Constructions and balances of normality in the biographies of former foster children

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1   Introduction: normality, a topic which particularly affects cared-for children

For cared-for children, normality is a particularly important topic. The way in which cared-for children grow up differs from both the social norm and from average children in Western European countries. Foster children live in a family which is not their birth family, and have a special status within that family. Psychological and medicinal research examines the normality experienced by foster children – meaning their psychological and physical health and normative development – very closely and (at least sometimes) critically (Oswald et al., 2011; Groh, 2010; Schmidt & Peréz, 2011; Kindler et al., 2011; Helming, 2011). As they grow up, foster children are accordingly confronted with a normality that is (or is assumed to be) lacking or precarious. This places them before the particular challenge of constructing their own normality in difficult conditions, of presenting it to the outside world and constantly finding a balance.

In 1996 the German social pedagogue Klaus Mollenhauer described one central task of the youth welfare services as a "balance of normality", but did not explain the term in any more detail. In the following I would like to present a detailed, nuanced study (Reimer, 2017) analysing the biographies of young adults who have grown up in foster families to discover how constructions and balances of normality are formatted and presented in those biographies. To do so, first of all I shall elucidate the term "normality", focusing particularly on how it is used in German-speaking countries, in the knowledge that it may be used differently in English-speaking countries and elsewhere – but I have no doubt that this approach can also help shed light on the complex phenomenon of "normality" in other language areas. I shall then draw a link between normality and identity, using this to define what is meant by "constructions and balances of normality". I shall use the study mentioned to put this in empirical, concrete terms, briefly describing the method used and presenting the key aspects of the analysed biographies and their specific features, before discussing how a theoretical model might be designed. Linking in with this, a typology of constructions and balances of normality will then be presented. Finally, I shall outline the consequences for research and practice.

2   The term "normality"

"Normality" has regularly been used and addressed directly or indirectly in sociology since the latter started out as a discipline (see Durkheim, 1897; Canguilhelm, 1974; Link, 2009). In sociology, the term generally refers to macrosocial phenomena and developments, rather than to individual subjects and their individual normalities (ibid.). In sociological discourses, the components which make up the meaning of the term are frequently blurred, and it is often unclear what is meant. On closer examination, several groups of meaning can be found for the term within sociology, of which the three main groups are outlined here:

Normality as routine and a matter of course – the broad(est) use of the term (see Link, 2009; Seelmeyer, 2008: 175). Approaches adopting Schütz's concept of the lifeworld sometimes equate normality with the everyday world which people take for granted. This broad understanding of normality is frequently used in interpretative sociology. It is criticised for proving to be suprahistorical, "as it is not connected to any specific social formation" (Seelmeyer, 2008: 175), and at best providing information "on a microsociological level on the process of the construction of normality" (ibid.).

Normality in relation to social norms / normativity. The use of the term "normality" is much more precise when based on the norm. It is found in the discourse on normal gender-typical biographies (Kohli, 1981; Levy, 1977), on normal employee-employer relationships (Mayer-Ahuja, 2003; Besters, 1988) or on the normal family (Cierpka, 1988). As change is problematized in all these discourses (family crises, erosion of normal working relationships, destructuration of biographies), the reference point for normality must in these cases be the social norm: the family whose makeup and internal connections are in line with the norm; the biography with normative gender-specific patterns of events; the employer-employee relationship which meets the normative implications of a good working relationship. This is taken to its limit by Foucault (1976), who assumes that people were normed (which he equates with "standardisation") during the modern age and that this will increase during postmodernity.

Normality in relation to large-scale statistical datification. Based on the emergence of statistics and probability calculations, from the 19th century there was a large-scale datification of society (see Link, 2009: 154ff). One central feature in this is what is known as the Gaussian curve, which can be used to show how all "natural" phenomena (height, weight, intelligence, income, etc.) are normally distributed within a society. The Gaussian normal distribution is an important tool with which to calculate the probability of social phenomena and, by taking samples, to come up with distribution values for society as a whole. In addition to this, it points to an important phenomenon: by most measurements, most people are within the average range.

The term "normality" and its use in social work and social pedagogy prove equally complex. Seelmeyer (2008) identifies three main groups in the German-language discourse on normality in social work, and it is likely that similar categories can be found in other countries and language areas:

Normalisation as a function of social work. This is related to support and control, as well as to prevention and the function of social work.

Normalisation of the social work setting. This line of thought is linked to the institutions of social work, and has arisen, among other things, from the 1970s discussion on stigmatisation and labelling. In Germany, this led in the 1980s to new approaches first within children's residential care, then in support for the disabled and in psychiatry.

Normalisation as a self-reflective category within social work. This discourse is somewhat at odds with the other two. This is about the positions taken by social pedagogy and social work as normal, or not normal, academic disciplines and/or professions.

To a large extent, these three lines of discussion do not clearly identify what is actually meant by "normality"; this aspect thus runs parallel to the lack of clarity regarding the term in

sociology. However, as can be seen from the categorisation, normality proves to be a subject which is constantly simmering away in the background within social pedagogy and social work. Seelmeyer (2008:14) hits the nail on the head when he says that there is no escape from normality within social work; Dollinger & Oelkers (2015) even go a step further, describing how social work generally involves border work between what is normal and not normal. Considering the urgency and the significance of the term "normality" for social work, it is all the more astonishing – and at the same time particularly problematic – that there has as yet been little effort to define the term. In the following, I will thus rely, among other things, on a German-language linguistic interdiscourse analysis of the term "normality" (Link, 2009) and show how I can, and will in the following, use it to pin down the term in relation to the subject, for use within social pedagogy.

The term "normality" (*Normalität*) only entered everyday German along with the large-scale datification of society. Along with other authors, including English speakers, Link presumes that large-scale statistical datification has fundamentally altered the way people think and how they view the world and the people around them. Ian Hacking outlines this idea: "The systematic collection of data about people has affected not only the ways in which we conceive of a society, but also the ways in which we describe our neighbour. It has profoundly transformed what we choose to do, who we try to be, and what we think of ourselves" (Hacking, 1990:3). From a linguistic point of view, Link accordingly distinguishes his concept of normalism, based on conceptual analysis, from other possible meanings of normality. In this view, normality does not mean the same thing as normativity, everyday routine / the commonplace, adapting to natural parameters, industrial or social standardisation, the imposition of discipline, aesthetical banality or constructed social reality (see Link, 2009: 33ff). Instead, in Link's view, normality always comes down to the actual statistical normal distribution, or that perceived in a society or a certain milieu. However, normality is not simply the statistical average. Every society continuously negotiates what is normal and what is not in a constantly dynamic process. These negotiations are always based on an (imaginary) Gaussian curve, and there are mechanisms which dynamically regulate the way the borders of normality are set and shifted. Link (2009) distinguishes between two historically different strategies to this effect: protonormalism and flexible normalism. The protonormalist strategy is historically the elder of the two, and aims to establish normality selectively, within certain very limited aspects of different fields (living standards, lifestyle, family, job, sexuality, body, consumption, etc.). In protonormalism there is a very narrow range of normality, and strict borders for stigmatisation. Meanwhile, flexible normalism, the historically more recent strategy, attempts to extend the borders of normality and stretch them as far as possible. Borders become broad-ranging and loose, they can be negotiated at any time, with smooth transitions between what is normal and not normal. Protonormalism and flexible normalism are not mutually exclusive within a society; in fact, they affect one another and exist concurrently, even if one strategy dominates. "Within contemporary society, individuals are still expected to adapt to standards, with institutions and organisations in fields such as the law, the police, medicine and social work checking that they conform. In addition to this, however, we are increasingly confronted with management techniques and technologies of the self based on the suggestive power of flexible normality." (ibid., 193f) Heilmann (2011:40f) postulates that it is precisely the paradoxical parallelism of the two strategies and the possibilities which subjects have to make use of both technologies of power, depending on the context and situation, which are a necessary condition for "managing the problem of dealing with contingency in modern societies" (ibid., 40). "Deviant subjectifications" (ibid.) form around them which create points of resistance "on the basis of which subjects wilfully intervene in the hegemonic order, sometimes as actors" (ibid., 41).

The social production of normality thus takes place in an ongoing dualism between standardising, selective norms aimed at narrowing the limits of normality and (within flexible normalism) recourse to average distributions in an attempt to expand the limits of normality. Though we all have to negotiate our positioning in the spectrum of normality with ourselves and our environment, there are mechanisms which very reliably regulate adjustments to the limits of normality in any specific society. The main mechanisms are recognition (Honneth, 1992), intended to achieve normality and improvement – and disrespect (ibid.), shaming (Neckel, 1991) and stigmatisation (Goffman, 1999) when the limits of normality are broken. This creates limits to social normality which are designed to exclude and include people. Over the last few decades, some prominent examples of struggles for recognition have included the fight for the legal recognition and social appreciation of same-sex relationships and the fight for recognition among people – especially children – with disabilities. These battles have been fought, some successfully, to achieve the right to greater participation in society and increased autonomy.

In the present context, the subgroup of the family is particularly relevant. This example is designed to show how protonormalist and flexible normalist strategies both appear at once. An increased leaning towards flexible normalism can be observed relating to the question of the shape a family can take. This includes gender roles becoming increasingly negotiable. By contrast, interpersonal relationships within families and expectations of child-raising have a stronger protonormalist tendency: there are relatively clear-cut norms and normative boundaries determining how people act as a couple in an adult relationship. The kind of normality found in parent-child relationships also tends to be protonormalist. Expectations related to "good" parenting are constantly increasing in all countries in the minority world (see Kohn, 2010).Those who do not parent their children in line with normative standards or encourage and stimulate them appropriately run the risk of being shamed within their private network and in the institutional settings attended by their children (nursery, daycare, school). Those who encourage and stimulate their children particularly well, meanwhile, gain recognition (see Bröckling, 2007). In the social, professional and political debates on child protection, a tendency can also be seen for the borders of normality to tighten. One good illustration is the increasing spending on youth welfare services in all Western European countries, and the greater willingness to intervene on the part of the state, especially in the case of younger children.

Foster children are particularly confronted with the lack of normality in the area of family: their birth parents are likely considered having failed being "normal" (~ average) parents; in the foster family the foster child is often not considered as "normal" (~average) member. Because of being a foster child, the "normality" and normativity of their development is doubted and the "normal vs. deviant" development (Kelle/ Tervooren 2008 ; Eßer 2014) is under particular observation.

3 Normality and identity; constructions and balances of normality

In our society, people are constantly confronted with statistical averages and thus forms of normality, both through the media and in interaction with other people. Some important fields in which forms of normality affect us are our bodies, child development, living standards, education, work and sexuality. This constant confrontation requires us to classify ourselves and others (explicitly or implicitly) within these spheres of normality and statistics. Being positioned within the average offers us security, but at the same time it also means boredom; being positioned on a boundary offers excitement and individuality, but also poses risks (e.g. of exclusion), and can lead to stigmatisation.

In symbolic interactionism and related identity theories, identity is understood as a dynamic process of constant negotiation taking place through interaction with ourselves and our environment. In accordance with this view, it can be assumed that people constantly undertake critical examination of the norms and expectations of normality which they face during these interactions. Following Krappmann's view it could be said that no-one is completely "normal", in all fields of life. Instead it might be said that identity actually develops through our confrontation with society's expectations regarding normality, manifested in processes of interaction. Which expectations regarding normality can be overstepped and which cannot depends on the society in question and its balances of power (Foucault, 1976). At the same time, many expectations call for extensive, highly disciplined self-government and self-improvement (Elias, 1976; Bröckling, 2007). De Certeau (1984) deals with this process in relation to consumers, who are not passively exposed to consumption – in the broadest sense of the term – but are able to deal with it creatively, producing innovation, and even subversively, showing self-will and stubbornness. As one means of illustrating this active process of appropriation, De Certeau cites the example of reading a piece of fiction:

> "He [the reader, D.R.] insinuates into another person's text the ruses of pleasure and appropriation: he poaches on it, is transported into it […]. Ruse, metaphor, arrangement, this production is also an 'invention' of the memory. Words become the outlet or product of silent histories. […] The thin film of writing becomes a movement of strata, a play of spaces. A different world (the reader's) slips into the author's place" (De Certeau, 1984: xxi).

The assumption is that people also create their constructions of normality in an active process of producing meaning: this means that individual constructions of normality are not passively adapted to (or a subordinate element of) social normality. On the contrary, there is an active process of appropriation in which people perceive forms of social normality and the power balances they involve, evaluate those forms and can merge in with, bypass or even negate them. They can create something new for themselves in their everyday world and make "innumerable and infinitesimal transformations of and within the dominant cultural economy in order to adapt it to their own interests and their own rules. (ibid. xiv) as "the presence and circulation of a representation […] tells us nothing about what it is for its users" (ibid. xiii). Following a theoretical logic which I will return to in detail later, de Certeau argues that there needs to be a detailed investigation into "its manipulation by users who are not its makers. *Only then can we gauge the difference or similarity between the production of the image and the secondary production hidden in the process of its utilisation." (ibid.).* This does not mean being taken in by romanticising everyday life by privileging the subversive momentum or privileging the productive apparatus (which produces the 'discipline') (ibid. xiv), as de Certeau argues, following Foucault. After all, if that productive apparatus is really as powerful as Foucault underlines, and if

> "it is true that the grid of 'discipline' is everywhere becoming clearer and more extensive, it is all the more urgent to discover how an entire society resists being reduced to it, what popular procedures (also 'minuscule' and quotidian) manipulate the mechanisms of discipline and conform to them only in order to evade them, and finally, what 'ways of operating' form the counterpart, on the consumer's (or dominee's?) side, of the mute processes that organise the establishment of socioeconomic order." (ibid., xiv).

De Certeau calls these practices "tactics" – occasionally "ruses" – which are "articulated in the details of everyday life" (ibid.).

I join de Certeau in assuming that people use tactics to balance out their normality. The term "tactic" links in very well with the evidence which can be found in empirical material, as will be shown in the following, on how people balance out their normality. Individual people are in a weak position with relation to social expectations of normality, and do not have their own territory; they are acting in an alien environment. That does not, however, mean that they have to fall in line completely with social expectations. On the contrary, during the appropriation process, they develop tactics for dealing with those expectations. Many of the tactics which are applied are spontaneous, of the moment. Altogether, it is clear that they are reliant on the circumstances; they do not have any conscious overall strategy for dealing with their own normality and social expectations. Instead, their tactics are manifested in individual situations and interactions. According to de Certeau, the central criterion of a tactic is that "it must constantly manipulate events in order to turn them into 'opportunities'." (ibid. xix). Language and how people deal with language play a central role in the balancing act – they enable power balances to be reversed, avoided, adapted; language can manage "to make the weaker position seems the stronger" (ibid. xx). It can be assumed that successful tactics become fixed in place and are used regularly though new situations and transitions constantly require new tactics to develop. This tactical manoeuvring is often of a contradictory nature, but makes sense to the individual.

Based on this, I understand constructions of normality as constructions which a person presents during an interaction. The constructions of normality are an integral part of this interaction; we can assume that constructions of normality are changeable and may present differently in different interactions. However, we can also assume that they recur over a person's biography. The more similar experiences a person has over their biography and while interacting with their biography, and the more similar and less ambivalent the presentation of their personality and normality is, the more likely it is that this is a relatively fixed, stable construction which can only be altered by radically new (positive and negative) experiences (cf. Schütz, 1971). By contrast, the more contradictory the construction is, the more likely it is that this is a relatively flexible concept which – in another interaction with another person, or in another interactive situation – may sometimes (at least to some extent) take on another form. The construction of normality involves positioning oneself within objectively or subjectively perceived average distributions, as well as adopting a stance towards social norms, including having recourse to the balances of power that are related to normality. We can assume that a subject's construction of normality is related to the societal production of forms of normality, but is not subsumed entirely by the latter, instead being created in a process of producing meaning, by actively appropriating social expectations of normality. Nonetheless, there are limits to this (see Krappmann 1975): people are not completely swallowed up by power, but neither can they completely negate or subvert that power – at least not without paying a (sometimes high) price which is mainly related to their social integration. I define the balance of normality as the manner in which a person succeeds in balancing out his or her construction of normality. Here, as in figurational sociology, "balance" is understood as a term which does not comprise any normative judgement. Here, balance specifically does not mean an evenly balanced mean value or homeostasis, or a normative concept suggesting that there is an ideal even balance (Wolf, 1999: 127); it is a term describing a relationship which requires constant balancing; a network of

interdependencies (Elias, 1976). The balance of normality refers to the relationship between a person and his or her attempts at individuality; on one hand his or her biography and individual ideas of what he or she wants to be, and on the other hand expectations of normality which he or she faces during a specific interaction and in constant confrontations with society.

4   Methodological approach and data

The data used to investigate constructions and balances of normality come from biographical-narrative interviews, in line with Schütze, with young adults who have grown up in foster families (Schütze, 1981; Reimer, 2008).The interview process involved the interviewer posing an initial question to set off the narrative, then leaving interviewees to speak without interruption, supporting their narration verbally and non-verbally, showing empathy and encouraging them to delve into their experience of important situations, setting out their subjective interpretative schemes and subjective points of view. Following on from this initial narrative, the interviews used for this study then involved a section with narrative questioning, giving the interviewees the chance to pick up on narrative threads which were not expounded upon in full earlier. Next came a second interview stage, during which a "timeline" was created: the interviewees were given a roll of wallpaper with nothing but a line on it, and asked to write the most important in their lives on it, then draw what I called a "good times, bad times" line summing up those events. In most cases this then set off further narration, followed by people reviewing their own life histories. The interviews were held at various places (in interviewees' homes, in the interviewer's home, at the University of Siegen, in cafés). To create situations which were especially rich in narration, the interviews were staged as conversations, and in particularly difficult interview situations the decision was deliberately made not to hold a by-the-book biographical interview. The idea was to encourage interviewees to tell their story, following the principle that "all is data" (Glaser, 2002).As an interviewer, I deliberately adopted the role of a subject, and also saw the interview situation as an ethnographic situation, which was subsequently carefully documented and reflected upon. This documentation also went into the analysis. The interviews each lasted two or three hours. In the context of various projects between 2007 and 2010, I carried out fifty such interviews in all. The audio material was painstakingly transcribed by student assistants working on the projects, and was thus made available to me as texts for further processing. After this, examining the data collected, interviews were selected for analysis which showed the greatest possible level of contrast, continuing until theoretical saturation was achieved, as defined in grounded theory. This was the case after six interviews had been analysed. The greatest level of contrast was identified on the basis of people's construction of normality. Every interview was carefully analysed and coded using the following topics and questions:

- Normality: This code was initially very broadly defined; all points were coded which were explicitly or implicitly related to the subject of normality. Following on from this, the codes were then broadly broken down using axial coding and narrowed down in terms of constructions of normality, balancing tactics, self-stigma and public stigma. Theoretically different patterns and tactics were identified in the various categories. This was first carried out for each interview separately, then the interviews were compared in the next step.

- In addition to this, a) pressures and b) resources were coded during all the interviews. These two additional categories can be understood as being at a tangent to the

category of normalisation. They are used as auxiliary categories to help understand the category of normality over time.

- Following the principle of open coding, further coding was carried out when it appeared worthwhile in a specific interview, e.g. on the topics of important people, siblings, people's family of origin, educational careers or whether gender was an issue. These can also be seen as auxiliary categories which proved useful in understanding the question about people's personal normality. At the same time, during the coding it became clear that these categories are (to some extent) interdependent and interlinked (Elder, 1974) with the category of normality.

Subsequently, the following analytical steps were carried out for each interview: reconstructing people's life histories, analysing their construction of normality, analysing the biographical background for that construction, and identifying the tactics they use to balance normality, how the constructions were used and what risks they entailed.

5   Insights into the interview material

To offer an illustration of the interview material and the analysis process, below I shall set out all six of the contrasting interviews briefly and succinctly. This is designed to illustrate the range of the material and the results:

Lena came into a foster family, which she today sees as her family, at the age of nine months. She strictly dissociates herself from her birth family. In the interview it is particularly important to her to present herself as normal (good school education, average hobbies) and the foster family as a normal family. Her need to be a normal child within the foster family goes so far that in some ways she denies any lack of biological relationship to the foster family.

Sascha entered a foster family at the age of thirteen after six years with his birth family and seven years in a home. He constructs his entry into the foster family as a sharp, positive turning point in his life history, which he describes up to that point as the story of a lack of normality. In adulthood he attempts to maintain the normality of the foster family for himself by following their norms and values and remaining in close contact with them. In adulthood, he also has an intense relationship with his birth mother, though he allows his foster mother to supervise this.

Amisha entered a foster family at the age of two. The foster parents are both professional educators. On one hand, Amisha presents herself as a very normal young woman (stereotypically feminine, average hobbies which are gender-appropriate, close friendships with her peers). At the same time, she presents herself as not normal, with various restrictions because of her history, and in particular need of protection as a result. Her foster parents take on that protective function. The way in which they take on that function regularly clashes with Amisha's wish to be both normal and in need of protection.
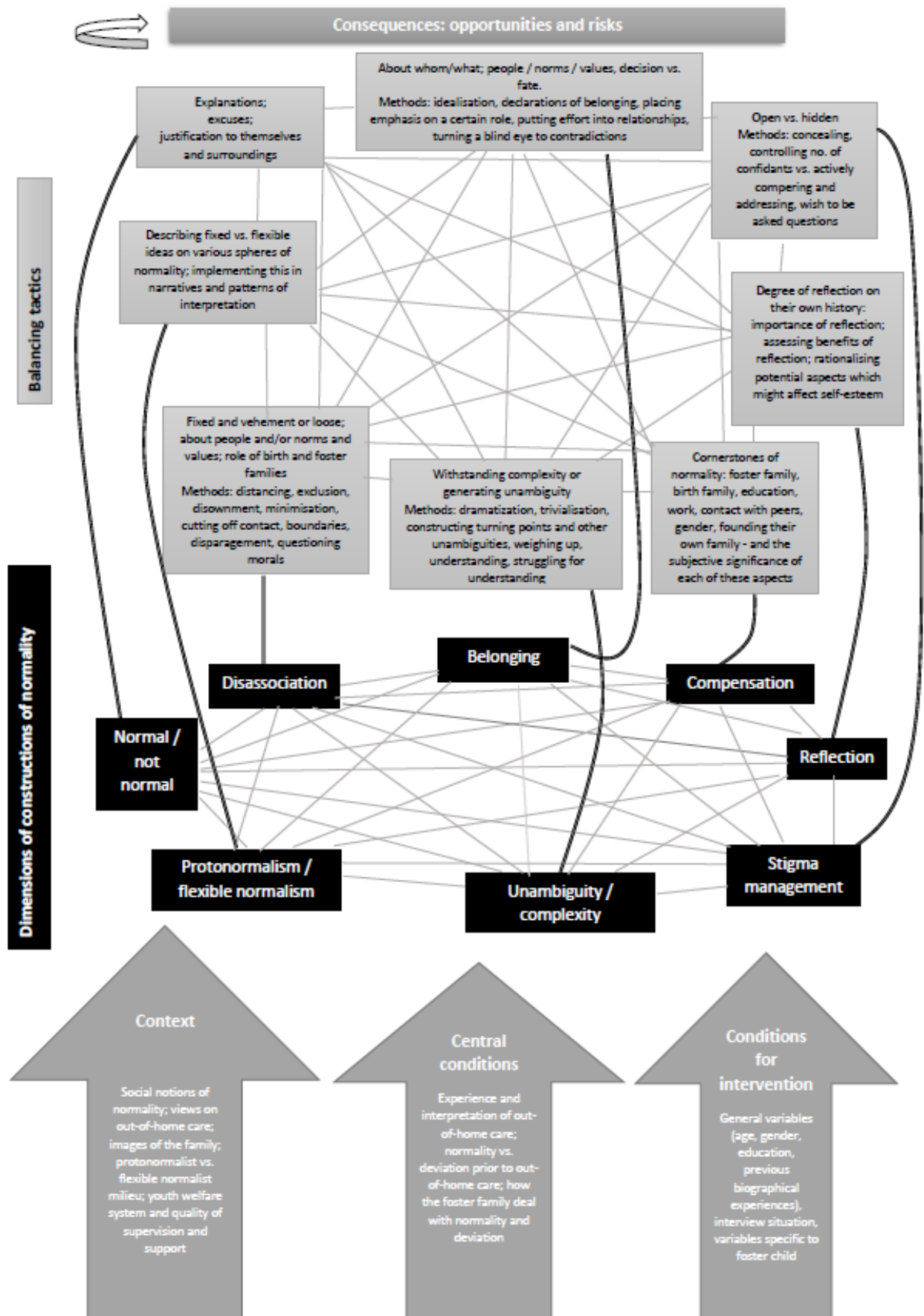
Marcel came into a foster family at the age of four. He sees the transition to a foster family as a denormalisation and to this day questions the need for him to be taken into care. He positions himself within his birth family and sees his relationship to members of his birth family as normal. His relationship to the foster family is conflictive but intense.

Hannah entered a foster family as a baby and lived with them until the age of 16, when the foster arrangement was terminated (by the foster parents). Hannah presents herself as not normal due to her history as a foster child and the termination of care she experienced. In addition to this, there are other fields of life in which she attributes herself a lack of normality, mainly due to her homosexuality. However, Hannah can, at least to some extent, compensate for this lack of normality through her high level of education, through positive experiences of relationships in young adulthood and through finding an alternative milieu for herself in a city, where she is not alone with her lack of normality.

Dave entered a foster family at the age of two and a half, after nine months with his birth family and time in a home. In the interview, he presents himself as extremely abnormal. He explains this as being due, above all, to his various medical diagnoses and subsequent remedial interventions which were made as a result of the problems which he had and caused in the foster family. Dave draws great benefit from his lack of normality; he expects extreme consideration and understanding from those around him. At the same time, he problematizes his worries about the future and the risk of exclusion due to his lack of normality.

6   A theoretical model of constructions and balances of normality

The interview analyses were compared to create a theoretical model of constructions and balances of normality among foster children, to identify the conditions which influence them on different levels, to illuminate the context and to derive consequences. Accordingly, the model is a grounded theory. It is only in relation to the topic of context that variables have been included in the model which come from research into the literature on care for foster children and on normality (see Reimer, 2017), and which are reflected in various aspects of the interviews with varying degrees of intensity. This is due to the nature of the data: biographical interviews provide little material which can be used to put information into a social context, so only alternative sources are used. The illustration (see Fig. 1) of the theoretical model is constructed from top to bottom and should be read accordingly: the three lower arrows labelled "context", "central conditions" and "conditions for intervention" indicate the variables on different levels which influence constructions and balances of normality (e.g. social notions of normality, what people think of out-of-home care, their subjective experience and interpretation of being in out-of-home care and indeed the interview situation; for more detail see Reimer, 2017).On the next level there are eight "dimensions of constructions of normality": normal/not normal, protonormalism/flexible normalism, exclusion, belonging, unambiguity/complexity, reflection, stigma management and compensation. These dimensions are interdependent and show signs of interaction, as the lines illustrate. The shape taken by each dimension and the interdependencies between them lead to an individual construction of normality. The next level up illustrates the "balancing tactics". Every dimension of a person's construction of normality involves a set of balancing tactics, as shown by the thick lines connecting the different dimensions of constructions of normality to the related tactics. These tactics are extremely diverse, and are connected not only to the dimensions of constructions of normality but also to one another. The individual shapes taken by the tactics and their various relationships to other tactics come together as a whole to form a specific balance of normality. The top level, "consequences", illustrates how each construction of normality, and related balance of normality, results in specific opportunities and risks. Fig. 1: Model of the theory on constructions and balances of normality

Consequences: opportunities and risks

Explanations; excuses; justification to themselves and surroundings

About whom/what; people / norms / values, decision vs. fate.
Methods: idealisation, declarations of belonging, placing emphasis on a certain role, putting effort into relationships, turning a blind eye to contradictions

Open vs. hidden
Methods: concealing, controlling no. of confidants vs. actively compering and addressing, wish to be asked questions

Describing fixed vs. flexible ideas on various spheres of normality; implementing this in narratives and patterns of interpretation

Degree of reflection on their own history: importance of reflection; assessing benefits of reflection; rationalising potential aspects which might affect self-esteem

Balancing tactics

Fixed and vehement or loose; about people and/or norms and values; role of birth and foster families
Methods: distancing, exclusion, disownment, minimisation, cutting off contact, boundaries, disparagement, questioning morals

Withstanding complexity or generating unambiguity
Methods: dramatization, trivialisation, constructing turning points and other unambiguities, weighing up, understanding, struggling for understanding

Cornerstones of normality: foster family, birth family, education, work, contact with peers, gender, founding their own family - and the subjective significance of each of these aspects

Dimensions of constructions of normality

Belonging

Compensation

Disassociation

Normal / not normal

Reflection

Protonormalism / flexible normalism

Unambiguity / complexity

Stigma management

Context

Social notions of normality; views on out-of-home care; images of the family; protonormalist vs. flexible normalist milieu; youth welfare system and quality of supervision and support

Central conditions

Experience and interpretation of out-of-home care; normality vs. deviation prior to out-of-home care; how the foster family deal with normality and deviation

Conditions for intervention

General variables (age, gender, education, previous biographical experiences), interview situation, variables specific to foster child

The comparison involved every interview being examined in terms of the condition and, particularly, the different dimensions of the construction of normality. Different positioning and tactics were pinpointed for every dimension of every interview. The individual dimensions of the constructions of normality and the related tactics for balancing normality paint a full picture:

Normal / not normal. The dimension "normal/not normal" is a continuum with two opposite poles. Labelling is subjective and based on people's self-image, which in turn is heavily influenced by individuals' subjective biographical experiences. Subjects' positioning as normal or not normal is highly interdependent with the dimension of "stigma management" and shows signs of being linked to the themes of "compensation" and "reflection". Tactics related to this dimension are: positioning themselves at a certain point on the continuum and explaining this based on their life history and/or out-of-home care; using their lack of normality as an excuse or justification for failure or deviation (from the education system, at work, problems with their foster or birth family); using their positioning to come up with demands and expectations about themselves and their surroundings.

Protonormalist / flexible normalist attitude. This macrosocial differentiation, developed by Link (2009), can be found on the subjective level. However, the picture is very complex in this case: people usually have very protonormalist notions about families and a good upbringing; they only occasionally bring up aspects from flexible normalism. In other fields of life, some attitudes are found which lean more strongly towards flexible normalism. These are sometimes due to the fact that protonormalist norms have not or cannot be fulfilled; sometimes they come about as the result of a struggle, and sometimes they express the need for a way of life which is understood as being "real", not a mere semblance of normality. This indicates that, despite any macrosocial developments in the direction of a more flexible normalism, people – and the assumption is that this particularly affects people in situations of extreme risk regarding their normality – are still aware of relatively fixed norms according to which they would like to live their lives. These norms provide security. People need to have sufficient opportunities for compensation before they can afford to adopt attitudes which lean more towards flexible normalism in various areas of their lives. Accordingly, there are interconnections between the dimensions of "protonormalism/flexible normalism" and "compensation". If people try to live in line with flexible normalism, even though they actually cannot afford to do so, not having the means for compensation, there is a high risk of exclusion. Tactics related to this dimension are: describing fixed or flexible ideas about the family, gender, sexual orientation, education and work; taking up strong positions and making extreme attributions; being proud of meeting or deviating from norms; belittling or praising other lifestyles which might differ; defining their own boundaries of normality; coming up with (supposed) averages and statistics.

Disassociation. Disassociation is a central topic related to identity which occurs as a complement to that of belonging. The empirical material shows who disassociates themselves from what. The dimension of disassociation is strongly influenced by people's biographical experiences. Negative experiences with people and/or their values and norms lead to stronger disassociation. The dimension of disassociation is multidimensional: it differs on one hand in terms of its intensity, and on the other hand in terms of whether people disassociate themselves from other people, or more abstractly from certain attitudes, values and norms – or whether it takes place on both levels. In the interviews, disassociation is used particularly to show who, what or how someone is not like, or does not want to be like. Tactics related to this dimension are: distancing, exclusion, disownment, minimisation, pity, setting boundaries,

spatial and/or emotional distancing, cutting off contact, disparagement, and questioning the morals of standards, values or people.

Belonging. The other side of the coin, complementing disassociation, is the construction of belonging. Here too, similarly to disassociation, belonging may be established to different objects and with differing degrees of intensity: it may occur with specific people, abstract ideas or what are basically imagined communities. A wide range of tactics are related to belonging. The category of "belonging" has multiple dimensions. It is important to distinguish between belonging only being established with a family, or also being established to other people and groups. A one-sided, intense construction of belonging to a family can run the risk of people being held back in developing their own independent lifestyle. It should also be determined whether, and to what extent, belonging is being established to people or to more abstract groups. Tactics related to this dimension are: idealisation, declarations of belonging, placing the emphasis on a certain role with regard to others or within relationships, turning a blind eye to contradictions, putting a great deal of effort into relationships, following certain norms which symbolise belonging to people or groups.

Unambiguity vs. complexity. The way in which people deal with unambiguity vs. complexity decides whether they create unambiguity in their life history (more or less at any price), for example constructing sharp turning points in their history or choosing strict forms of distancing, or whether they are able to recognise and do justice to both the positive and the negative, difficulties and resources in all the phases and areas of their life and the important people in it. The ability to withstand a great deal of complexity requires people to reflect considerably on their own history and how they grew up, so is correspondingly closely interlinked with the dimension of "reflection". Living with a high degree of complexity calls for resources which enable people to withstand this perceived complexity in their everyday lives and life histories. This dimension is closely related to the dimensions of "disassociation" and "belonging". The more complexity is perceived, the harder it becomes to strictly disassociate oneself – especially from people but also from attitudes, values and norms – or to associate oneself fully with people or norms. Tactics related to this dimension are: withstanding complexity and developing a means of dealing with complexity; adopting a position on complexity vs. dramatisation; trivialisation; constructing turning points; constructing unambiguity; unambiguous ascriptions and belongings.

Reflection. In the empirical material, there are huge differences in the extent to which people reflect in depth on their own history and living situation. This depends on one hand on their own need for reflection, which in turn is affected by their level of education (among other things), and on the other hand on the background of therapeutic intervention which has led them to reflect. Reflection interacts with the dimensions of "stigma management" – the more people reflect, the more conscious their stigma management is – and, though far less intensively, with the dimensions of "creating unambiguity v. allowing complexity" and "compensation". Tactics related to this dimension are: underlining the importance v. unimportance of reflection in narratives; assessing the benefits of reflection; rationalisation; encouraging other people around them to reflect; conscious v. unconscious way of dealing with a lack of normality; planning stigma management.

Stigma management. The dimension of stigma management has several focal points. It basically depends upon whether people consider stigma management to be necessary at all, and whether they manage the stigma. This is interwoven – though not linearly – with their self-location in the dimensions of "normal vs. not normal" and "protonormalist vs. flexible

normalist". For example, although they may adopt a flexible normalist attitude, they may see a great need for stigma management, and even if they occupy a position as an abnormal person, they may ascribe great importance to stigma management and see it as highly necessary. Another central question is that of whether they describe and use more open forms of stigma management, or ones which tend to be hidden. This aspect of the dimension interacts strongly with the dimension of "reflection"; intense reflection on their own history and living situation leads to more reflected, consciously chosen and thought-out forms of management, while those who reflect to a lesser degree tend to manage the stigma more intuitively. Tactics related to this dimension are: open vs. hidden; actively compèring questions about their lack of normality, dealing openly with experience of out-of-home care vs. masking, concealing, being deceptive about it, controlling the information given to their social environment, controlling their own emotions.

Compensation. People's individual construction of normality depends upon whether a deviation in one area can be made up for by the fact that they are particularly normal, or above average in a way which is seen as positive, in another area. This means that the dimension of compensation is closely interlinked to the dimension of "normal vs. not normal", and relates to the aspect of self-improvement, which is always inherent to normality. The dimension of compensation has several focal points. One distinction is on an objective level, with the extent to which means of compensation are actually available forming a continuum; people differentiate between having little / no or abundant means of compensation. The objective evaluation of what means of compensation are factually available includes checking whether those means of compensation are only in one aspect of their life or sphere of normality (e.g. that of the family) or whether there are means of compensation in several different areas. The second focal point relates to people's subjective evaluation of the means of compensation and examines the extent to which factually available means of compensation are subjectively seen as of little or great significance. Tactics related to this dimension are: placing value on existing normality in spheres where they are normal, e.g. proud of success in education and work, proud of their own family, proud of their friends and positive experiences of partnership; high level of significance accorded to these fields corresponding with a low level accorded to fields in which there is less normality, extending as far as subjective or objective deviation.

Specific combinations of constructions and balances of normality always entail their very own opportunities and risks. There is no construction or balance of normality which produces only opportunities or only risks. Interestingly, a comparison of the empirical material shows that it is precisely particularly risky positionings in a dimension or risky tactics which produce particular resources. In the dimension of "allowing complexity vs. creating unambiguity", for example, it can be seen that sharp turning points create unambiguity and thus produce clarity and agency. Strict disassociations also involve clarity, which similarly promotes agency. At the same time, there are some aspects and combinations which produce particular risks and opportunities: sharp constructions of abnormality, in which a person benefits greatly from their lack of normality, harbour a particularly high risk of social exclusion. In the long term, this can lead to the resources waning, which can have dramatic effects extending as far as a trajectory (Schütze, 1981). Equally, constructions of total normality in which every sign of ambivalence has been eliminated also run the risk of failing. Critical life events which threaten to destroy those constructions can be particularly dramatic to the people in whose biographies they appear. When their construction and balance of normality has to be

reorganised there is a risk that they will attempt to re-interpret everything, barring off their access to biographical resources.

7 Four types of construction and balance of normality

While this theoretical model represents the entire range of normality on the subjective level, and can easily be applied to people in general, and various groups of social work clients in particular, the following typification is once again specific to the situation of foster children. An open-ended process used the theoretical model to identify four simplified ideal types representing how young adults and former foster children construct and balance normality in different ways, the factors which influence each type and the stresses and resources that result. It is conceivable that these ideal types could actually appear just as described, but that there are also adult foster children who are a mixture of different types.

7.1 Type 1: claiming normality in the face of all opposition

These foster children present as normal beyond all measure. They know about their lack of normality but try to smooth it out or even deny it. The facts which have led to them being put in care and are related to a lack of normality are ironed out. Myths about them being put in care play an important role; their being placed in precisely this foster family is seen as fateful. Their denial of any lack of normality can extend so far that they even deny the fact that they are a foster child to some extent. This type includes young adults with a very close relationship to their foster family. Here, the process of detachment, an important part of developing autonomy, has not yet taken place. The foster family is seen as their own family; the foster family, and especially the foster mother, are highly idealised, and this is used to establish a high level of belonging to the foster family. Generally, this type stands out as having heavily protonormalist notions of the family, education, work, leisure activities and sometimes other spheres of normality. They have very limited contact with their birth family and disassociate themselves from them clearly. If there is nonetheless contact, this tends to cause psychosomatic symptoms. Ambiguities are strongly suppressed or their existence denied. Black and white thinking dominates, with the birth family and the foster family being divided into the good, proper, normal family on one hand and the bad, awful, abnormal family on the other. This correlates with the unambiguous ascription of significance: the good family is the important one, and the bad family tends to be presented as insignificant and unimportant. The level of reflection among this type is relatively low, though this is not caused explicitly by a lack of educational resources, but rather by the fact that the young person inwardly refuses to reflect on their own history. These foster children only tell a few other people that they are in out-of-home care. These confidants are hand-picked and checked for trustworthiness before they come out as foster children. Stigma management is accordingly hidden. The tactics applied are extreme in character, commonly including lies and getting caught up in contradictions. The price paid for this strict information management is that they have very limited contact with others outside the foster family; in other words, this type has few friends, though these are very close. This type generally uses a large number of means of compensation: good integration into the foster family and their social environment, educational resources, a successful transition from school to work. They also consider these factors to be important, though each individual factor is made out to be less important in their self-presentation in view of general normality. For this type, opportunities lie in this semblance of clarity, which allows them to adopt a fixed position and sense of belonging and thus also offers them agency. This type can take full benefit of the resources offered by the foster family. This goes hand in hand with risks in terms of developing autonomy. Their close relationship to the foster family, the extreme

importance of that family and its subsequent idealisation makes it hard for them to develop themselves (e.g. separately from the foster family) as autonomous people with their own independent lifestyle. Tactics have a tendency to be so interdependent that a fixed balance forms. When there is a change in one area, this then knocks everything out of balance, which can lead to a crisis and the need for a process of total reorganisation.

7.2 Type 2: setting an example of normality – running risks

These foster children mainly see themselves as normal people, though the fields in their current life or history which are characterised by a lack of normality are clearly perceived and named. Unlike Type 1, however, in this case the foster family is not used as a cornerstone of normality.Though the foster family is of central importance and does also tend to be idealised, there are other, additional foundations for normality in various other fields of life. The point here is that Type 1 very consciously sets an example of normality in every sphere, thus constantly creating a safety net for their own normality. The central core is formed by gender-typical patterns of behaviour and the resulting reassurance that they are normal people who have a normal, decent job and might start a normal family themselves. A lack of normality, or precarious normality, in these spheres is ironed out. Their central urge is to create and maintain belonging to what is normal. This may be the foster family, in which case they want and seek out closeness and close contact, even long after the care relationship has come to an end. Any lack of total belonging and structural contradictions within the care relationship are largely ignored. Moreover, they build a secondary sense of belonging to aspects which they understand as normal by strongly adhering to those norms and values. In contrast, they clearly disassociate themselves from anything representing a lack of normality – often their birth family. Contact with the abnormal is constantly linked with a fear of contamination, i.e. the risk of them being de-normalised. However, this disassociation does not tend to be as strict as with Type 1; they may aim for rapprochement, though this requires a lot of thought. Ideally, this is supervised by the foster family or therapists to make sure that the necessary distance is kept and to minimise the risk of contamination. Complexity and lack of clarity are recognised to some extent, but in this case, too, dramatisation and exaggeration can demonstrate their fear of the risk of lacking normality; aspects which are subjectively seen as normal are largely viewed uncritically. The level of reflection is relatively low; if intense processes of reflection occur at all, it is only in certain areas. In the case of stigma management, open and hidden forms are possible, though these are far less extreme than with Type 1. Generally, there are some close contacts to the outside world with whom open information management takes place, while their larger group of friends are used to reassure them of their normality. The central resources from which representatives of this type benefit come from their close connection to their foster family; they can use the resources there. Their clear-cut orientation towards the norms and values of normality gives them opportunities for agency and certainty in their actions. Representatives of this type are unlikely to display extensive, protracted high-risk behaviour, as this could put their normality at risk. The central risk for representatives of this type is that they adapt too closely to people considered normal and their values and norms, which can lead to their own needs not being taken into account. Accordingly, some topics, if they are dealt with at all, have to be dealt with subversively, which requires a great deal of control over themselves and their environment. The idealisation of normal things, and of normality as a whole, can lead them to think in a very black-and-white manner, which can nip exploration and courage in the bud. Moreover, the fear of potentially overstepping a boundary in a certain sphere of normality can be so deterring that life plan decisions or changes are not even attempted for fear of failure.

7.3 Type 3: philosophising on a lack of normality – and in some ways (partly in doing so) relativising it

The thought processes of this type revolve around their lack of normality and the resulting challenges, with the main dimension at the heart of all the tactics applied being reflection. To some extent, this means the issue of normality is reframed: paradoxically, the mere fact of their extensive reflection about their lack of normality means that they are in some ways considered normal. Even during the foster relationship, a lot of time is spent thinking about the lack of normality inherent to this form of family and coexistence, and the normality of the foster family tends to be questioned, which can lead to conflict (sometimes serious) during adolescence and even a breakdown in the arrangement or intermittent rows as it comes to an end. This type tends to lean in a protonormalist direction which often does not, however, fit the reality of their life; flexible normalist tendencies have to be acquired during a process of confronting and struggling with the reality of their own life. They view both families – their foster family and their birth family – in a very complex manner; among other things, they constantly reflect upon and question their values and norms, which they see as ambivalent and cannot simply accept or even adopt. Because of this ambivalent attitude, they only have a loose sense of belonging and also loosely disassociate themselves from them. Foster children of this type are more likely to disassociate themselves from norms and values or ascriptions than from specific people, and use less extreme dissociative techniques than Types 1 and 2. They tend to develop a feeling of belonging to imagined or abstract groups of people or the family which they establish themselves and do not have any sense of close belonging to their foster or birth families. Stigma management takes place in the form of dealing openly with the fact that they are a foster child. This type find it important to be able to explain themselves during a discussion, and if others do not ask or are even not prepared to engage with them as a person this is seen as potentially hurtful. For people of this type, it is very important to compensate for their lack of normality in other spheres. Central tactics include being successful in education and at work – and emphasising that success – as well as founding their own protonormalist family. If normality is not possible in a certain area, this is problematised. This is particularly obvious, for example, in the case of homosexuality or a lack of career success. Successful compensation is also used to show the foster family that they have made it. This type has various resources: critical thinking, independence and autonomy, success in the education system and at work, and great efforts to achieve positive relationships within partnerships and in the family which they start. Particular risks among this type are an attitude of "I don't believe a word anyone says", overvaluing reflection and the resources it can produce, and a tendency to be a loner. By overemphasising their autonomy, they risk loneliness. Success in central areas of their life seems to be obligatory for this type, and sometimes even necessary for survival.

7.4 Type 4: celebrating a lack of normality – and risking exclusion

Foster children of this type present themselves as abnormal. On one hand, this lack of normality comes across as a flaw; on the other hand, they benefit from it, sometimes a great deal. Extensive experience of diagnosis and therapy, and the adoption of an identity as ill (e.g. mentally ill) are common among this type. Typically, they have a flexible normalist attitude, assuming that in fact all people are abnormal in different ways, and that people of this type are just one of them, though one with a specific profile. Among this type, disassociation mainly takes place in the form of dramatising previous experiences and distancing themselves from specific people. Sometimes they also break off contact with people whose lack of

normality is momentarily seen as unbearable, but usually this is only for a limited period of time. Only a very loose sense of belonging is established with others, as relationships are generally perceived as complicated; belonging tends to be positioned in abstract groups which may differ widely in nature (e.g. sick people, foster children, abnormal people, understanding people). They have markedly complex, but largely unreflected views of their own histories and the important people in that history. They are often influenced by courses of therapy, as are their processes of reflection. This frequently goes hand in hand with the adoption of the vocabulary used in therapy. Often, this reflection is not something which they have actually developed but something which they have adopted from the settings of therapy. People of this type often have little means of compensation at their disposal, as there have (almost always) been problems in the education system. As a result they have not been able to acquire extensive educational resources, meaning that the transition from one school to another or from school to work is also complicated and takes several attempts or even fails entirely. Due to the complicated form taken by relationships in general, they also rarely tend to have positive experiences of partnerships. Stigma management relies on the situation, depending on the subjective value placed on it, and can take place openly or be hidden. People of this type draw on important resources from the fact that they have come to terms with their lack of normality, at least to a large extent. They can make the most of the secondary benefits of illness. This type enjoys many freedoms which other types cannot take advantage of. The main, most far-reaching risk for people of this type is that they may not recognise the discrepancies between reality and social expectations. As long as they enjoy the moratorium of youth, there is still a special kind of protection and they can take up the services offered by social workers (mainly in the youth welfare services and at the transition to work). As soon as this protective framework disappears, however, this type is at risk of social exclusion.

8   Conclusion and consequences

This study offers new insights and ideas for research into children in care to examine how they grow up in foster families, taking into account different perspectives, dimensions and scientific theories (see Wolf, 2015). The analysis carried out in this case clearly shows the importance of normality in the context of growing up in a foster family. Even though it is suggested that normality is considered as an important subject to every child and every individual in a society with large-scale statistical datification. Thus the presented result seem to be conferrable (surely with some variations) to other groups of people (see Kelle/ Tervooren 2008).

In the context of foster care, the topic of normality proves to be one which brings together several aspects, linking the central themes involved in growing up in foster families and shedding light on them from a new angle. These central themes are reflected in the dimensions of constructions of normality, as focused on here.

The results presented suggest that processes of normality experienced by foster children should be seen in all their complexity, thus revealing both their opportunities and their risks – which can be found among all these types. Biographical research has proven a very effective methodological approach for this kind of complex analysis. What would now be interesting would be to continue researching into the dimensions at the focus of this study, particularly taking a closer look at the complex processes of belonging and disassociation, with their various – often contradictory – tactics. Further research into the different types of ambivalence and reflection displayed could also be productive, however. In both cases, it would be especially attractive to select a longitudinal design which not only examines the

status quo and constructions at a certain point in time but also how these dimensions change over time.

The results presented do not appear helpful for the practice of supporting children in care: all the types identified involve both opportunities and risks, and there is no ideal which practice could aim for. It thus does not appear possible to offer any clear practical instructions, though it could be possible to pick out some attitudes which do justice to the complexity of processes of normality among children in care, and thus help those children to make more of the promising consequences of their constructions and balances of normality, while also being aware of the risks. Some important elements of this kind of attitude include recognising and acknowledging the complexity of processes of normality among children in care; acknowledging and honouring the effort which children in care go to when creating their constructions and balances of normality; accepting that even apparently incomprehensible behaviour may be tactics for maintaining a complex balance of normality; encouraging, though not forcing, reflection (e.g. during biographical work); recognising and acknowledging forms of ambivalence; offering children in care resources which help them deal with ambivalence; promoting corresponding existing resources, partly with the aim of developing means of compensation (e.g. education, see Stein & Munro, 2008; Köngeter et al., 2016); providing children in care with resources which might help them develop more flexible normalist images of the family which correspond better with the reality of their own lives that strongly protonormalist images – and, finally, confidentially discussing individual forms of stigma management, offering to help children develop helpful, appropriate forms.

Furthermore, the study also raises specific doubts about a pathologising view of cared-for children as outlined initially, and regularly encountered in research and practice. As can be seen from the typology presented, among other things, denormalisation through medical diagnosis and corresponding treatments poses a particular threat to cared-for children's balance of normality which can only be compensated for (to some extent) with a variety of existing resources. The study is therefore also an appeal to researchers and practitioners to bear in mind the side effects of this type of stigmatising attribution, to examine their own research and practice in this regard and to work on drumming up further support for a more complex view of cared-for children and how they grow up.

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