ORGANIZING CARING COMMUNITIES: DISCURSIVE NEGOTIATIONS OF THE TENSION BETWEEN COMMUNITY AND ORGANIZATION

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Abstract: *This article examines discursive constructions of community and organization within the discourse on Caring Communities. Drawing on Tönnies, it argues that the principles of community and organization follow distinct logics and generate a productive tension. This dynamic becomes visible in discursively articulated fields of tension and can concurrently be understood as both a transformative potential and a constitutive structural element of Caring Communities. The central fields of tension include (1) the performative constitution of belonging beyond formal membership, (2) the organization of responsibility between situational expert hierarchies and stable power hierarchies, and (3) the establishment of commitment under conditions of voluntary engagement. The analysis of these fields of tension highlights their significance for transformation processes and provides an impulse for the theoretical and empirical systematization of the research field.*

Keywords: *caring communities; hybrid social order; community-organization tension; performative belonging; participatory structuration.*

JEL: *Z13, I31, O35, D02.*

Introduction

Caring Communities have emerged as a promising approach to addressing the multidimensional care crisis of late modern societies (Fleischer, 2023; Institut für Sozialarbeit und Sozialpädagogik e. V. (ISS), 2013). Grounded in the community principle, they respond to central societal challenges such as individualization, social inequality, and demographic change by linking shared responsibility with the deliberate design of participatory care structures (Uphoff & Zängl 2023; Thurnheer, 2023). While communities are based on shared values, belonging, and reciprocity (Klie, 2014), the concept of Caring Communities at the same time implies the conscious design and steering of responsibilities and decision-making contexts, thus pointing to a form of organizational structuration (Zängl, 2020; 2023).

This dual structure raises the question of how communal connectedness and organizational principles of structuration relate to one another. The theoretical framing of this tension can be traced back to Tönnies' (2012) distinction between community and society. Both represent distinct principles of social order that stand in a dialectical relationship and coexist without being identical (Opielka, 2006). Community is accordingly based on organically developed, affectively shaped bonds; society – in contrast – is charac-terized by rationally structured, purpose-oriented action contexts. Against this background, modern societies are concep-tualized as organizational societies (Presthus, 1962), insofar as organizational principles structure broader societal subsystems through mechanisms of formal membership, hierarchy, and explicit regulation (Luhmann, 2000).

Caring Communities are discursively positioned in the oscillation between communal and organizational logics. Communality alone is not considered capable of ensuring sustained capacity for action in complex care contexts (Zängl, 2023). Simultaneously, emotional bonds and forms of reciprocity constitute the normative foundation of the approach (Klie, 2014; ISS, 2013). However, since these mark a "control gap" and can only be regulated indirectly through emotionalized communication, a contradiction to formal organizational structures is often emphasized (Freis, 2025a; 2025b). The constitutive impossibility of being an organization, while at once needing to operate organizationally, renders Caring Communities a distinct type of social order. This positioning is also made explicit in the discourse: Caring Communities are conceptualized not as a romanticizing return to premodern community forms, but as a societal counter-model to processes of economization and Taylorization of all spheres of life (Klie, 2019).

This gives rise to the central challenge: enabling structuration without succumbing to pressures of formalization and establishing commitment without resorting to legally sanctioned obligations. The article argues that these tensions should be understood less as deficits and more as fundamental characteristics of a hybrid type of social order that is neither pure community (Tönnies, 2012) nor merely formal organization (Luhmann, 2006) but systematically interweaves both logics.

This hybridity manifests in three central fields of tension:

(1) In the performative constitution of belonging beyond formal membership, it becomes evident that while in organizations membership as a formal decision precedes participation, in Caring Communities belonging first emerges through participation and actualizes itself performatively in the enactment of social practice.

(2) The organization of responsibility between situational "expert hierarchies" and stable "power hierarchies" indicates that the former is meant to replace the latter – a tension that is transformed into continuous negotiation through participatory decision-making.

(3) The establishment of commitment under conditions of voluntary engagement moves between structural safeguarding and relational integration: while organizational arrangements stabilize attributions of responsibility, commitment simultaneously emerges performatively in shared practice, in which reciprocity and trust generate normative expectation structures.

The analysis of these fields of tension demonstrates how the tension between community and organization becomes a challenge for concrete design practices and can concurrently be understood as the transformative potential of Caring Communities.

Fields of Tension in Caring Communities between Community and Organization

In the discourse on Caring Communities, community is conceptualized as a local and socio-spatial category referring to evolved forms of spatial perception and a shared way of life (Wegleitner & Schuchter, 2021). Analytically, two dimensions can be distinguished: The local dimension denotes geographical boundary-drawing in the sense of a "community of place", while the socio-spatial dimension refers to a "community of interest" – structured by shared values, norms, and beliefs (Graham & Clark, 2005). This spatial and personal boundedness marks a constitutive difference from organizations: whereas Caring Communities are constituted through the co-presence of specific individuals in particular places, organizations are based on formalized structures that can bridge spatial distances and operate independently of individual actors (Manhart & Wendt, 2019; 2021; Ortmann, 2003).

This brings the question of the specific logics of belonging to the fore: Who counts as part of the community and who remains excluded? The discourse on Caring Communities contains ambivalent characterizations in this regard. On the one hand, specific membership conditions are postulated (Zängl, 2023); on the other hand, differentiation from organizations is emphasized through complex and diffuse forms of belonging (Wegleitner & Schuchter, 2021). This ambivalence points to a

fundamental conceptual difference: Membership in organizations is conceived as a formal decision (Luhmann, 2000), whose boundaries are marked by clearly defined entry and exit modalities. Belonging in Caring Communities, by contrast, is performatively established without a prior access decision and appears analytically as the result of three intertwined processes:

(1) individual self-attribution, i.e., the subjective feeling of being part of a community (ISS, 2013), (2) structural openness through practices of invitation and a normatively demanded culture of welcome that enables or limits belonging (ibid.), and (3) social practice of participation, in whose enactment belonging becomes experientially accessible and is actualized in joint action (Uphoff & Zängl, 2023). If this perspective is consistently adopted and communities are conceptualized as "networks of relationships" (Kellehear, 2005), belonging develops gradually, depending on the intensity and continuity of social relationships. This invites reflection on whether the concept of membership is appropriate for Caring Communities or whether they rely on the organizational principle of boundary-drawing to remain identifiable as a coordination-capable unit, with its mode shifting from formal decision to performative constitution – an attempt to substitute organizational coordination through communal mechanisms.

This gradual and performative constitution of belonging, in turn, highlights the question of how reliable shared responsibility can be secured under these conditions. Contrary to an idealized image of community, the discourse explicitly acknowledges that complex care contexts require division of labor and role differentiation, with indeterminate expectations or diffuse responsibilities being problematized as risks of diminished capacity to act and deprofessionalization (Wegleitner & Schuchter, 2021; Zängl, 2023). To ensure such predictability, concrete organizational arrangements are identified, including clearly defined contact points with full-time staff as "network nodes" enabling coordination and connectivity (Uphoff & Zängl 2023; Klein, 2018), interface management measures for regulating responsibility (Zängl, 2020), and professional social space moderation that initiates participatory processes and acts as a connective force (ISS, 2013).

Division of labor implies hierarchical differentiation. The central question, therefore, is not whether hierarchies exist, but how they are configured. The discourse on Caring Communities distinguishes between stable "power hierarchies" and functional "expert hierarchies", with the latter intended to replace the former (Zängl, 2023). Organizational hierarchies are permanently institutionalized (Kühl, 2020), whereas hierarchies in Caring Communities are constituted situationally and are temporally limited, for instance when specific expertise is required for a concrete task (Zängl, 2023). This entails the claim to enable division of labor in the sense of interaction on equal footing, conceptualized in the discourse as a normative guiding ideal (Buchmann, 2023). However, this conception remains precarious, as the differentiation between full-time and volunteer workers, professionals and non-professionals, as well as helpers and recipients of care produces factual status differences (Zängl, 2023).

To address this tension, the principle of participatory decision-making is mobilized. In organizations, decisions can be made based on formal positions without requiring the consent of all affected parties, as authority renders consent structurally irrelevant (Kühl, 2020). In Caring Communities, by contrast, decisions are expected to occur with the inclusion and consent of all those concerned (Zängl, 2020). Participation is thus framed in the discourse as both the articulation and negotiation of interests and active involvement in decision-making processes, addressing questions of power, responsibility, and scope for action (Zängl, 2023; ISS, 2013). Simultaneously, participation is gaining increasing relevance in modern organizations (Weber et al., 2013), suggesting a process of mutual convergence: while Caring Communities draw on organizational structural principles without becoming organizations themselves, modern organizations increasingly integrate participatory procedures without becoming communities. This illustrates that while Caring Communities must implement division of labor, as complex care contexts cannot be addressed without functional

differentiation, they cannot adopt organizational hierarchies with permanent authority without undermining the normatively demanded principle of equal footing. Participatory negotiation thus substitutes organizational decision structures through community-oriented procedures.

Against this background, fluid belonging and temporary hierarchization converge into a fundamental question: How does the commitment required for care contexts emerge under conditions of voluntary, non-delegable participation (Club of Rome, 1979)? The decisive difference from organizations lies less in the voluntariness of entry and exit – since organizational membership is also generally based on voluntary decision – than in the form and scope of the resulting commitment. While organizations establish reliable expectations through formally regulated responsibilities, contracts, and sanctioning mechanisms (Kühl, 2020), engagement in Caring Communities remains fundamentally reversible and cannot be legally enforced. The possibility of discontinuing engagement is not constructed as a deficit but as a productive condition enabling a different form of collaboration – one in which community, relationality, and mutual recognition assume greater significance (Winkler, 2023). Voluntariness thus appears as an enabling space for intrinsic motivation. At the same time, it is problematized that the absence of binding obligation structures may lead to discontinuity or, paradoxically, evolve into informal social pressure (Buchmann, 2023). The core dilemma thus emerges: Caring Communities require reliability, yet the formal enforcement of obligation would undermine the very communal logic on which they are premised.

To address this tension, hybrid mechanisms are developed that operate on two levels. On the structural level, the already discussed arrangements – full-time contact points, interface management, and social space moderation – produce institutional commitment by functionally adapting organizational principles of coordination and responsibility regulation within Caring Communities. Shared responsibility is thus conceptualized as a division-of-labor structure among professional, familial, neighborly, and civil society actors (Schürch & van Holten, 2022). Structural regulation does not appear as a contradiction to voluntariness but as its enabling condition: precisely because not all responsibility rests on voluntary engagement, but is supplemented by professional structures, voluntariness can indeed remain voluntary.

From a practice-theoretical perspective, commitment does not emerge through external sanctioning or codified rules but through participation in shared practice. Social order – and thus commitment – constitutes itself in and through the enactment of practices that embody normative standards in their very performance (Schatzki et al., 2001). Within the discourse on Caring Communities, reciprocity is mobilized as a key principle: the mutual exchange of care that establishes relationships and generates trust (Zängl, 2023). Reciprocity functions as a hybrid mode between unconditional gift and formal contract, generating normative expectations of mutual support without legal codification. Obligation therefore arises from the relationship itself. Complementarily, trust is constructed as a functional equivalent to legal guarantees (Klie, 2014; ISS, 2013), emerging through continuous shared practice. Finally, the recognition of differentiated forms of commitment legitimizes varying degrees of taking on responsibility and frames graduated forms of engagement as equally valid (Schenker, 2023).

This constellation illustrates the core hybrid principle: Caring Communities must ensure reliability, as care contexts cannot rely on spontaneous availability, yet they do not employ organizational structures for direct obligation, but rather as enabling conditions for communal commitment. Structural commitment relieves voluntary engagement from permanent obligation, while relational commitment at the same time generates normative expectations without legal sanctioning. Whether and how this balance can be successfully maintained in practice remains an open question.

Conclusion

The identified transformation patterns point to a broader societal dynamic of mutual hybridization. While organizations, according to Freis (in press), increasingly ap-

peal to community formations and principles – particularly in the context of the mobilization of emotions – to compensate for motivational deficits, demand additional performance, and thereby sustain the functionality of formal structures, communal formations such as Caring Communities enact a complementary movement. They draw on organizational principles in order to remain capable of action as a form of social order in complex societies.

The analysis demonstrates that the transformative potential of Caring Communities lies in the productive interweaving of these two logics. At the same time, it becomes clear that this hybridity should not be understood as a harmonious synthesis but rather as a permanently tension-laden constellation: the risks of informal social pressure, factual status differences, symbolic exclusion, and deprofessionalization are acknowledged, without conclusive strategies for addressing them having been developed. Although the theoretical distinction between community and organization is sociologically well established, the practical reference to and integration of community and organizational principles proves to constitute a persistent field of tension – both for organizations and for communities. With regard to Caring Communities, three central research questions therefore emerge:

(1) How is belonging practically produced and stabilized over time in Caring Communities?

(2) What role do pedagogical and everyday practices of address play in the constitution of belonging and responsibility?

(3) Under what conditions can the identified tensions be addressed in such a way that their transformative potential is realized without reproducing or intensifying social inequalities?

These questions open a research field at the intersection of organizational, community, and care theory. Beyond these foundational inquiries, the hybrid character of Caring Communities invites further examination through the lens of innovation research and transformation theory. Theoretical perspectives such as social entrepreneurship, organizational learning, and transformative social innovation offer productive frameworks for investigating how forms of hybrid social order that integrate both communal and organizational principles may function as catalysts for systemic change rather than merely generating ad-hoc solutions to immediate care deficits. Such inquiry holds the potential to elucidate whether and how Caring Communities contribute to broader transformations in care provision and the structuring of collective responsibility in late modern societies. Empirical investigation along these lines can advance both the theoretical grounding and praxeological development of Caring Communities, thereby illuminating the relationship between their conceptual aspirations and the practical realization of their transformative potential.

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