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Fellowship as social-pedagogical treatment.

Mogens Jensen

Abstract

There is a need for a concept of social-pedagogical treatment as part of the professional terminology of social pedagogy in order to characterise and qualify the professional work going on besides therapeutic or educational sessions. A social-pedagogical concept of treatment is based on communities and their formation, and it is distinct from both the psychological and the medical concept of treatment. The article discusses a residential centre for young people as a social-pedagogical community for its residents and personnel due to their contracts, recognition, and competencies, and maintains that social-pedagogical treatment is a specific and relevant professional term in social work.

Keywords

Social pedagogical treatment, social pedagogical fellowship, recognition, planned spontaneity

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Corresponding author:

Mogens Jensen, mogensj@hum.aau.dk

Introduction

When young people are placed in residential care you can arrange for different kinds of therapy, education on different topics, training sessions etc. but the majority of time at the residence is social interaction as always when people live at the same place. In this article I want to develop a concept of social-pedagogical treatment in order to characterise and qualify this part of the professional intervention.

About 15 years ago I was contacted by a newly established residential facility in Denmark. They had four boys between the ages of 12 and 16 living there and wanted external supervision on their work. I paid them a visit and met with all of the social pedagogues (in Denmark we have a degree at bachelor-level specialised in pedagogical work qualifying candidates as "pedagogues") to hear more about their work and educational approach. They told me that most of their work consisted of reminding the boys of the consequences of their actions so that they could learn from this and change them in the future. For example if they sat with their shoes up on the couch even though they were not allowed to, it was the social pedagogue's task to make sure that they had a clear understanding of the connection between their behaviour and the consequence: that they would be sent to their room. Therefore they were quite intent on setting clear rules for how one should behave at the residence and that it was very important to follow these rules.

I thought to myself that this sounded like an abnormally rigid pedagogical understanding, but when I asked them to tell me about specific episodes, it immediately became clear to me that they were much more nuanced in their practice than they had let on in their initial explanations. They did not just enforce consequences, but also helped the boys get back on the right track by speaking with them about what had happened, and what was bothering them at the time since they had done things they knew they were supposed not to and so forth. In other words, there was much more empathy for the boys' comprehension of the situation and of their lives in general than I had initially thought. This account touches upon the classic problem: the difference between

what one says one does and what really takes place. It is an old and banal point that could lead some to focus solely on actions and not the words and concepts that we use to describe them. That would underestimate the importance of the words. If the staff at this place discussed the rules of their residence, they could disagree over their enforcement – for example some do not 'uphold' the rules (too much consideration for a boy who currently has a lot to deal with in his life) or undermine them by lessening the consequences. In such a discussion a lack of a nuanced vocabulary can lead to a rigid practice of rule-following. The words we use are not innocent, but they lead us to think in certain directions and therefore it is important to be aware of them. It also applies to a concept of social-pedagogical treatment and the aim of this article is to develop several concepts to understand and discuss social-pedagogical treatment. This is done in the context of, and in contrast to, a medical and a psychological concept of treatment which are highly influential in discussions about residential care.

This article is written from a Danish context and ideas have been developed in research on places for residential care for young people with personal and social problems such as crime, abuse, anger problems, anxiety, self-harm and so on. The residential care homes are mainly small with five to 15 youths and characterised by intentions of building a homely atmosphere.

The concept of treatment

For some time it has been criticised to speak of 'treatment' in social-pedagogical work (Madsen 2005). In the eyes of many social pedagogues, the concept of treatment was regarded as signifying a constellation where the social pedagogue stood on the side-lines and changed the young person from a distance instead of standing together in solidarity with the young person against the marginalising processes in society. The same debate was raised about concepts such as therapy and resocialisation. Seen from another perspective, however, society has assigned social pedagogues the task of changing the young person's behaviour or the way he/she copes with problems. It is therefore useful to develop a concept of treatment to address this change in accordance with a

social-pedagogical tradition. I choose 'treatment' as a slightly more neutral term, to be defined in light of collaboration rather than control.

The traditional notion of treatment is taken from medical practice, where an expert intervenes. A typical example might be the surgeon who operates on an appendix. Here we are speaking of an expert, who treats a patient, and this treatment does not require that the patient and surgeon be involved in each other's lives or form a relationship. The task for the surgeon is to correct a defect in the patient's body and from the surgeon's perspective, the treatment can be limited to the operation.

The surgeon can be seen as a 'side-line expert' – he/she stands on the side-line of the patient's life and intervenes in it. The goal of the surgeon's interaction with the patient is primarily inform his/her work and his/her decision. Setting goals, ongoing assessment, decision making and management as well as evaluations are all performed by the side-line expert. It could very well be that the patient has some requests for the surgery, e.g. concerning the scar's appearance, but it is the surgeon alone, who decides whether this could be pursued in the treatment.

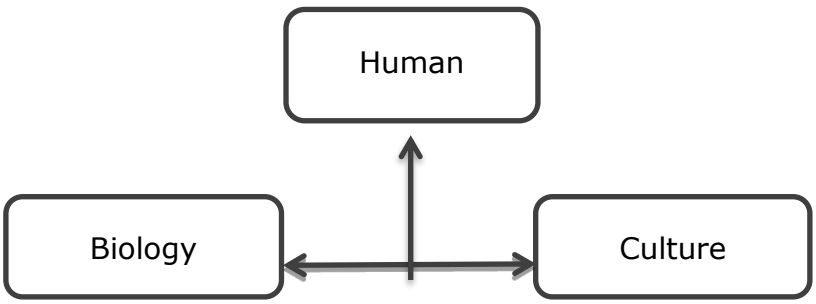
A social-pedagogical understanding of human development

In social-pedagogical thinking, as it is formulated in extension of the philosophical roots of the 19th century – P. Natorp, W. Dithey, et al. (e.g. Mathiesen, 1999), it is a characteristic of human beings that development takes place in social communities. An individual cannot develop optimally if isolated from human contact, and the community facilitates both the expression of certain possibilities and affects the development of the individual in specific ways. It is therefore central to all pedagogy that the young person has the opportunity to engage in a community of practice (Lave & Wenger, 1991) with other people. In this community there are both obligations to adhere to such group's norms (to a certain extent) and opportunities to participate in the formation of these norms by way of further development of the community.

A similar understanding of a person's requirements for development is seen in contemporary cultural psychological theory (e.g. Hundeide, 2004, 2006; Bruner, 1990). From this perspective, a newly-born human being can be described as more incomplete than new-borns of any other species and therefore completes development after birth. Consequently, humans are dependent upon the care of others to a greater degree and for a longer period of time than most animals, and a biologically founded inclination towards other humans and an attachment behaviour that helps secure the necessary care has evolved. These developmental requirements have the advantage that a person matures in and in relation to the environment in which they will live and hence they develop an understanding and a behavioural repertoire that fits this particular environment.

According to Bruner (1990), a person's development does not consist of a cultural construction fabricated on top of a biological foundation, but rather that a human is constituted by biological potentials interacting with the environment in which he/she grows up.

Figure 1: The relationship of biological and culture to the developing person.



Children who have developed to function in a specific environment can experience problems when they shift to live in an environment that is very different from the one where they were raised. This can be observed with children growing up in one subculture as for example a family dominated by lack of education, unemployment, alcohol-abuse, and then moving to an environment where education and a steady job are expected. In such cases, there can be a need for changes in the way that the person functions psychologically in relation to his/her surroundings. Such a modification proceeds by their entrance into a new social community or sub-culture where, through learning and participation,

they move from being peripheral participants to a full-fledged member (Lave & Wenger, 1991) – a description in line with social-pedagogical tradition.

A social-pedagogic understanding of the human being and its ways of development are therefore in accordance with contemporary understandings of human development within parts of psychological and philosophical theories and research. We then need to conceptualise treatment not as correcting defects but as (further) learning and development to qualify for this new or changed community.

A social-pedagogic concept of treatment

Every community implies something to be united for – a communal project – and certain norms for how one operates in relation to the other members of the community as well as in relation to the communal project. Communities can function in various ways. Where some communities may have an equal distribution of responsibility for maintenance and development of the community, other communities have a more noticeable distribution of work in that some people direct and have responsibility for the community, while others 'merely' do what they are told. Most communities change over time and the different roles participants occupy within these change as well. It is by the actions of participants that the community is maintained and gradually changed with time.

If one examines a traditional family as an example of such a community, the parent(s) initially have the responsibility for establishing the communal project and the norms of the community. They make the daily routine function, they establish and maintain the traditions the family has, they care for their children's health, well-being and development, and so on. Over time this distribution of responsibility gradually changes, in that the children, as they become able to, take on increasing responsibility for both their own world and eventually also the family's functioning. Part of the difficulty of being good parents is certainly to achieve the gradual change of responsibility and tasks in step with the development of the children's abilities. At a certain point in time the family

matures and the children leave home and establish their own families, which then provide new roles for the parents, e.g. as grandparents. Later in life the roles can be reversed even further and the children become the ones who now have to take care of the parents.

When a young person moves into a residential facility, there are no bonds comparative to when a child is born into a family. The challenge for the social pedagogue is to establish collaboration (Jensen, 2018) which is often described in terms of a 'relation' – a term I find unsuitable (see later). Instead, I suggest talking about establishing a social-pedagogical fellowship. There can be many communal projects for the social pedagogue and the young person, but if one is to collect all these under one title, the communal project can be characterised as the young person's life. In contrast to the family this is professional work from the social pedagogue's perspective, and the social pedagogue's own lifeworld is not a constituent part of the communal project, although a pedagogue can be strongly influenced by it. Society has decided the young person's development did not progress suitably, so the task is to establish an appropriate lifeworld for the young person in accordance with societal norms. This encompasses, however, a multitude of decisions that are dependent upon values, attitudes and interests, which the social pedagogue cannot decide by him-/herself. From the perspective of society and the social pedagogue it can be decided that certain behaviours are unwanted, but not what should replace these because there are many ways of living which are acceptable within society. Furthermore, the organisation of young people's lifeworlds runs easier and they develop quicker if they experience collaboration rather than combativeness between the young people and the social pedagogue. From a learning theoretical perspective it is easier and more effective to work towards a common goal, rather than having to navigate with the rear-view mirror away from the unwanted behaviour without any goal to focus on. During the social-pedagogical treatment there will be an ongoing negotiation as conceptualised in this schema that was established after an observational study with a girl, Maria, who was 15 years old and brought to a residential home facility (Jensen, 2010, p.56; Figure 2 below):

Figure 2: Maria's schema

The young person			
		In Focus	Out of focus
Social pedagogue	In focus	Joint perspective	Professional perspective
	Out of focus	Young person's perspective	External perspective

There can be issues in the young person's lifeworld that both the young person and the social pedagogue focus on in order to find appropriate ways to handle these — they have a joint perspective.

Likewise there can be issues that the young person is much occupied with, but that the social pedagogue does not estimate to be significant — these are alone the young person's perspective. This could be, for example, because the social pedagogue with his/her broader experience can see that the issue will go away or become irrelevant within a short period of time.

On the other hand, the social pedagogue, because of their greater life experience, can see issues that they think the young person should deal with, but which the young person is not currently engaged with — a professional perspective. It is then a challenge to the social pedagogue as a professional to get these issues transferred to be part of the joint perspective during their collaboration.

Last of all, there can be issues that none of them are focused on, but which could, for example, be apparent to someone coming from the outside — this is called an external perspective. By working every day together, routines and norms are established that we are not always conscious of, but which are only discovered and brought into the discussion when someone comes from the outside and can see the daily routine from a different perspective.

Returning to the social-pedagogical fellowship, such a dynamic fellowship will be under constant development. In every interaction the collaborating unit will be confirmed or adjusted and developed, and a part of this ongoing 'negotiation' includes the determination of a common perspective through the communal project: the young person's lifeworld.

In a similar manner every interaction also encompasses a negotiation of the norms of the fellowship — how to treat one another, what is allowed when speaking with one another, how important it is to uphold agreements, when it is allowed to prioritise something else or others as more important than the community, etc.

Relations and contracts

Above I voiced my scepticism towards the concept of 'relation' and now I will consider alternatives. Hundeide (2004) discusses 'contracts' for being together: two people establish a contract in their relationship with each other. This contract is negotiated in every interaction, where it is adjusted or confirmed. There is a point in talking about a contract instead of a relationship, which is more often the case when discussing pedagogical work (e.g. Ritchie, 2004; Lihme, 2004). For most people a relationship has a positive ring to it, so a relationship between two people who agree to fight and wage war upon each other as soon as the opportunity presents itself will hardly be considered a relationship, but it could very well be covered by a contract. On the other hand, a contract sounds a bit formal, so some clarification could be beneficial.

Honneth's (2003) work on social groups' attitudes towards each other develop three different forms of recognition between groups:

- Legal- or rule-recognition: rules are shared and apply to both parties. Breaking of a rule/agreement can and should be discussed — not to treat others in accordance with a rule that applies to oneself, or not to point out a breach of the rules is the same as ignoring the others — a demarcation that the other group is so unimportant to those in our group that we do not even bother.

- Social recognition: the others perform something important for the community. An observation that the others contribute to society/the social community with something positive that we in our group value and would only reluctantly do without.
- Emotional recognition: how they are doing in the other group affects how we do in our group. It makes us sad, if the others are sad.

Applying these forms of recognition to social-pedagogical treatment gives us nuances in the relations between social pedagogue and young person. We often talk about the relation between social pedagogue and young person as an emotional bond and there is no doubt that if the young person and social pedagogue are emotionally bonded, there is a greater chance that the social pedagogue can influence the young person's choice in handling their life, but this line of thought produces problems in some circumstances.

There are young people who have a very difficult time forming attachment with others emotionally, and if one views an emotional relation as the prerequisite for social-pedagogical treatment then it becomes either very difficult or impossible. In this case, other forms of contracts (Hundeide 2004) can introduce some approaches to the work. If one works pedagogically with a young person who is so disturbed in his/her personal development that he/she cannot form emotional bonds with others, one can still use a contract according to legal or rule-recognition. Clear agreements can be made on what the communal project entails with open and honest negotiations of the joint perspective. For example the young person will often agree to a project that will help keep him/her from spending his/her life in jail or to be able to afford a motorcycle. This then becomes the joint perspective of the project in the first instance through the establishment of a social-pedagogical fellowship. The re-socialisation task can work in a social-pedagogical fellowship even though a common project and norms have to be negotiated as we have a starting point from which the fellowship can develop.

When the young person moves into the residence, one cannot already have an emotional bond with them (Jensen, 2018) – to feign this would be false and

most likely be perceived as such. It takes time and a common history to foster an emotionally based relationship. On the other hand one can recognise from the start the influence that the young person may have at the facility and in their daily routines – a social recognition – and one can state common rules applying to everybody at the place – rule recognition.

For many young people the contract will change over the course of their stay at the residence. They can start by entering into a fellowship based upon a rule-recognition of one another and experience being socially recognised in their daily life for their contribution to communal life. Over time some may develop more emotionally based contracts in relation to some of the social pedagogues. How these contracts are formed can certainly influence how the social-pedagogical treatment evidences progress (e.g. how simple it may be to move issues from the professional perspective to a joint perspective).

Until now I have spoken of the community in an ideal type form as a fellowship between a young person and a social pedagogue. This is an oversimplification undertaken to analytically underscore certain points. Stockholm (2005) relates in her research that at a children's home the children take part in several arenas that might require different management from the children (e.g. the community with the social pedagogues, the community between children at the residence, the biological family, their friends at home by their family, and so forth). In this context the children are challenged to manoeuvre between these potentially contradictory demands. This conception does not oppose that of the social-pedagogical fellowship, rather, it deals with the dilemmas as part of the communal project. This demands precisely that social pedagogues see themselves as sharing the responsibility for the child's lifeworld which encompasses other arenas and that the child needs support in order to learn to handle these different obligations. Here it might not be the social pedagogues' opinions and norms that are the most appropriate norms (Jensen, 2011, Jensen, S.Q., 2011).

Social-pedagogic competences in everyday treatment

When the social-pedagogical fellowship is thought of dynamically alongside of Hundeide's concept of contracts, under continuous negotiation at every interaction, greater demands are placed on the social pedagogue. An element of this daily treatment can be characterised as follows:

In the daily contact with the young person the social pedagogue continuously adjusts their part of the interaction to fit the situation so that the young person is provided the optimal opportunity to develop the competences they need to handle their lifeworld (Jensen 2010).

How much a young person can handle varies. Some days they could be highly capable and take their share of responsibility for the social-pedagogical fellowship by adapting to the social pedagogue and the environment, while at the same time having enough energy to handle the day-to-day routines. Other days they can, however, be less capable – because their family is in disarray, they just broke up with someone, they received a bad grade in school, they slept poorly etc. On these days the social pedagogue takes a greater share of the responsibility both for the daily routines and for the maintenance of the social-pedagogical fellowship fulfilling its goal: managing the young person's lifeworld. There might also be the need for extra support, fewer demands and more care. The social pedagogue's work consists of a continual evaluation from day to day or even situation to situation of how to act in order to support the young people optimally in their development. At the same time the individual situation can often be used to develop different sides of the young person's life competencies, and here the social pedagogue may judge which challenges in the current situation should be used as a learning opportunity.

This also clarifies part of social pedagogues' competencies: they are often good at making an interaction and collaboration function regardless of how competent the partner carries out his/her share of the interaction. This can be due to poorly developed social competencies, psychological problems, physical or mental disabilities, etc. It is not enough that the interaction can function regardless, but it should also be used to give the other party developmental opportunities

according to their needs. Concurrently, situational opportunities often demand fast decision making, and if the interaction should retain a stamp of authenticity, action needs to be spontaneous. These well reflected, spontaneous actions I have elsewhere termed 'planned spontaneity' (Jensen, 2010).

Competence is developed to a large extent by interacting with others, but this can be supported by theoretical knowledge about a person's way of functioning (Eriksson & Markström, 2003) and by the ability to reflect and link this knowledge with practical experience. The shared reflections with colleagues after the actual situation with the young person and concerning the treatment are very important. Otherwise the social-pedagogical work can turn into each social pedagogue acting spontaneously without reflection and justification, and this paves the way for all kinds of self-deception. There should be a shared professionalism concerning the analysis and discussion of daily incidents and a mutual obligation to engage in this – even if this means that one's own understanding and conduct comes into question – and these collective reflections should be organised as part of the treatment.

A psychological concept of treatment

In social-pedagogical treatment an understanding of treatment has traditionally been taken from psychological approaches, so to clarify, we now characterise a psychological concept of treatment. This is often perceived in its ideal type as psychotherapy which proceeds as a meeting between therapist and client in a therapy room that is limited in both time and space –a set amount of time is agreed upon and meetings are held at a clinic. In this way therapy is moved away from everyday life, which provides both advantages and raises problems. When the therapy room is separated from everyday life, it can contribute to a sense of security that allows the client to take up issues that would be too difficult and burdensome to relate to in their everyday context. It also creates problems since the demarcation leaves clients alone in transferring insights from what is learned in the therapy room to their daily lives.

In the context of theories on learning, one discussion focuses on the difficulties of transference of what is learned from one (learning) context to another (practical) context, which in the past years has given rise to new critical approaches to learning (e.g. Lave, 1988; Lave & Wenger, 1991).

In this article I am arguing for a more precise differentiation between a psychological and a social-pedagogical concept of treatment. In psychological treatment the client is protected from the outside world during the therapy sessions, which provides the opportunity for them to work with issues that cannot be handled in daily life. The price is that the client is then alone in transferring what they learned to their everyday life. In comparison, social-pedagogical treatment takes place during the client's daily routines, so the social pedagogue and the client collaborate on the challenges in the life of the youth while this is taking place. This also implies that the treatment can only concern the issues that the young person is able to take up in the everyday context and handle in collaboration with the social pedagogue. The two kinds of treatment make different demands of the young person and can be used for different purposes.

Manualised treatment

For the last two or three decades manualised and evidence-based programmes for treatment have been very much debated in Denmark (Krogstrup, 2011; Jensen, 2014; Juul Jensen, 2004; Ekedal, 2002). In this context they can be described as in line with the psychological concept of treatment. They describe certain interventions, exercises and lectures which are arranged on the side-line of the life of the young person. Often they include role-plays to simulate the everyday life and reflections on experiences since the last session but they are limited in time and only cover a small part of the young people's lives. The idea of manualising is in essence contradicting an understanding where the social pedagogue takes part in the shifting and unforeseeable situations in the young person's everyday life. Like psychotherapy, it is limited to operating on the side-line, arranging training sessions for specific skills, exercising reflections on daily experiences, and so forth. In contrast this paper proposes an understanding of

social-pedagogical treatment where social pedagogue and young person in fellowship handle the daily life as and when this is actually going on – not in an artificially organised setting.

Some characteristics of social-pedagogical treatment

Social-pedagogical treatment proceeds in the context in which the objectives to be learned should be applied which is the young person's lifeworld. Therefore it can definitely be good social-pedagogical treatment to attend a football match with the young person, go to a store and look at clothing or discuss makeup. All the time the social pedagogue considers how the situations can be used for the young person to learn to handle such situations independently (Fog, 2003). This implies that social-pedagogical treatment can look like a normal everyday routine and be misinterpreted as leisure (Perch, 1983; Rothuizen, 2001). But there is a crucial difference: the social pedagogue is continuously evaluating and adapting their part in the interaction, and the young person is characterised as not being able consistently to handle their lifeworld themselves, including the interactions in these types of situations. There is a constant threat to social-pedagogical treatment of deteriorating into complacency and letting the relationship slip into a normal, pleasant social familiarity. This threat emphasises the necessity of an organisational system to continuously reflect on whether one could have used the situations more productively. These considerations are strengthened by a professional and collegial collaboration in communities of practice that support participants against complacency.

Differences in concepts of treatment

The outline of social-pedagogical treatment which I have discussed is summarised in Table 1.

Table 1.

	Surgical Treatment	**Social-Pedagogic Treatment**	**Psychological Treatment**
Understanding of the problem	Apparatus failure Defects	Inappropriate or insufficient handling of life	Inappropriate or insufficient handling of life
Nature of the problem	Limited, well-defined, fixed possible outcomes	Contextual, multi-factored, open sample set	Limited to the client's handling life
Possible solutions	Set beforehand in relation to the apparatus failure	Multiple possibilities which are set during the collaboration with the youth	Several possibilities is set on the way – sometimes in collaboration
Professional competences	To be able to uncover problem and resolve it	Life experience, judgment in situations and for the future, creating new ways of handling life, planning of activities, competencies of social interaction	Relational competence Theoretical knowledge to understand the client
Young person's competences	Deliver information to the professional in response to their questioning Comply with the expert	Deliver information to use in the pedagogical treatment, try out new ways of coping Participate in the setting of goals and paths in the treatment	Deliver information to sue for the therapeutic work Should be able to enter into the therapist's treatment
Distribution of Responsibility	The youth is responsible for the delivery of information	Joint responsibility for the course of actions and results No one can veto (maybe the young person)	Joint responsibility (often the biggest responsibility is upon the therapist)

	Surgical Treatment	**Social-Pedagogic Treatment**	**Psychological Treatment**
	The professional is responsible for identifying the problem and realizing the solution.		The client has responsibility to transfer what is learned to their everyday life.
Topography	The professional on the side-line	The professional and the young person in a fellowship in the life of the youth	The therapist and client in a communal space on the side-line

The table pinpoints differences between the different concepts of treatment contrasted with different dimensions. In practice there can be different hybrids and overlapping interventions. The aim of this article is to develop a concept of social-pedagogical treatment that enables a distinct kind of intervention which is less dominated by medical and psychological traditions.

When one works with tasks of various types, different kinds of treatment need to be different too. The interaction one should engage in within the pedagogical field is different from that of the surgeon, but has some commonality with psychological therapeutic work and still differs. Social-pedagogical approaches handle challenges that are characterised as follows:

- The goal is not set at the outset, but develops along the way;
- The young person takes part in setting the goal so it is not the professional who decides or controls this by him-/herself;
- There are many paths of equal value to reach a goal, but with different challenges and implications for the result;
- The treatment process and the results are dependent upon teamwork between the practitioner and the young person in a way where their perception of each other is central.

It is necessary for those of us working with social-pedagogical treatment to operate differently from in surgery or psychotherapy, and so we need a different concept of treatment. While there is overlap with psychological treatment as described here, each still has its own characteristics, strengths, weaknesses and prerequisites. There are consequently problems, which are treated better under social-pedagogical direction, while other issues will certainly benefit from psychological treatment with the specific opportunities and prerequisites that go along with it.

Conclusion

This article was instigated by an experience at a residential home that used certain words and concepts when pedagogues were asked to describe their own social-pedagogical work, but these words and concepts did not encompass the nuances that their practice demonstrated – they did more qualified work than they could express in their own description. I believed that the lack of a professional language with which to articulate concepts that matched their praxis could be contributing to poor professional practice. Consequently, I have attempted to formulate certain words and concepts that are both close to the daily work and simultaneously descriptive of several of its nuances.

> I define social-pedagogical treatment as a process where the social pedagogue forms a fellowship with the young person and their mutual project is to handle the life of the young person by joining in this on an everyday basis. During this phase of the young person's life the social pedagogue should constantly engage in a way that creates optimal opportunities for the youth to learn how to handle life by him- or herself. One part of this is to develop competencies in creating and maintaining social relations with others.

This definition and the concepts I have articulated in this article can support the development of social-pedagogical treatment at places for residential care. The intention is to support this in a way stressing collaboration and the need to

include the way the young people at the place experience their own lives. As an example, I see a need for more nuanced concepts than 'relation' and this is why I suggest a social-pedagogical fellowship and try to find concepts, which allow for more detailed discussion of a specific case among the many variations which appear. This way of viewing social-pedagogical treatment makes some demands of social pedagogues who want to work like this. They have to develop a systematic approach and a continual professionalisation through continual discussions of their daily experiences. I believe that it will improve the treatment if we shift our understanding from both the surgeon's concept of treatment and the psychotherapeutic approach and instead develop an explanation of strengths and weaknesses in social-pedagogical treatment as different.

About the author

Mogens Jensen, M.Sc.Psychology, Ph.D. has worked both as social pedagogue and as psychologist in residential care units. Since 2000 he has researched on social pedagogical intervention.

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