoring of questions can be interpreted as disregard and also potential shaming of Sebastian.

After a phase of concentrated work, the care worker Frank now turns to Alina. The phrase "And there's the first mistake" can be understood on the basis of the adverb "and" to mean that the care worker expected Alina to make a mistake, and thus deliver a deficient performance. The care worker now con-

tinues to emphasise the deficits in the homework she has just completed. His tone of voice sounds angry, he does not look Alina in the face, but keeps his gaze fixed on the exercise book. In addition to the tone of voice, the gaze behaviour can also be interpreted as an expression of anger (Retzinger, 1995; Matsumoto, Hee Yo & Chung, 2010). By enumerating the number of mistakes, Frank reinforces the negative evaluation of Alina's homework. In doing so, he creates an occasion for shame and reinforces it by ultimately labelling the young person's handwriting as "messy", i.e., massively devaluing it. The care worker also creates a threatening scenario by telling Alina that her poor handwriting will lead to points being deducted. As already argued in the interpretation section of the field note "Almost no tolerance", threats are not only potentially frightening, but also tend to be humiliating. This is because "feeling threatened" causes a loss of sovereignty due to the accompanying fear. The socially recognised norms of independence and individuality are undermined by a threat that is perceived as such (Fücker & von Scheve, 2013). Making threats is also interpreted as an expression of anger (Retzinger, 1995).

The devaluing and threatening behaviour of the care worker refers to the homework. It could be understood that the care worker's devaluation of the homework is primarily aimed at persuading Alina to do her homework more carefully in future. However, due to the previous giggling of the girls and the persistent expression of anger in the care worker's voice, it is more likely that Frank is using the threat and devaluation to punish Alina for having made fun of Sebastian. By threatening and devaluing Alina's homework, the care worker is also sanctioning Alina's social behaviour within the context of addressing formal aspects of education. This interpretation is also supported by the following narrative from the interview with Frank at the end of the field visit. I ask him about the situation in which he did the homework supervision with Sebastian, Alina, and Natalie. After the care worker says he can't remember, I ask again about the situation:

Researcher: "I would have been interested to hear your perspective on the situation again, but if you can't remember it, it's not a problem."

Frank: "Basically, situations like this happen often, where it always seems to me that I have to weigh up in a situation like this to what extent it's good for Sebastian that it's shameful not to know something, because it should somehow spur him on to practise more and learn to read. Because it's important for his development and for his working life later on to be able to read, write and do maths, even if he will continue to need support. And to somehow protect him from the attacks of others or from mockery, it's always a matter of feeling how to deal with such a situation. If I notice that Sebastian needs support or is already in a bad mood and is disturbed by the fact that he can't do something and is then also being made fun of, then I would rather intervene in the situation and tell the girls to stick to their own homework than if I notice that Sebastian is totally refusing and doesn't want to read aloud and isn't really trying, then that could even give him a bit of an incentive to

try harder when he realises okay, they're laughing about it because I can't do what I should actually be able to do. There are always two sides to the coin."

Here, the care worker implicitly reflects on the social regulatory functions of shame by explaining that Sebastian may be encouraged to learn more intensively by others making fun of him. At the same time, Frank reflects on his own role as a care worker within the social conflicts between Sebastian and the other young people at the facility. The fact that the care worker describes when and how he intervenes as "it's a matter of feeling" illustrates how feeling/affect shape his pedagogical practice. At the same time, this rather vague formulation implies that although the care worker uses his feelings to guide his pedagogical actions, he does not reflect on them in more detail or discuss them in the interview. Since it has already been argued that the care worker displays anger under the concrete pressure to act within the interaction, it can be concluded at this point that anger, as an affect that shapes the care worker's pedagogical actions, is subject to taboo in this context.

The care worker says that he would "intervene" under certain circumstances, namely if Sebastian is "then also made fun of". This can be understood as an implicit reference to the scene depicted in the field note. The interview passage supports the above interpretation that Frank, in the interaction during homework supervision, imposes a sanction on Alina for her disparagement of Sebastian and, with the intention of protecting Sebastian, simultaneously curtails Sebastian's ability to negotiate the conflict independently.

The fact that Alina regularly attends school and sits down to do her homework can be read as a willingness to perform and adapt. Alina's angry-sounding reaction, "I'm not interested", to the devaluation of her performance ("Three out of six tasks are wrong. (.) Your writing is so messy that nobody can read it. (.) That will get you minus-points if the teacher can't read your writing. (...) Four out of six tasks are wrong.") can thus be understood as a defensive reaction to the massive devaluation of her performance.

As Sebastian and Natalie are present during the care worker's devaluation of Alina's homework, Alina is exposed negatively in front of the other young people. Frank now changes the level of the conversation and refers to the school ("What was it like at the other school?"). By changing levels, the care worker distances himself from his specific pedagogical involvement in the current situation and emphasises the importance of the respective school for Alina's relationship to doing her homework. The angrily expressed absoluteness of Alina's disinterest in the school ("I wasn't interested then, either") can also be read as a strategy that serves to distance herself. While the care worker distances himself from his pedagogical responsibility in the specific situation, Alina also distances herself from her performance, which has been massively devalued by the care worker.

Alina's physical expression changes significantly when Frank returns to the subject of homework. A fixed gaze and slumped down on the table, with

her face covered at the same time, indicate a tendency to withdraw and hide. These bodily reactions and postures are therefore among the classic expressions of shame (Retzinger, 1995). The reddening face is probably one of the best-known expressions of shame. As a researcher, I felt uncomfortable during the entire situation, from the girls' giggling onwards. On the one hand, I felt ashamed because I didn't answer Sebastian's question truthfully for reasons of research strategy. On the other hand, it felt wrong on the human level to remain passive while the girls' disparaged Sebastian's manner of reading and also while the care worker's devaluated Alina's performance doing her homework. While I couldn't read Sebastian's affective state well, Alina clearly came across as ashamed to me at the end of the interaction.

The overall context of the scene can be read in such a way that the care worker uses the massive devaluation of Alina's performance in doing her homework as a sanction for the fact that the girls have made fun of Sebastian's faltering manner of reading. By devaluing Alina's homework, the care worker sanctions Alina's devaluing and marginalising social behaviour within the context of addressing formal aspects of education. In doing so, the care worker draws on a pattern of evaluation in which failure to meet the performance principle of school education is invoked as an occasion for shame. In this respect, the evaluation patterns of the girls making fun of Sebastian's faltering reading and the care worker's devaluation of Alina's homework correspond. Social standards of behaviour among the young people are not explicitly addressed, but rather negotiated in the guise of performance with regard to basic aspects of formal education, such as reading, writing, and arithmetic. As Alina reacts with a clear expression of shame at the end of the interaction, the care worker's actions can also be characterised as education-related shaming for the purpose of sanctioning the young person's social behaviour.

Theses

1. The course of the interaction indicates that the care worker is sanctioning Alina's derogatory and marginalising social behaviour by devaluing her homework. Since Alina reacts to the devaluation of her homework with a clear expression of shame, it can be deduced that education-related shaming in this interaction serves to sanction the young person's social behaviour.
 - The performance principle with regard to school education is invoked as a potential cause for shame through the devaluation of completed homework and leads to the defensive distancing of young people from the schools they attend.
2. The fact that the other participants in the interaction ignore the questions of Sebastian, who is said to have a learning difficulty, can be interpreted as disregard and thus as potential shaming of Sebastian.

I am stupid

Natalie (15) and Sebastian (14) stand together with care worker Martin (54) in the large, bright common room of the facility. The care worker Nicole (29) is tidying up the kitchen, which is integrated into the room. I'm sitting a few metres away at the large dining and work table.

Natalie says she would like to be as tall as Sebastian and stretches her arm up to Sebastian's head like a yardstick. Sebastian laughs and Natalie and Martin join in. Natalie climbs onto a chair next to Sebastian and says that she is now as tall as he is. Sebastian now also climbs onto a chair and says that he is once again taller. The care worker Nicole now comes over, also climbs onto a chair, and stretches herself so that she is taller than the two young people. Everyone laughs and gets off the chairs again, Nicole walks away.

Sebastian, still grinning, now approaches Natalie from behind, grabs her hips and tickles her.⁵⁷

Natalie shouts loudly, in an angry tone of voice: "Stop it!"

Sebastian immediately steps away from her.

Natalie now shouts at Sebastian: "You gypsy!"

Her volume increases, the tone becomes increasingly sharp: "You gypsy, you gypsy!"

Sebastian silently stares at the floor with a blank expression, then leaves the room. The care worker Martin says to Natalie in a calm voice: "How many gypsies do you know?"

Natalie: "Lots of them, they're dirty and smelly."

Martin: "Where did you see them?"

Natalie, in a firm, angry voice: "In X⁵⁸"

Martin: "You don't say gypsy anyway, you say Sinti and Roma (...), maybe there's Sinti blood or Roma blood in your blood."

Natalie looks sullen and remains silent.

Martin: "You've just heard that, but is it really true?"

After a short silence, Natalie says: "I'm stupid" and looks down sadly.

Martin, who is standing in front of her, takes a chair from the dining and work table and sits down.

In a not entirely serious, not entirely joking voice, the care worker says: "What does big Natalie think when little Natalie says she's stupid?"

Natalie, with an emphatic but lighter tone: "I'm stupid." She laughs now.

Martin now speaks to Natalie, who has some extra weight: "And what do you do when you think that? Do you go to your room and sit on your bed? Do you go to get ice cream and crisps?"

57 According to a care worker, Sebastian and Natalie occasionally engage on a sexual level.

58 The youth names an Eastern European country.

The care worker now gets up and goes to the nearby shelf, which is full of books and games.

He hits a game box loudly with his clenched fist.

Martin: "Or do you hit out against it?"

Natalie laughs.

Martin: "It either goes in one direction or the other."

Natalie, in a loud voice and an irritated tone: "I'm still stupid."

She grins.

Martin: "If someone grins at me like that, I don't believe it. Say 'You're stupid' to me."

Natalie: "I'm stupid."

Martin: "No. 'You're stupid'! You should say that to me."

Natalie, loud and clear: "You're stupid."

Martin now stands up, pulls the corners of his mouth down, lowers his eyes and walks a few steps in a stooped posture.

Martin: "That's what it looks like when a person thinks they're stupid."

He turns to me: "What does Sara say to that?"

I hesitate because I want to observe the situation. Then I say that Natalie is very clever because she reminded me of something the day before that I would otherwise have forgotten. She is even smarter than me, so she can't be stupid.

Martin: "Everyone is stupid sometimes. Do you know Forest Gump? You're only stupid if you do stupid things."

Natalie, Martin, and I laugh.

Interpretation "I am stupid"

The interaction between Natalie and Sebastian, in which Natalie formulates a wish regarding her height and gestures to illustrate it, can be interpreted – particularly in light of the accompanying laughter – as a playful exchange. The game is continued by the young people climbing onto chairs and vying for physical superiority. The fact that the care worker, who is physically superior to both young people, joins in, can be understood as a practice in which the care worker plays with the young people and at the same time dominates them in the game.

Once the size comparison is done, Sebastian approaches Natalie from behind and tickles her hips. The tickling can possibly be understood as an attempt to intensify the previous, playful, and happy interaction. As the boy suddenly⁵⁹ invades Natalie's physical space and she immediately reacts by shouting angrily ("Stop it!"), the hip tickling can be characterised as a sexually connoted physical boundary violation. A sexual connotation arises from the fact that the hip is an intimate part of the body, one that is sexualised, especially in relation

59 As the youth approaches Natalie from behind, it is also possible that Natalie's reaction is caused by a moment of shock.

to female bodies, and is not usually touched in everyday interactions, unlike the hands or arms.

Sebastian reacts immediately to Natalie's angry exclamation and steps away from her. Natalie now reinforces the demarcation by repeatedly calling Sebastian a "gypsy", with her voice becoming increasingly harsh. In addition to the angry intonation of Natalie's shouting, the increasing volume here is also used as an expression of anger (Retzinger, 1995). The fact that Sebastian leaves the room in the course of Natalie shouting at him, which appears very angry due to the intonation and increasing volume, can be interpreted as an expression of shame (Seidler, 1995).

Since Martin addresses Natalie on a factual level, the care worker changes levels in several respects. Martin refers to the factual content of her verbal abuse instead of addressing the level of the physical violation of boundaries, or Natalie's violent, angry reaction, which can possibly also be explained by biographical experiences of violence. The fact that the care worker asks how many "gypsies" Natalie knows can be interpreted as a pedagogical approach within the logic of racism-critical educational work. By means of the care worker's question, everyday racism – including antigypsyism, here in the form of the use of the term "gypsy" as an insult – is not merely ignored, but transformed into an opportunity for pedagogical engagement.

Natalie responds to Martin's question by firmly and emphatically stating that she knows "many". This suggests that Natalie, who has experience of migration, is drawing on her own life experiences in contact with Roma and Romani. Her negative associations with Roma and Romani should possibly be seen in the context that Roma and Romani – rather than Sinti – live in extreme poverty in the Eastern European country she mentions, sometimes in large informal settlements. It is therefore possible that the young woman initially answers Martin's factual questions on a factual level. The postscript that the group the young person is talking about here is "dirty" and "stinks" indicates a strong demarcation between Natalie and the "gypsies". This demarcation is based on social devaluation. Although she recognises "many" from her country of origin, she strongly distances herself from this group. Natalie's depiction of Roma and Romani as "dirty and smelly" can be read as racist: the young person constructs the group of "gypsies" by reducing them to two negative characteristics and thus symbolically devaluing them in a reductionist way.

Martin's subsequent, normative remark that "one" does not say "gypsy" can be understood as a further shift in level, away from the factual and the normative, arising from the dynamics and pressure of the interaction. With his normative specification that "one" says Sinti and Roma, the care worker moves within a widespread German-language discourse⁶⁰, which presupposes a re-

60 It should also be relativised within the German-language discourse that the self-designation "gypsy" is sometimes used self-confidently.

flexive reference to speech acts and the social representation of minorities. Therefore, the knowledge of how “one” correctly – i.e., not in a racially discriminatory way – refers to Sinti and Roma can also be understood as the result of an educational process. This educational process is implicitly assumed by the care worker here, as his formulation “You don’t say ‘gypsy’ anyway” suggests that the young person must already be aware of the norm prohibiting the use of the term “gypsy”.

His subsequent recourse to Natalie’s possible blood relationship with the “gypsies” she discriminates against can be seen as an attempt to counter Natalie’s pejorative perspective by appealing to a sense of belonging – and thus also to her own implication in the devaluation she has expressed. This approach can be seen as powerful insofar as Natalie remains silent in response.

Her sullen look and silence give me the impression that she is angry and ashamed, as her membership of the group she has just massively devalued is now on the table. At the same time, Martin’s intervention makes me uncomfortable, as the care worker simply ignores the sexually connoted physical violation of boundaries by Sebastian.

Martin now asks a rhetorical question by saying, ‘You’ve just heard that, but is it really true?’, which scrutinises Natalie’s racist statement.

After a short silence, Natalie says “I’m stupid” and looks down sadly. The gaze behaviour, the self-deprecation, and the subsequent silence can be understood as an expression of shame, which follows the questioning and correction of Natalie’s racist statement. “Being stupid”, which is also colloquially referred to as “feeling stupid”, in particular, is a classic expression of shame due to the negative evaluation of the self (Scheff, 1988).

The fact that the care worker now sits down in front of the girl can be interpreted as a physical gesture of care. His question, “What does big Natalie think when little Natalie says she’s stupid?” can be understood as a recourse to psychotherapeutic questioning techniques intended to promote self-reflection. In this respect, the care worker changes the level of conversation again here, moving away from a pedagogical, confrontational style of conversation towards a more therapeutic style of conversation. At the same time, the joking tone of the care worker’s voice gives the conversation a playful quality. Natalie picks up on this playful undertone by repeating her statement “I’m stupid”, now in an audibly lighter tone of voice. Natalie’s insistence on her self-deprecation can be understood as a strategy to playfully undermine Martin’s approach, which is ultimately based on a criticism of Natalie’s behaviour.

The care worker continues the conversation at the level of Natalie’s individual handling of affects. The conflict that occurred between Sebastian and Natalie, or Sebastian’s violation of boundaries, are not dealt with. The care worker playfully addresses the affective functions of food (such as providing comfort and reassurance) and also violence against objects. The young person laughs during the care worker’s playful performance. Laughter could now be

understood as the sole expression of joy.⁶¹ As laughter is usually fuelled by a conglomerate of affects, this joyful laughter can also be interpreted as an expression of relief. This is because the care worker's intervention playfully addresses the affects of anger and shame. From this perspective, the care worker's playful presentation of ways of dealing with affects that tend to be taboo can be understood as a practice of working with and processing these affects together.

The fact that Natalie continues to insist on her self-deprecation, even after this brief demonstration, can be seen as a challenge to the care worker. This insistence can harbour the potential for shaming the care worker, as Natalie has begun to devalue herself as a result of his intervention. The potential for embarrassment for the care worker is increased because she insists on being stupid "anyway"; his efforts are therefore ineffective at this point. Natalie's subsequent grin can also be understood as an expression of joy at being able to demonstrate the ineffectiveness of her care worker's intervention.

Martin picks up on this ambivalence by portraying Natalie as lacking credibility and asking her to call him stupid. However, the young person continues her strategy of showing up the care worker by saying "I'm stupid" again. After Natalie finally calls the care worker stupid, as requested, he uses the opportunity to work with theatre again. The fact that the care worker now acts out how someone who has been called stupid walks and looks can be interpreted as an attempt to convey knowledge about affects. In this way, Martin overrides Natalie's subversive resistance and once again presents himself as the one in the know. This adherence of the care worker to the position of the one in the know and the one directing the interaction can be read within the asymmetrical pedagogical relationship (care worker – young person to be cared for), a generational order (the care worker is 54 years old, the young person is 15 years old), and also within a patriarchal gender order (a man tries to dominate the interaction with a girl) (Sauer as cited in Penz & Sauer, 2020).

The care worker now refers back to me. This can be read as the care worker changing the level of the conversation again and thereby avoiding Natalie's undermining of his intervention. I decide to support the girl by emphasising that she can't be stupid because she is very clever. However, the care worker doesn't accept my assessment, as his reaction, "Everyone is stupid" makes clear. At the same time, this statement also resonates with a moment of community. Since everyone is stupid, the care worker constructs a moment of community that relativises the shame of being stupid – being stupid is perhaps still a reason to be ashamed, but not a reason for social exclusion. With his subsequent reference to the American comedy "Forest Gump", in which a man with

61 However, psychological research into the functions of laughter shows that laughter rarely occurs in its pure form as joyful laughter. In addition to joy, laughter is usually initiated by other affects such as resentment, anger, contempt, or shame (Krause, 2009).

learning difficulties appears as a positive identification figure, the care worker places the shameful topic of being stupid in a funny and therefore joyful context. Accordingly, the shared laughter at the end of the field note can be interpreted as an expression of relief. In this interpretation, the relief refers to the shameful occasion of “being stupid”, which was playfully taken up by the care worker and made into a common theme.

The overall context of the interaction can be interpreted to mean that the actual cause of the conflict, namely Sebastian’s sexually suggestive physical boundary violation against Natalie, is de-thematised within the intervention by the care worker. Instead of the genuine conflict between Natalie and Sebastian, which is located at the interface of closeness-distance and sexuality, the care worker focuses on the topic of racism. The care worker uses shaming as a sanction against racism, as he implies that Natalie should already know a way of speaking that does not discriminate against minorities. He also suggests that Natalie belongs to the group she is discriminating against, whereupon Natalie shows a clear expression of shame.

Theses

1. Through a severe devaluation of Sebastian, Natalie sanctions a physical, sexually connoted boundary violation. The fact that the boy leaves the room without saying a word can be interpreted as an expression of shame. The young female uses shaming in the form of racism to defend herself against the physical violation of boundaries.
2. The actual cause of the conflict – the sexually connoted physical violation of Natalie’s boundaries by Sebastian – is de-thematised by the care worker, as the latter focuses on Natalie’s racism. This also means that Sebastian, who is said to have a learning difficulty, is not supported in a participatory way with regard to the organisation of sexually connoted proximity-distance relationships, at least in the observed interaction.
3. The care worker refers to Natalie’s ethnicity as well as Natalie’s knowledge of how to express herself in order to sanction Natalie’s racist and Sebastian-shaming behaviour. As Natalie reacts with a clear expression of shame, the educational approach of the care worker can be characterised as shaming related to education and belonging.

Cross-case theses on “Educational shaming as a pedagogical means of sanctioning girls by care workers”

The cases “Messy” and “I’m stupid”, both from the Jackdaw facility, show the following contrasts at the level of the interaction partners and the interaction:⁶²

62 As the field notes “Messy” and “I’m stupid” originate from one institution, contrasts and similarities at the level of the structural conditions of residential care

- the attribution of learning difficulties (Sebastian is attributed a learning difficulty, the other young people are not)
- the age and length of service of the care workers at the facility (Martin (54) has five years of service and Frank (30) has two years of service).

The cases of “Messy” and “I’m stupid” (both from the Jackdaw facility) show the following similarities at the level of the interaction partners and the interaction events:

- the training of the care workers⁶³, as both care workers have completed relevant academic education
- the gender of the young person experiencing education-related shaming by a care worker (female)
- a conflict with reference to the young male Sebastian, who is considered to have a learning difficulty: the conflict is negotiated between the care workers and the girls without any active involvement on his part

With regard to the gender structure in the interactions (one care worker shames a girl in relation to her education), it should be noted that the database also contains information that can be interpreted to mean that care workers also make derogatory comments about girls’ and boys’ education. Therefore, the reference to gender theories is not emphasised in the following theses. However, no interactions were observed in which the young person reacted to a female care worker with a clear expression of shame. Therefore, these two interactions were selected for a cross-case hypothesis.

Based on the contrasts and similarities presented, it can be deduced as a cross-case thesis that the conflicts between the girls and the boy Sebastian, who is said to have a learning difficulty, are dealt with by the two care workers by focusing on the girls, not on Sebastian. Sebastian’s ability to negotiate his conflicts independently is therefore limited. At the same time, the care workers impose shaming sanctions on the girls. This study therefore suggests that the significance of participation and shaming within the strategies of care workers should be investigated with regard to educational work in inclusive groups. Another research topic is the extent to which professionals use the reference to a lack of education to sanction unwanted social behaviour.

cannot be compared – a description of the institution can be found at the beginning of subchapter 4.3.

63 In order to ensure the greatest possible anonymity, the type of training is not specified further.

4.4 Suicidal behaviour as a cause of shame and guilt among care workers and young people in residential care

The following information comes from the field visit to the Magpie facility. The co-educational child and youth services facility, which is designed as a group home, is located in an urban area of Austria. The group home, which is located in a modern building with a garden, accommodates 20 young people, supervised by ten care workers.

The introduction of myself and my work to the young people was postponed by a week because there had been a serious suicide attempt by a young person resident in the facility, according to the facility management. My offer to postpone the data collection by a few months was gratefully declined. The following section describes and interprets a brief informal conversation with the care worker Joschua and an interview passage with the care worker Vera.

Staged

In a brief informal conversation with the care worker Joschua (30), I ask him how it works when new young residents are admitted. The care worker explains that the head of the facility decides who is admitted. The young people are then initially assigned a “key care worker”. Joschua goes on to say that when he first started working at the Magpie facility, he had the impression that there were always four “care workers” on duty for the 20 young people accommodated there. However, due to sick leave and holidays, there were mostly two or three.

After he tells me again about the suicide attempt by a young resident, I ask Joschua whether the care workers receive supervision – because the care workers at the Blackbird facility did not receive any supervision. Joschua tells me that he generally has supervision once a month and that you have to do at least eight hours a year. Joschua goes on to talk about the suicide attempt, saying that it was very much staged. The young person had chosen a time when many people were in the house and had jumped from the top of the stairwell, from the fourth or fifth floor. She had also written suicide notes in which she blamed her boyfriend Florian for her suicide attempt, for example. The most important thing first of all was to get the questions of guilt out of the way. Almost all of the young people are undergoing therapy. After the incident, other young people also became suicidal, and some had to be admitted to a psychiatric ward.

Interpretation “Staged”

I initially learn of the suicide attempt⁶⁴ by Pauline, who is one of the young people housed at the Magpie facility in the stairwell of the facility, from the

64 The term “suicide attempt” is used by the field participants. In the scientific discourse on “self-harming behaviour”, which subsumes suicide attempts, the term

facility manager before my fieldwork begins. Before starting my research, I offer to postpone my fieldwork, which he gratefully declines. As I assume that the facility members need time to grieve after the suicide attempt, I am puzzled by the facility manager's reaction. I feel it is "wrong" to conduct research in the facility so soon after a suicide attempt – but at the same time I accept the offer, because, from an ethnographic perspective, it is my task to follow the interpretations of the field participants. Since the feeling of behaving "wrongly" with regard to social norms refers to shame, it can be said that the topic of attempted suicide was a shameful one for me, the researcher, even before the participant observation began.

At the beginning of my field visit, I have a brief informal conversation with the care worker Joschua (30), in which he tells me about the suicide attempt at the facility. Joschua is the only care worker who mentions the suicide attempt to me without me asking about it. The young people don't mention the suicide attempt either. I don't ask them about it either for ethical reasons and because of my personal shame threshold. The fact that most of the care workers and the young people do not talk about the suicide attempt could be attributed to the irrelevance of the suicide attempt for the young people and, with the exception of Joschua, also for the care workers. However, it is more likely that the other field participants avoid telling me about the suicide attempt, which took place a few weeks before the start of my field visit, because it puts them under emotional strain. Due to the silence, this burden can only be partially defined by the data.⁶⁵ The interpretation that the suicide attempt represents an extraordinary emotional burden for the field participants is also supported by the fact that some young people became suicidal themselves after the suicide attempt, as well as the interview passage below with the care worker Vera, which suggests that she views herself as re-traumatised by the suicide attempt.

By describing the suicide attempt as highly staged, Joschua constructs the young person who attempted suicide as a self-directed actor. The assessment of the suicide attempt as "staged" can also be read as a devaluation, as it implies that the girl behaved manipulatively towards the other members of the facility. This is underlined by the further details in the care worker's account, according to which the young person waited until many people were in the facility. The young person is not constructed here as suffering from distress and possibly caught up in an acute, severe psychological and emotional stress situation that often promotes self-harming behaviour, but rather as the planner of an act that serves to influence the people in the facility. Joschua's further explanation that the young person had left suicide notes with accusations of guilt and that it was

suicide attempt is used for acts that are actually aimed at death. However, research on self-harming behaviour among young people shows that 55% of young people who harmed themselves did not want to die (Hawton, Rodham & Evans, 2006).

65 For example, stigma, shame, a sense of responsibility, and guilt are cited as stress factors for relatives in the context of suicides (Pitman et al., 2016).

then a matter of getting the question of guilt out of the way can be read in the following way. The care worker interprets the young person's staged suicide attempt as a performance that serves to create guilt. Consequently, the care worker's task is also to work on guilt with the youth. By getting it out of the way, the care worker uses a colloquial phrase that suggests that guilt is an obstacle that must be removed in order to be able to continue on a path. It is unclear exactly how the care workers continued to work with the young people on this topic. Since, according to Joshua, other young people became suicidal after the incident, the suicide attempt can be seen in relation to the crisis-like dynamics of other young residents in the facility.

Florian, the young man with whom Pauline had an intimate relationship, is explicitly named as the person, who Pauline blamed. While the specific accusations and reasons for the suicide attempt are not addressed, Pauline's self-activity is emphasised in Joshua's narrative passage. The suicide attempt thus also takes on the character of aggression against the members of the institution by the young person, as the narrative can be understood in such a way that the purpose of the suicide attempt was to create guilt in the others. From this perspective, the guilt that Pauline, according to the care worker, has assigned to the members of the institution is rejected by the care worker and returned to Pauline.

To summarise, it can be said that the care worker negotiates the suicide attempt on the basis of the question of guilt and construes it as aggression by Pauline against other members of the institution. This can be read as a shame avoidance strategy, since suicide, from the psychoanalytical perspective, is usually centred around shame conflicts (Hilgers, 2012). According to the psychoanalyst Hilgers, the shame conflict can be transferred back to the social environment through the suicide (attempt). As has already been argued many times in this study, guilt and shame can be understood as closely interwoven, whereby shame is categorised as a more powerful affect, as it concerns the evaluation of the self and thus has a deeper impact than guilt, which is related to the level of action. As previously explained with reference to the psychoanalyst Wurmser, guilt and shame often work together, as one and the same action or intention can cause shame and guilt. "Shame refers to weakness and powerlessness, and guilt to strength and power" (Wurmser, 1997, p 23). Since the young person stakes her own life by jumping from the fourth or fifth floor in order, according to the care worker's interpretation, to create feelings of guilt in others, the staging can also be interpreted affectively on a deeper level than that of guilt. From a psychoanalytical perspective, fantasies about suicide, which can be associated with a suicide attempt, are interpreted as an expression of a massive shame conflict. This is because suicide can destroy the "despised self" (Hilgers, 2012). According to Hilgers, suicide in the context of care and therapy can be understood as "reproachful self-destruction". The fact that not only guilt, in the form of the others' accusations of wrongdoings and thus their

power over Pauline, but also the powerlessness of the other members of the facility – and thus feelings of shame – are brought into play by Pauline’s suicide attempt, can be explained as follows. Hilgers argues that suicidal people can interpret their suicide as an act of strength by assuming a triumph over a despicable self. This means that Hilgers locates an irresolvable shame conflict at the heart of suicides. If suicidal individuals are embedded in an environment in which they are the recipients of care, the shame associated with a suicide attempt can be transferred back to their social environment. This is because by (attempting) suicide, the person communicates that they have not been sufficiently cared for. In this respect, it is likely that it is not only the intended evocation of guilt in others, but also a profound conflict of shame that underlies the suicide attempt. Consequently, alongside guilt and fear, feelings of shame may also arise among the members of the institution in the context of the suicide attempt (Hilgers, 2012).

By negotiating the suicide attempt on the level of guilt, the care worker remains on an action level. This preserves the possibility, in the potentially dialogical negotiation of guilt, of overcoming guilt through actions and possibly making amends.

Theses

1. Since, according to the care worker, several young people became suicidal as a result of the suicide attempt and were taken to the psychiatry, the suicide attempt led to an extraordinary degree of psychological and thus also emotional stress for some of the young residents.
2. The care worker Joschua negotiates the suicide attempt in the context of guilt and construes it as aggression on the part of the suicidal Pauline. By negotiating the suicide attempt on the level of guilt, the care worker remains on an action level. In negotiating guilt, this preserves the possibility of overcoming guilt through actions and possibly making amends.

Triggered

The following interview passage is taken from a conversation with Vera, a care worker with academic training. She is 36 years old and has worked at the facility for many years.

In the interview, the care worker explains that she did not take on any night shifts alone for a long time because Pauline’s suicide attempt took place during one of her night shifts. Now that Vera was back to her “old strength”, she decided to take on a night shift alone again. She recounts that it was also “really nice” with the boys in the facility that evening, as the boys living there were still treating her “like a raw egg” because of Pauline’s suicide attempt. It had been very quiet on this first night shift and nobody had listened to loud music. However, on her first night shift alone, after the suicide attempt in the stairwell, the care worker hears a loud “clat-

tering noise” in the stairwell. Vera comes across a young woman, Jaqueline, who is heavily intoxicated and bumps into the banister while walking. After some deliberation, the care worker decides to have the girl picked up by ambulance. According to Vera, this leads to Jaqueline reacting violently to the paramedics’ attempt to persuade her to come with and the police is called. After half an hour of physical confrontation with the police, Jaqueline is pinned to the ground and handcuffed. The police in turn call another patrol car, which arrives at the group home equipped with ankle cuffs. In addition to the hand- and ankle cuffs, the young girl is also fitted with a “mouth guard”⁶⁶ before being taken away, as Vera reports in a resigned tone.

Vera (clicks her tongue): “If it hadn’t been for Pauline’s suicide attempt (.), then that wouldn’t be part of our everyday life now”.

Researcher: “Mh”

(with emphasis) = “but that happens, if at all, twice a year. And I would certainly have had a hard time afterwards, because that was certainly a totally exceptional situation for her – I mean, the public health officer attends – that’s another dimension, I’d say. And in my case, it was just really (.) unfortunate that I was on night duty and the same policewoman (.) was there as when Pauline attempted suicide”

Researcher: “Mh”

= “and there were just so many triggers (snaps fingers). The boys who were there straight away, who then mostly looked after me”

Researcher: “Mh”

= “Where I was also glad that they were there then.”

Researcher: “Mh”

= “Yes (.) So, for now, I won’t do night duty anymore (laughs).”

Researcher: “Mh”

= “It’s enough.”

This is followed by a longer interview passage in which the care worker describes feeling well supported by the other staff members and recounts having discussed the incidents with Jaqueline once she was discharged from the psychiatric.

Researcher: “I’m interested in how you dealt with this suicide attempt as a professional and how it is or isn’t present here in the facility.”

Vera (sighs loudly): “So it was important to me to be very selfish. Erm. Where I think, you just learn that over time. Or I just learnt it the hard way. Erm. I immediately said the next day that I wouldn’t do any more night shifts. Then I had four days off, then went back in, and then realised that I struggle when I’m alone.”

In a longer narrative passage, the care worker explains that she has consciously created social spaces for herself where the suicide attempt, which occupied her thoughts 24 hours a day, is not an issue. She goes on to say that it is very important to her, for example, to organise holidays with the young people in particularly creative ways, as she considers this meaningful and observes positive responses from them.

66 This probably refers to a bite guard that the police officers put on Jaqueline because she was spitting, as Vera recounts.

Vera: "Then I know that I did the right thing. That I came back. That I said, yes, I have to face it anyway."

Researcher: "Mh"

= "I (.) I don't give up."

Researcher: "Mh"

= "Now, with the Jaqueline incident, it's definitely more critical. So now I'm already thinking to myself, if that happens again, then (.) I know I can do it. I know that I have the strength, I know that I have the team, I know that I have the young people to support me."

Researcher: "Mh"

= "But I don't know if I want that. (.) And that's now (slaps her hands audibly on her thighs). And I think the team also realises, that now (unintelligible)."

Interpretation "Triggered"

The fact that not only the young people but also a care worker suffered from Pauline's suicide attempt is made clear in the interview with the care worker Vera. Vera says that she is back to her "old strength", which can mean that witnessing Pauline's suicide attempt cost her "strength". The subsequent description that the boys in the group home treated her like "a raw egg" can be understood as a reference to Vera's vulnerability. "The boys" are referred to here as a group that knows about Vera's stress caused by Pauline's suicide attempt and reacts to it. The detail in the narrative that the boys were very quiet and did not listen to loud music can be interpreted as the boys' considerate behaviour towards the care worker. The focus of the story is on the care worker and her emotional needs, which are taken into account by the boys.

By telling the researcher that she experienced "so many triggers" during the night shift of the incident in the group home following the suicide attempt, the care worker is using a term from trauma theory. The use of the term "trigger" can, in the sense of a precipitating condition, be understood as indicating that the care worker re-experienced distressing patterns of cognition and emotion that had arisen or been reactivated in the context of Pauline's suicide attempt, through the behaviour of the intoxicated Jaqueline (Sommerfeld et al., 2016). As triggering moments she identifies as triggering moment the noises in the stairwell and people (the policewoman and the boys) who were present during the incident with the intoxicated Jaqueline and during Pauline's suicide attempt. The narrative passage can be interpreted to mean that the care worker decided to call an ambulance due to Jaqueline's severe intoxication in a psychologically and therefore emotionally stressful situation. This action can be seen as creating a tension between a number of factors. These are the care worker's ability to act in the stressful situation, Jaqueline's health protection, the violence that characterises the encounter between Jaqueline, the paramedics and especially the police, the rules of the institution that are imposed on the care worker, and the care worker's self-protection. Potential legal sanctions for

failure to provide assistance (if Jaqueline chokes on vomit, for example) are also among the factors that potentially influence the care worker's actions in the stressful situation.

The wording that the care worker must face it and not give up may refer to overcoming the trauma. Furthermore, the care worker breaks off the sentence at "if it happens again, then". The fact that this does not formulate what the consequences of another incident would be can be understood as an expression of shame regarding the potential consequences that have not been addressed. This interpretation is supported by the fact that Vera now, after breaking off the sentence, changes the level with a reformulation, away from a possible consequence of a new incident to a thematisation of her resources ("I know that I can do it. I know that I have the strength, I know that I have the team, I know that I have the young people to support me").

Ultimately, the care worker states that she no longer knows whether she wants "that" – probably meaning the experience of another incident. Vera thus construes a possible career exit as a free choice that is dependent on her will. The narrative construction of leaving care work stands in contrast to the emotional strain the care worker conveys through the abrupt ending of the sentence and the sharp slap of her thighs. Vera recounts that she assumes that the team has noticed her doubts about doing her job. This implies that she has not explicitly shared these thoughts with the team. The sentence breaks, the change of level, and the reformulations can be interpreted as linguistic expressions of shame. The context, according to which the care worker does not discuss her possible career exit with her colleagues and thus avoids the subject as a topic of conversation, also points to the importance of shame in the interview passage. The interview passage can be interpreted as an expression of shame regarding a possible career exit, based on the linguistic characteristics and the content.

In summary, it can be said that the accounts of the care worker Vera illustrate the extraordinary extent of emotional stress caused by the suicide attempt at the facility. The care worker describes her (re-)traumatisation as a result of witnessing the suicide attempt. Vera's expression of shame can be traced back to the occasion of a possible exit from her career.

Thesis

The suicide attempt leads to an extraordinary degree of emotional stress for the care worker Vera in the facility. The care worker's contemplation of leaving her job as a result of the suicide attempt and another incident is accompanied by an expression of shame.

Cross-case thesis on “Suicidal behaviour as a cause of shame and guilt among members of the institution”

For the cases “Staged” and “Triggered”, the following contrasts can be observed at the level of the interaction partners and the interaction events: ⁶⁷

- The gender of the care workers. Vera is categorised as female, Joschua as male.⁶⁸
- Both care workers tell me about the suicide attempt in a self-directed manner.
- The care worker Vera was present at the suicide attempt, the care worker Joschua was not.
- Vera’s narration stems from an interview – Joshua’s narration was thematised in a self-directed manner using field notes during a brief informal discussion during my field visit.

For the cases “Staged” and “Triggered”, the following similarities can be observed at the level of the interaction partners and the interaction events:

- The age range of the care workers (Vera is 36 years old, Joschua is 30 years old).
- The stories of the care workers illustrate the extraordinary extent of the emotional stress caused by the suicide attempt of a young person in the facility.

To summarise, it can be said that the accounts of the care workers Joschua and Vera illustrate the extraordinary extent of emotional strain caused by the suicide attempt of a young person at the facility. According to the care worker Joschua, the suicide attempt had a negative impact on the mental health of other young people, as some of them also became suicidal. The care worker Vera also describes how she was (re-)traumatised by witnessing the suicide attempt. While the care worker Joschua negotiates the suicide attempt in the context of guilt and construes it as aggression on the part of the suicidal girl Pauline, Vera’s expression of shame can be traced back to a contemplated career exit.

67 As the field notes “Staged” and “Triggered” come from one facility, contrasts and similarities at the level of the structural conditions of residential care cannot be compared – a description of the facility can be found at the beginning of subchapter 4.4.

68 The training and periods of service of Vera and Joschua cannot be compared, as it was not possible to conduct an interview with Joschua. Vera has received specialist training and further training and has worked at the facility for many years.

5 The social functions of shame with a focus on the pedagogical behaviour of care workers in residential care

In the following, selected cross-case results of the present study are discussed in the context of social science and educational discourses. The topics “Stigmatisation of young people in institutions by care workers as epistemic violence”, “Education-related shaming as an educational sanction of young people’s social behaviour in the context of social orders” and “Framework conditions and professionalisation of professionals in residential care” are discussed with regard to selected theoretical points of reference.

5.1 Stigmatisation of young people in institutions by care workers as epistemic violence

The empirical data in the subchapter “Shame dynamics inbetween the emotional stress of care workers and their pedagogical scope of action” was analysed across cases with regard to two theses. On the basis of the contrasts and structural similarities in the data presented, it was argued that an emotional burden in the work of the two care workers, arising also from the young people’s aggression, can be inferred. It was also argued that the negative generalisation of the addressees, which potentially creates shaming as a pedagogical attitude on the part of the care workers, is accompanied by limited scope for pedagogical action in both institutions. The theses are discussed below within theoretical discourses on stigmatisation. It is theoretically justified to understand generalised devaluations of the social characteristics of constructed groups – in this case “the young people” – through the theoretical concept of stigmatisation. Based on the theoretical discourse on stigmatisation, the negative generalisation of the addressees by care workers is classified as epistemic violence. Finally, the relationship between stigmatisation, shame, and shaming is established. Conclusions for the professionalisation of care workers are derived in subchapter 5.3.

Why can the generalised social devaluations of “young people” by two care workers described in this study be understood as stigmatisation? Goffman’s work on *stigma* dates back to 1967 and refers to the US context at the time. With regard to Goffman’s epistemological position, the sociologist Michael von Engelhardt argues that Goffman did not want to be assigned to any school and used theoretical references without always making this trans-

parent (Goffman, 2010). In general, it can be said that Goffman follows interactionism⁶⁹ and the identity theory of Cooley and Mead (Engelhardt, 2010). Goffman defines stigma as an anticipated or “actual” characteristic, to be seen in a system of relations, through which an “... ordinary person is diminished to a tainted, discounted one” (Goffman, 1975, p. 11). With “ordinary persons” who are “diminished”, Goffman refers to the fact that it is not about the characteristics themselves, but about the relations, the respective social or milieu-specific contexts and ideas of normality that are applied to people and which they do not fulfil. A stigma is therefore a negatively connoted characteristic. Goffman assumes that there are characteristics that are only stigmatised in certain situations/milieus, such as when “blacks” wear the insignia of “white culture”.

“Such an attribute is a stigma, especially when its discrediting effect is very extensive; sometimes it is also called a fault, an inadequacy, a handicap.” (Goffman, 1975, p. 11)

The attribution of a stigma therefore always requires an idea of normality to which the stigmatised person does not conform. Goffman counts physical “deformities”, such as a missing nose, among the characteristics (stigmas) that are discredited almost everywhere and not just in specific social contexts,

“... individual defects of character, perceived as weakness of will, controlling or unnatural passions, treacherous and rigid opinions, and dishonourableness, all of which are derived from a known catalogue, for example, of derangement, imprisonment, addiction, alcoholism” (Goffman, 1975, p. 12f.)

Goffman refers to people to whom a particular stigma does not apply as “the normal”. He emphasises that the “normal” particularly use stigmas that they believe are not applicable to themselves (Goffman, 1975).

To summarise, it can be said that stigmatisation in Goffman’s stigma theory can be understood as the practice of social devaluation, which in a system of relations serves social differentiation and thus also implicitly the creation of normality. By stigmatising others, the “normal” can differentiate themselves from the “non-normal” and at the same time create and consolidate a social hierarchy.

As already mentioned, the present study revealed that one care worker constructs his addressees as “the children”, i.e., as a homogeneous group, on the basis of perceived deficits (no patience, almost no tolerance). Another care worker constructs “the young people” as a homogeneous group on the basis of perceived deficits – aggressiveness, lack of proper handling of valuables, lack

69 What is meant here is interactionism orientated towards the interpretative paradigm, not symbolic interactionism. Goffman criticised the latter because symbolic interactionism takes too little account of the social structures that shape interactions (Engelhardt, 2010).

of cooperation. In this respect, it can be said that by generalising and devaluing children and/or young people, the care workers also construct themselves as the “normal” ones. The stigmatisation of their addressees, which draws on a broad social framework, thus serves to enhance the status of the professionals. Therefore, this kind of distinguishing behaviour can also be understood as a strategy employed by professionals to protect themselves from criticism or attributions of responsibility and thus also from potential occasions of shame. This is because by stigmatising, professionals fall back on widespread patterns of classification and move the addressees of educational action into the focus of attention. The focus of attention thus shifts away from the actions and working conditions of the care workers themselves.

In the early 2000s, Knapp, who was quoted at the beginning of the study, argued that a deficit-orientated view of children and young people in residential care by professionals was a factor that made various forms of violence in residential care possible in Austria until the 1980s (Knapp, 2001). With regard to the history of residential care in Austria, Knapp assumes that children and young people were placed in residential care on the basis of a deficit model. Instead of addressing the living conditions of the children and young people, they were differentiated from “normal” children and young people as unstable, conspicuous, at risk, and in need of help. 16 years after Knapp’s prognosis, Elezović, Lippitz, and Loch examine the potential for violence inherent in stigmatising processes within the context of child and youth welfare (Elezović, Lippitz & Loch, 2017). The authors show that “scientifically proven”, negative attributions were used to justify sexualised violence against children in institutions in Carinthia. Sociologist Hemma Mayrhofer uses a similarly historical study of documents relating to the Vienna Wilhelminenberg children’s home, where children and young people with disabilities were housed until 1983 to show that “... stigmatising interpretative frameworks and ideologies of inequality can be derived as structural enabling conditions for violence and neglect” (Mayrhofer, 2019, p. 23ff.; transl by author). Mayrhofer understands “... stigmatising frameworks of interpretation or ideologies of inequality as structural enabling conditions for violence ...” (Mayrhofer, 2019, p. 25; transl by author). In the following, the argument is developed that stigmatisation can be described as an enabling condition for violence, but should also be understood as a form of violence in its own right.

The social science discourse on violence is very broad and the consequences of a narrow concept of violence (where more subtle forms of violence are not visible) and a broad concept of violence (where there is no freedom from violence) are disputed. According to Bourdieu and Passeron, for example, all forms of education are symbolic violence, as “arbitrarily” set judgements are re-/produced through education (Bourdieu & Passeron, 1973, p. 13). Symbolic violence refers to the implicit hierarchies of the means of cognition with which people interpret social circumstances. One example here would be the

hierarchised symbolism of masculinity and femininity (strong/weak, excluding other genders), which is re-/produced through socialisation and educational processes (Bourdieu, 2005). I rejected Bourdieu's concept of symbolic violence in the course of the study for the discussion of the data, as the very broad definition of violence as symbolic violence does not allow for a pointed argumentation when analysing interactions between care workers and youth. The concept of epistemic violence, which is located at the level of knowledge, is practically applicable to the discourses of social pedagogy. Political scientist Claudia Brunner argues in favour of a broad understanding of violence, in which violence is understood as relational and processual (Brunner, 2020, p. 26). Brunner argues at length that narrow concepts of violence mask deeper causes of violence. As already discussed in this study, violence is a social construct that is generated by the fact that, for example, academics characterise social practices or conditions as violent. With the concept of epistemic violence, Brunner refers to the "... violent nature of knowledge (science) itself" (Brunner, 2018, p. 26; transl. by author). Michaela Ralser and Reinhard Sieder (2014) have illustrated the connection that scientific knowledge is inherently violent and perpetuates other forms of violence for the history of welfare facilities in Austria.

"... psychiatry, remedial education and developmental psychology showed a strong self-interest in establishing themselves, with the consent of the sovereign, as gatekeepers of the 'value of life'. As professions that categorised, diagnosed and experimentally *intervened* in life, even to the point of *killing*, they played a decisive role in the structural violence of *all* modern welfare policy and child welfare education. Their contribution lay in the *epistemic violence* with which they drew the boundaries between normality and deviance, and differentiated between valuable and inferior life. This epistemic violence legitimised and provoked the structural violence of all state education, and particularly of child welfare education. Ultimately, it also made possible the excessive psychological, physical, and sexual violence inflicted by individual care workers on the naked bodies of those being raised." (Ralser & Sieder, 2014, p. 8, emphasis in original; transl. by the author)

As already indicated, Brunner's understanding of epistemic violence goes beyond the problematisation of the sciences thematised by Ralser and Sieder. Further, the author also looks at knowledge in general.

"First of all, I define epistemic violence as that dimension of violent social relations that is inherent in knowledge itself, in its genesis, formation, organisation, and effectiveness." (Brunner in Brunner, 2018, p. 27; transl. by the author)

Brunner is also concerned with demonstrating that knowledge about non-violence in the modern age can lead to more abstract forms of epistemic violence remaining unquestioned (Brunner, 2020). In this way, she demonstrates a relevant perspective for the research topics of Social Work. In this study, I argue that the stigmatisation of young people by the care workers in the conversation

with me, the researcher, is fed by broader patterns of a social order and can be understood as epistemic violence. This is because stigmatisation expresses a reductionist view of the addressees of pedagogical action. Further this view, as an offer of social judgement, is passed on within the field. From a sociological perspective, this knowledge also has the function of valorising care workers by devaluing the youth. With the concept of epistemic violence presented here, however, stigmatisation can also be understood as violence in the form of a devaluing inner attitude that is not expressed to third parties or the stigmatised addressees themselves.

One part of the research findings of this study is that, in connection with the generalised devaluations of the youth, limited educational scope of action can be traced in the two institutions. In Goffman's terminology, this research result can be translated as follows: "We, the normal", according to Goffman, practise

"... a multitude of discriminations through which we effectively, if often thoughtlessly, reduce their [the stigmatised's] life chances. We construct a theory of stigma, an ideology, to explain their inferiority and prove the threat posed by the stigmatised; sometimes we rationalise animosity based on other differences - such as social class differences" (Goffman, 1975, p. 13f.; transl. by the author)

In the case of the Blackbird facility, the thesis is that the deficits of the children and young people perceived by the care workers, which form the basis of the generalised devaluation of the children and young people, are brought about by their limited pedagogical practice. Empirically, this study aims to illustrate the complexity of interaction processes. Therefore, the aim is not to emphasise isolated causal relationships. Theoretically, however, it can be discussed that if care workers do not fulfil their task to educate, for example, because they have the attitude that their addressees cannot be educated or can only be educated to a limited extent, this can be understood as neglect, which is seen as a form of violence (Trauner, 2019).⁷⁰

In the case of the Jackdaw facility, it was argued that the care worker's account can be interpreted as a narrative about the lack of "feasibility" of the counselling work and the resulting restrictions on the educational scope of action. This serves to justify the defence against an attack in the form of physical violence as well as the transfer of responsibility to the young people for raising the issue of poor treatment by the care worker. From the stigmatisation discourse, it can be pointed out that the stigmatising attitude of the care workers towards "the young people" potentially reduces the "life chances", as Goff-

70 This argument in turn raises the question of the extent to which an understanding of neglect as a form of violence could in itself constitute epistemic violence. Depending on the definition, neglect could also be used as an argument to discriminate against socio-economically disadvantaged parents, if they are seen as unable to raise their children.

mann puts it, of the addressees of the pedagogical action by restricting the pedagogical scope of action. In this respect, as Mayrhofer, Elezović, Lippitz, and Loch have already argued, stigmatisation can be understood as an enabling condition for physical, psychological, and sexual violence as well as neglect. However, stigmatisation can also be understood as violence in itself – as epistemic violence. Overall, stigmatisation is an important topic for professionalisation processes in institutions for two reasons – firstly, because stigmatisation is epistemic violence in itself and secondly, because a stigmatising view of addressees can lead to other forms of violence (see subchapter 5.3).

A further, somewhat more complex theoretical connection regarding stigmatisation and violence can be derived at the affective level. Social judgements inevitably serve to create hierarchies, even in the fields of Social Work. Social hierarchies are constructed through negative classifications – and through shame, these devaluations are internalised and perpetuated as bodily knowledge (Neckel & Sutterlüty, 2005). The perpetuation of social orders “felt” and incorporated through shame and shaming practices can be seen on both sides – as the internalised shame of those who are devalued, but also as the relationship-regulating shame of those who distinguish themselves from the devalued by keeping their distance from them. Since stigmatisation is not only re-/produced on a cognitive level, but above all on a felt and thus physical level, it is one of the implicit knowledge bases of individuals and organisations that is not readily tangible. The present study has also shown that negatively evaluative generalisation as a pedagogical attitude can potentially generate shame among young people (and also among colleagues and other interaction partners). This is based on the theory that young people can sense a pejorative attitude on the part of professionals due to “emotional contagion” (Hatfield, Cacioppo & Rapson, 1994). A demeaning attitude can manifest itself in shame, contempt, or anger, and even if care workers do not explicitly express this to those they are pejorative towards, concealed affective states can also be perceived by others due to the interpersonal transferability of affects. In addition to the affective transmission of affects potentially associated with stigmatisation processes, stigmatisation can be understood as epistemic violence, as has been discussed in detail. The deliberate work with generalised devaluations and with the affects that can be associated with these devaluations can be seen from the theoretical perspectives presented – subject to the reservations of self-optimisation and the limits of the workability of affects – as a topic of professional reflection. The scope for professionalising residential care work by reflecting on (generalised) devaluations and affects on the part of professionals is discussed in more detail in subchapter 5.3.

5.2 Education-related shaming as an educational sanction for young people in the context of social orders

The empirical data in the subchapter “Education-related shaming as a pedagogical means of sanctioning girls by care workers” was evaluated across all cases with regard to one thesis. Based on the contrasts and structural similarities presented in the data, it was argued that in each case, one care worker exercised shaming with regard to a young person’s education. The concept of education (*Bildung*) is a very broad concept in the German-speaking discourse. Therefore, the following argumentation discusses that shaming processes in pedagogical interactions regarding formal education in residential care can impair young people’s chances of participating in formal education. Using the discourse on informal education, it is shown that shaming regarding informal education is also used by a care worker to sanction the social behaviour of a young person. Conclusions for the professionalisation of educational care workers are drawn to the effect that the services offered by residential care should be expanded to include professional homework supervision and low-threshold professional tutoring.

With reference to the work of Bourdieu and Passeron, it can be assumed that formal educational qualifications in democratic societies have the function of securing social orders (see Bourdieu & Passeron, 1971). According to Bourdieu and Passeron, formal education systems do not primarily have the function of imparting knowledge, but of social selection. Since the education system primarily recognises people’s class affiliation through their style and, in particular, their language skills, the education system functions from this theoretical perspective as a central vehicle for establishing power relations (Bourdieu & Passeron, 1971). Neckel (1991) has worked out that shame and shaming practices are central elements of the anchoring of social orders. Frevert (2017) shows that the reinforcement of social orders of already disadvantaged people through practices of shaming has a long history, not only, but also in the context of formal education. The historian not only explains the extensive significance of sanctioning and disciplining pupils through corporal punishment and standing in the corner (Frevert, 2017). For the 19th century, Frevert also shows that punishments in the form of shameful practices such as beatings were more severe when members of a higher class felt they were being treated inappropriately by members of a lower class.

The course of interaction in the field note “Messy” indicates that the pedagogical staff member sanctions Alina’s derogatory and marginalising social behaviour by massively devaluing her homework. As the young person reacts to the devaluation of her homework with a clear expression of shame, it can be deduced that education-related shaming in the interaction serves to sanction the young person’s social behaviour. The performance principle with regard to

school education is invoked as a potential cause of shame through the devaluation of completed homework and leads to the defensive distancing of young people from the schools they attend. With the socio-pedagogical discourse on education, it can therefore be said that social aspects of education are negotiated here via questions of formal education, here school education. From this perspective, the thematic shift in Alina's social behaviour, which is sanctioned on the basis of her homework performance, can be theorised as an aspect of the curtailment of opportunities to participate in formal education.

Historically, a social function of shaming in the education system is to make it difficult for disadvantaged people to advance in formal education systems like schools. Against this background, the connection between formal educational success and shame is a topic of professionalisation of socio-pedagogical work in the field of residential care. Current empirical studies on the educational situation of children and young people in or leaving residential care also point to the importance of formal education, as it is considered a fundamental prerequisite for social participation (Groinig et al., 2019). The results of the study *Education as a perspective for care leavers? Educational Opportunities and Educational Pathways of Young Adults with Child and Youth Services Experience* show that care leavers are less likely to have higher educational qualifications than the overall population of the same age. Maria Groinig, Wolfgang Hagleitner, Thomas Maran, and Stephan Sting argue that child and youth services should strive for the most inclusive educational pathways possible for their addresses. But even without stigmatising experiences in relation to formal education, addresses of residential care struggle for normality, as the study shows. As Howard Bath argues in his theoretical text *Pain and the Unspoken Emotion: Shame*, this struggle for normality by young people with experiences of residential care can be understood as a strategy for dealing with shame (Bath, 2019). Bath looks at common coping strategies used by those in residential care and concludes that residential care professionals should support children and young people in dealing with shameful life experiences. A successful educational career provides sustainable socio-economic resources, and can therefore also contribute to levelling out the socio-economic disadvantage of children and young people in residential care over the course of their lives.

Stefan Köngeter, Katharina Mangold, and Benjamin Strahl argue in their empirical study *Bildung zwischen Heimerziehung und Schule. A forgotten connection*, that residential care should promote educational aspirations in children and young people without measuring them against a linear model of educational success (Köngeter, Mangold & Strahl 2016). The present study agrees with this stance, also against the background of shame theory considerations. The promotion of formal education is central to young people's (and of course children's) opportunities to participate in social prosperity. Based on the assumption that an additional burden on care workers or excessive demands on

children and young people is not expedient for residential care, this study points out that facilities should be provided with resources for additional professional homework supervision and low-threshold tutoring sessions.

The social pedagogue Stephan Sting has coined an expanded perspective on the concept of education with his concept of “social education”. Sting initially argues historically that with the increasing social significance of schools, extracurricular and informal educational processes have been marginalised within educational debates (Sting, 2004). In the socio-educational discourse, however, it is repeatedly emphasised that informal education determines the extent to which people can participate in formal education (Sting & Sturzenhecker, 2013). Sting understands “social education” as the dimensions of the educational process which refer to social dependencies, framework conditions, and embedding of the educational process (Sting, 2004). Sting also uses the term “social education” to emphasise the productive significance of self-active, informal educational processes in group interactions. With regard to the field note “I’m stupid”, it was argued that the care worker referred to Natalie’s ethnicity as well as Natalie’s level of knowledge about how to express herself in order to sanction Natalie’s racist and Sebastian-shaming behaviour. The reason for Natalie’s verbal abuse of Sebastian, which can be interpreted as a consequence of the physical violation of Natalie’s boundaries by Sebastian, is de-thematised by the care worker. As the girl reacts with a clear expression of shame, the educational approach of the care worker can be characterised as shaming related to informal education and belonging, in the sense of ethnicity. With regard to the importance of informal education, the care worker refers to Natalie’s lack of everyday education in order to sanction her social behaviour. As has already been argued, the care worker is not acting in the sense of protecting against violence here, as he de-thematises the physical violation of the girl’s boundaries that preceded the verbal abuse. Nor does he allow any space for an informal process of social education between Natalie and Sebastian, at least in the situation observed.

With regard to the connection between shaming and racism, which was discussed in the field note in connection with informal education and shaming, the social scientist Brene Brown differentiates between practices that assign responsibility to people and practices of shaming. Brown developed her approach in the context of social division and political shaming of perceived opponents in the USA. With reference to racism (under which the antigypsyism is discussed in the field note can be subsumed), she argues that the attribution of responsibility plays an important role in countering racism. Brown sees shaming people who act in a racist way as counterproductive, as the shame generated by shaming leads people to withdraw into themselves or adopt a defensive stance. Brown argues that this self-referential aspect of shame restricts and does not promote the empathy necessary for dealing with racism in society

(Brown, 2020). She therefore does not regard shaming as an appropriate means of pursuing social justice.

The theory of “re-integrative shaming” (Braithwaite, 1989) stands, at least partially, in tension with Brown’s position. The Australian psychologist Eliza Ahmed and the Australian criminologist John Braithwaite assume that the recognition of feelings of shame and the acceptance of responsibility are linked to a reduction in bullying. In their quantitative studies, persistent bullying behaviour is linked to the redirection of shame into anger and the passing on of responsibility (Ahmed & Braithwaite, 2005). Their work is also interesting because the authors emphasise that shaming as a social sanction can, but does not have to, be aimed at loss of status. From their perspective, there is also “shaming without degradation” or stigmatisation. The central tenet of this argument is that re-integrative shaming involves the social practice of forgiveness. Re-integrative shaming is seen here as a “respectful” disapproval of specific actions. A bad deed is differentiated from a person who is generally regarded as “good”.⁷¹ The aforementioned positions of Brown, who rejects shaming as a social-justice tool, as well as those of Ahmed and Braithwaite, who understand re-integrative shaming as useful for establishing social justice, show that shame and shaming are complex topics. In the discourse on shaming, it should be noted that in an affect-theoretical understanding of the term, it is a spectrum of devaluing or marginalising practices embedded in an interactional relationship to which the target person responds with shame. Brown’s approach sounds exciting at first, but harbours the incongruity that in the context of a conflict situation, the attribution of responsibility can also cause shame. As already mentioned, there are other practices apart from name-calling that can cause shame – such as being held responsible for something for which one does not feel responsible, or being ignored. Ahmed and Braithwaite’s definition of shaming clearly illustrates the variety of associations associated with the term. They understand shaming as respectful disapproval of specific actions.

A further significant problem in the two approaches, which aim to either avoid shaming (Brown, 2020) or use it in a highly controlled manner (Braithwaite, 1989), is a conception of shaming in which it appears to be intentionally controllable and manageable. This approach does not do justice to the interactive nature of shaming. From the perspective of educational anthropology and Bourdieu’s habitus theory, significant parts of human behaviour and interaction are not consciously controlled. Education is fundamentally understood as an interactive and dialectical process, and by no means as a linear influence exerted by pedagogues on children and young people (Seichter, 2014). As emphasised in the definition developed for this study, shaming is an interpersonal event. As shown in this study, care workers also use more or less subtle forms of shaming. Due to the low visibility of shame, it can be assumed

71 This requires a considerable degree of abstraction.

that they often do not do this consciously or reflect on it. I therefore advocate an open discourse on the relevance of shame and the spectrum of shaming practices in upbringing, education, and socialisation. The role of evoking affects such as shame and guilt within educational processes, as well as the sanctioning practices in pedagogical institutions, warrants further research.

5.3 Conclusions on professionalisation processes in residential care

This study is conceived as a contribution to basic research in the field of child and youth services. Consequently, practically relevant implications of the empirical findings are considered only in this final part of the study, where they are related to the discourse on the professionalisation of residential care. To this end, the concept of professionalisation is first defined. The conclusions drawn from the present study regarding professionalisation processes in residential care are then discussed at both the individual and collective levels.

The field of residential care, with its roots in the early 20th century, is historically young (Messinger, 2020). The scientific discipline of child and youth services research is also young in terms of scientific history – against this background, the discourse on professionalisation is central to Social Work, and it may be assumed that there is considerable potential for further development and professionalisation both within residential care practice and within its scientific counterpart, child and youth services research. For these reasons, and because care activities have traditionally been associated with the private sphere within the prevailing social order, the professionalisation of residential care facilities is important both in practice and as a subject of research.

Roland Becker-Lenz, Stefan Busse, Gudrun Ehler, and Silke Müller-Hermann argue that professionalism in Social Work is understood inconsistently and sometimes contradictorily (Becker-Lenz et al., 2013). Arno Heimgartner, Karin Lauermann, and Stephan Sting also emphasise that professionalisation within Social Work is more controversial than in other disciplines (Heimgartner, Lauermann & Sting, 2016). Professional action in Social Work and also in residential care is intertwined with the everyday lives of the recipients and characterised by a high degree of uncertainty and non-standardisability (Heimgartner & Sting, 2016). These challenges are rooted in the challenges of Social Work in general as well as in residential care. Furthermore, the at times adverse structural conditions pose additional challenges to the professionalisation of residential care – among these are staffing ratios that are difficult to sustain owing to sickness absence, inadequate remuneration, and considerable staff turnover. But what does the term professionalisation actually mean? Ehler (2019) states that professionalisation as a process takes place on two different

levels. Firstly, on the individual level, regarding qualifications and so forth. Secondly, professionalisation as a process takes place on the collective level; like the academisation of entire occupational groups and fields of work and action. In general, professionalisation in socio-educational fields of action is therefore a process – which, in the best case, should have participatory structures adapted to the specific field of action with reference to the addressees. At the individual level, with a focus on professional staff, professionalisation is closely connected to the extent to which members of the institution are able to engage in the professionalisation process through initial and continuing education, supportive human resource decisions, and the allocation of adequate time resources within the workplace. This means that professionalisation, at the level described by Ehlert as individual, is a process contingent upon multiple preconditions. In order to avoid a one-sided individualisation of imbalances in facilities, professionalisation processes should, as already mentioned, not be considered without addressing the framework conditions of residential care. Against this background, the academic discourse on professional behaviour is moving towards discussing the latter not primarily in normative terms, but on the basis of empirical findings. As early as 2009, Stefan Köngeter presented a comprehensive empirical study on professionalism in working relationships with parents in educational support services. Köngeter works out that feelings of shame also make it difficult for parents to respond to the demands of professionals (Köngeter, 2009). The author argues that professionals should openly address the emotionality of addressees as part of their professional work, as emotionality is important, among other things, for parents of addressees of child and youth services to find goals and pursue solutions. Another empirical contribution on professionalism sheds light on the importance of socio-pedagogical decision-making for professional Social Work.

A central contribution to the professionalisation of child and youth services in Austria was developed by the organisation FICE Austria⁷² in cooperation with 19 organisations and with the participation of children, young people, and parents (FICE Austria, 2019). As cross-provincial and cross-organisational quality standards, the *Quality Standards for Residential Child and Youth Services* aim to standardise the quality of residential care for children and young people by initiating institutional processes of professionalisation. In the standards, a variety of professional orientations are developed along topics such as “Participation in the socio-educational institution”, “Protection and dealing with dangers”, “Assaults and violence in institutions”, “Everyday life and living in the institution”, “Promotion of educational processes” and “Supporting transitions”. The topic of sex education (which in itself represents an important

72 The national organisation FICE Austria is part of FICE International. FICE International has existed since 1948 and works together with UNESCO, UNICEF and other European institutions (see FICE, 2020). In Germany, FICE is known as the International Association for Educational Assistance (IGFH) (see igfh.de).

field of research as an area of professionalisation processes in residential care) and sexuality education are also addressed. The quality standards are not intended as an attempt to standardise behaviour, but rather as a comprehensive professional contribution, partly also oriented towards an ideal of child and youth services, which can be used as an aid to orientation and reflection (Sting, 2019). Due to the complexity of the quality standards, I will focus primarily on the design of interaction processes in the facilities, which is understood as an essential element of professionalism in the field of action (Fice Austria, 2019). The importance of emotions⁷³ is addressed in a variety of topics. For example, child and youth services facilities are presented in the accompanying texts to the quality standards as social places where children and young people experience “socio-emotional care” (Groinig et al. as cited in Fice Austria, 2019). The promotion of emotional awareness and regulation of children and young people by professionals (Fice Austria, 2019), the accompaniment of groups so that “emotional security can develop in the group”, or the emotional strengthening of young people with regard to formal educational processes are discussed as topics of the professionalism of care workers. The relevance of influencing the emotional states of the addressees is a recurring theme in the quality standards. If affects are also understood as processes between people, not only the influence of professionals on the affects of children and young people, but also the affective states of professionals themselves as well as affective processes between professionals, children and young people must be considered. I would therefore like to emphasise the perception and handling of professionals’ own affects as an area of professionalisation. The present empirical study results also point to the potential for professionalisation, which certainly has its limits, through self-reflection by professionals in relation to affects. When adopting this perspective, it is important to consider Neckel’s criticism of affective self-management approaches (Neckel, 2005). Shame, anger, and hatred cannot simply be organised away if professionals only know the right strategies. However, reflecting on one’s own emotional life and practising a culture of accepting the occurrence of mistakes in institutions can help to expand the scope for professional self-reflection. Depending on the concept, it is already part of the working culture in residential care facilities to talk about the emotional lives of professionals as part of the team or possibly also in the context of supervision. From the perspective of the present empirical study, it can therefore be pointed out how important it is to include affective aspects in professionalisation processes in order to prevent violence (e.g., with regard to stigmatisation). Since shame, in contrast to anger or fear, is not often addressed

73 As argued in Chapter 2 of this study, I retain the corresponding authors’ use of terms when paraphrasing. For my own research contribution, I use a social-theoretical concept of affect as an umbrella term for various affective states (Penz & Sauer, 2020). In passages that primarily refer to intrinsic aspects of affect, the term emotion is also used.

in psychosocial approaches, I argue in favour of strengthening the understanding of and explicit work with shame in residential care. As already mentioned in subchapter 5.2, from the perspective of pedagogical anthropology and Bourdieu's habitus theory, significant parts of human interactions are not consciously controlled. Due to the low visibility of shame, it may be assumed that both (social) pedagogues and young people employ more or less subtle forms of shaming, frequently without conscious reflection (see also Blumenthal, 2014). Shame is an important mechanism for regulating relationships. I therefore advocate for an open discourse on the relevance of shame and shaming with regard to working and living conditions in residential care. Particularly for the area of services for the disabled, where the need for reform is underlined by the empirical findings presented here, it may be useful to consider the upcoming restructuring towards the social inclusion of people with disabilities in light of the significance of shame and shaming practices. Shame also protects against criticism, attacks, and insults – for example by keeping quiet about the modernisation of structures and also mistakes or conflicts in the workplace. On an internal organisational level, it is understandable if shame issues are not discussed in the workplace in a work culture characterised by precarious working conditions, conflicts, and/or a lack of management. The following explanations therefore presuppose a certain degree of contractual protection for employees, as well as functioning team and management structures. Under no circumstances should affect-related and, above all, shame-related elements of team and self-reflection be made mandatory – voluntariness is a basic prerequisite for working at this level. The following levels of self-reflection and reflection work in the team offer avenues for engaging with the topic of shame:

- The question of what professionals are ashamed of with regard to their own work or have the feeling that recipients are ashamed is a suitable starting point for critical reflection on their own work and working conditions.
- The reflection of generalised devaluations associated with shame and shaming practices and the affects associated with these devaluations. As stigmatisation, generalised devaluations are in themselves forms of epistemic violence and further forms of violence can follow from a stigmatising view of addressees.
- Due to affective processes in groups, reflection on the affective dynamics in the team and in the organisation as a group is also informative with regard to the individual emotional experience.

A significant area concerns the professionalisation of gender-sensitive pedagogy and sexuality education within residential care – here, under the conditions outlined, shame is also suitable as an approach for self-reflection on internalised gender and sexual norms of professionals (see Blumenthal, 2014, 2018b; Blumenthal & Damrow, 2017; Linke, 2020). As noted above, self-reflection on affects in general, and on shame in particular, is only a partially effective approach in the absence of suitable conditions. The significance of formal education discussed in this study is an example of this. It indicates that

professionalisation in relation to formal education could be achieved by expanding the range of residential care services to include professional homework supervision and low-threshold professional tutoring. Hafeneger emphasises that a change can be observed in residential care specifically for the connections between shame, shaming, and violence described above – instead of the historically documented, open and direct forms of violence such as physical violence as an educational sanctioning practice, more subtle forms of violence, such as shaming practices, are used as a means of sanctioning (Hafeneger, 2013). The further development of the conditions under which residential care is provided is therefore accompanied by the proposal to initiate a professionalisation of residential care by reflecting on affects, especially shame.

Outlook – quo vadis residential care?

Given its qualitative approach, this study does not claim to represent the entire field of residential care in Austria. The significance of the theses developed lies less in their breadth than in the depth with which their internal relationships are elaborated. The empirical results allow for the identification of central challenges in residential care.

Social Work, conceived as an intervention against discrimination (Heite, 2010), is a complex endeavour that requires practitioners to understand the mechanisms through which social orders are produced. Socially widespread evaluation patterns, such as the devaluation of socio-economically disadvantaged or disabled people, cannot be changed or dissolved overnight, as they also serve a stabilising function within society. However, social imbalances that are rooted in society as a whole can be addressed through a longer-term societal discourse, to which a contentious, politically assertive Social Work profession can contribute, both through public advocacy and through self-criticism and the reappraisal of its own history. The extraordinary influence of early reformers such as August Aichhorn and Siegfried Bernfeld on children's homes at the beginning of the 20th century illustrates that profound social change in favour of the rights of children and young people is possible under specific historical conditions. The process of confronting the history of violence in residential care, which gained momentum in the 21st century in response to the power of shame and shaming, also reflects a broader societal reorientation in favour of children and young people in residential care. Still challenges that were outlined for Austrian residential care 30 years ago, in 1991, remain relevant today. In 2025, media reports have revealed that one of the most important nationwide providers of residential care, SOS Children's Villages, kept information about violence, including sexual violence committed by Hermann Gmeiner, the founder of SOS Children's Villages, internal for decades (see Vol.at, 2025). In addition to the partial failure to address the violence of recent decades, these challenges are limited social contacts for addressees, high staff and resident turnover in the facilities, insufficient training among a large proportion of the care workers and managers, inadequate professional recognition, and chronic staff shortages (Seiser as cited in Lauer-mann, 2001). In addition to research on affects, my aim with this study is to highlight the complexity of the relationships that lead to violence. It is hoped that a greater professionalisation of violence prevention in child and youth services and disability services will also lead to a reduction in the reliance on child and youth psychiatry. The immediate response to the pandemic in 2020/21 revealed that care arrangements for large groups of people were counterproductive in terms of protecting employees and recipients from infectious diseases.

As discussed throughout this study, one of its aims is to illuminate the complexity of factors shaping everyday interactions. Professionalisation approaches aimed at training and further education alone cannot do justice to the challenges of the field of residential care. The challenging work of care workers, especially under the current conditions, must be given greater financial recognition. The quality of residential care depends on the relationships between the care workers and their addressees. Constant staff turnover, employees who have not yet completed their training, or who have little training, and the exploitation of staff through excessively long shifts and non-compliance with the specified staffing ratio are detrimental to the relationship work and also to the loyalty of employees to their workplace. Ultimately, this outlook should be understood as an attempt to trace the complex connections between training, recruitment, and wage policies, the working and living conditions in residential care and the quality of everyday interactions. In addition to reforms promoting more inclusive forms of care, improving the conditions in residential care is also a question of professionalising the field at a collective level and of socio-political decisions regarding the allocation of financial resources.

Looking ahead, I advocate for a socio-political and professional strategy that addresses and mitigates the factors leading to residential care to a greater extent than in the past. These include the general fight against poverty, the expansion of social benefits for parents, especially single parents, the expansion of health insurance benefits regarding psychological health care, and the expansion of violence protection services. In an empirical study, Rahel More worked out that parents with learning difficulties in Austria often do not receive needs-based support, but rather that children are taken away by officials, as professionals pursue individualisation and normalisation strategies towards parents with learning difficulties (More, 2021). An expansion and sensitive adaptation of needs-orientated services such as intensive family care could help to ensure that children of parents with learning difficulties require residential care less often. Overall, however, intensifying early help would benefit all families in Austria who are looking for or need support. Finally, reforms expanding the care⁷⁴ and adoption system would likewise help to reduce the demand for residential care.

74 One example of such reforms is SOS Children's Villages' new pilot project *Professional Foster Families* in Vienna (see SOS-Kinderdorf, 2021).

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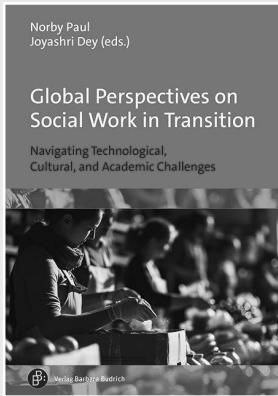
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