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Exploring Care in Education

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Abstract

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Care Theory and the Love Mandate

Christian reflections on the nature and communication of care often begin with Christ's words in Matthew 28:34-40. When Israel's leaders gathered to challenge Jesus, they asked him which commandment was the greatest. Jesus replied "'Love the Lord your God with all your heart and with all your soul and with all your mind.' This is the first and greatest commandment. And the second is like it: 'Love your neighbor as yourself.'" (Matthew 28: 37-39). Christians recognize that in this text Christ is commanding His followers to love God and to love others. This is the origin of the love mandate: God's command to His children to show their love for Him by loving others.

Too often, however, those outside of the Church do not perceive Christians as loving or caring. Instead, Christians are often seen as spiteful, judgemental, and hypocritical. Sometimes these criticisms are legitimate. Sometimes they are not. Sometimes the issue is that good-hearted, well-intended Christians fail to communicate their love and care because they fail to ensure that their intentions are recognized, and because they fail to develop a relational context in which to offer their criticisms and suggestions. To those they interact with, their actions do not seem loving or caring.

Care theory can help the Church to better understand how well-intended Christians can fail to communicate God's love to others. Care theory can also help the Church to more successfully communicate care and establish caring relationships, thereby providing opportunities for God's love to be experienced, and His call to be heard.

In this article the focus is educational care, the communication of care from a teacher to their student. It is my hope that an understanding of care theory and educational care can position teachers to better communicate care to their students, and that these students, therefore, having experienced more care, will themselves be positioned to communicate care more effectively to others. In so doing, Christians may be better positioned to show love and care to the world.

Study Context and Background

The theoretical study of care and the communication of care (often referred to as care theory) emphasizes that care is only communicated successfully if the cared-for recognizes and responds to the care communicated by the one-caring (Noddings, 1984/2013). Based on this central foundation, explorations of care in education have primarily focused on student perceptions of teacher caring behaviours. The educational care literature has generated a number of helpful lists of research-affirmed teacher caring behaviours (e.g., Bosworth, 1995; Cooper & Miness, 2014; Davis, 2009; Garza, Ryser, & Lee, 2009; McCollum, 2014; McCroskey & Teven, 1997; Wentzel, 1997).

Importantly, the educational care-related research has also demonstrated the potential value and impact of care on students. When care is communicated successfully, the outcomes are impressive, encompassing a range of some of the most important aspects of education. Care has a marked impact on student motivation (Davidson, 1999; Murdock & Miller, 2003; Phelan, Yu &

Davidson, 1994; Wentzel, 1997), student engagement (Davidson, 1999; Muller, Katz & Dance, 1999; Osterman, 2000, 2010; Wentzel 1997), student attendance (Cornelius-White, 2007; Goodenow, 1993; Kojima & Miyakawa, 1993; Sickle & Spector, 1996) and student preparedness (Sanders & Jordan, 2000), and is often correlated with student achievement (Bryk, Lee, & Smith, 1990; Sanders & Jordan, 2000; Shann, 1999).

The Problem of Care in Education
Unfortunately, despite the powerful evidence concerning the impact of educational care and caring teacher-student relationships, too often the communication of care is unsuccessful. The literature describes this in a variety of ways: Noddings (1992) described a crisis of care in education suggesting that too many students are alienated from their schooling, teachers, and the world around them; more recently Wilde (2013) identified a loss of care in education, observing that there has been a loss of connection between students, teaching communities, and the larger world; Bingham and Sidorkin (2004) have observed a fog of forgetfulness, where too many teachers seem to forget that education is about relationships; and Noddings (2005) suggested that too many students believe that nobody cares (Noddings, 2005). The consensus seems to be that there has been a lack or even a loss of care in education. While most teachers intend to care for their students (McLaughlin, 1991), too often intended care does not result in students experiencing care.

Study Purpose
The purpose of my dissertation research study was to explore adolescent student perceptions and experiences of the care communicated by their teachers, seeking to identify factors that support or impede the communication of educational care. The goal was to better understand and better explain the communication of educational care, hopefully resulting in the development of a theory of educational care. It was my hope that the research results would support student growth and learning by improving and enhancing teacher care capacity and the communication of educational care.

Research Questions
How do students experience educational care?

What factors facilitate and constrain student experiences of educational care?

What can be done to improve and enhance teacher care capacity and their communication of educational care?

Research Methods

Participants
This study involved unstructured interviews (Creswell, 2012; Firmin, 2008) with 13 young adult participants. The participants ranged in age from 18 to 24, and provided retrospective verbalization (Ericsson & Simon, 1980) describing their experiences of educational care while in grades 6 to 12. The voices of the participants produced rich data concerning teacher actions that influenced the communication of educational care.

Data Collection and Analysis
This study is a qualitative research design, using a constructivist grounded theory research methodology (Charmaz, 2006, 2014). Participant interviews ranged from 45 to 120 minutes, and resulted in the co-production of data describing teacher actions that either successfully or unsuccessfully communicated educational care. I then employed constructivist grounded theory analysis approaches and processes (initial, focused, and theoretical coding, memoing, constant comparison, etc.) in order to analyze the data. The initial analysis fragmented the data into over 2500 individual codes describing teacher actions that influenced the communication of care. Subsequent analysis identified themes and categories, eventually leading to the distillation of 13 elements and three primary dimensions of educational care. This, in turn, contributed to the development of a grounded theory of the successful communication of care and a theory of the establishment of a caring teacher-student relationship.

Results
It is beyond the scope of this short paper to flesh out the analysis processes and to fully describe the claims and results that emerged. Instead, I will highlight the three most significant outcomes that resulted from both my reviews of the care theory and educational care literature and my research study. (1) I will begin by reflecting on the problem

of educational care, rearticulating and clarifying the challenges that serve as the context for my research. (2) I will then describe the constructivist grounded theory of the communication of educational care that emerged from my research study, (3) which serves as the foundation for the third outcome, a theory of the establishment of a caring teacher-student relationship.

1. Clarifying the Problem of Educational Care

As noted, the educational care literature submits that there has been a loss or lack of care in education. Care theory, which serves as the primary theoretical foundation for the study, suggests that every human being has two care-related needs, the need to care for others and the need to be cared for by others (Noddings, 1984/2013). In this context, teachers earnestly desire to care for their students, and most students need to be cared for by their teachers. The educational care literature, however, suggests that this has not happened, at least not to the extent that it should. The problem to which this research responds is that educational care is not being communicated successfully or sufficiently.

The results of this research study, however, suggest that describing this as a lack or loss of care is not completely accurate. The problem is better described as a disconnect: a disconnect between teacher caring intentions and the perceptions and experiences of far too many of their students. Teachers want to care for their students. And students want to be cared for by their teachers. But somehow intended care fails to translate into experienced care. Teachers think they are caring. But many of their students do not experience their care.

Although often misunderstood and overlooked, care theory provides a potentially transformational insight: care is a relationship that requires completion (Noddings, 1984/2013). In order to be completed, a student needs to recognize the care communicated by their teacher, and they need to accept it and respond to it. If the student does not respond, care is not completed: care did not occur. By contrast, people often perceive care as behaviour or communication: the unidirectional movement of care from the one-caring to the intended recipient. What is often missing, unfortunately, is the actual reception and uptake of care. The potential is there,

in the caring intentions of the good-hearted, well-intended teacher (and in the innate care needs of the student). But too often care is not completed, and a caring relationship fails to form. Without completion there can be no care, even if the teacher believes they have communicated it.

2. A Grounded Theory of the Communication of Educational Care

The participants in the study provided rich and authentic descriptions of teacher actions that were either successful or unsuccessful in communicating care. The co-production of data resulted in 1529 individual codes describing the successful communication of care, and 1042 codes describing the unsuccessful communication of care. Each code described a specific teacher action that influenced the communication of care.

When I applied constructivist grounded theory approaches and tools (e.g., constant comparison, memoing, revising and grouping codes, the conditional relationship guide, and the reflective coding matrix), I was able to identify 13 distinct sub-categories for the codes (elements), which I further divided into three primary categories (dimensions).

The Three Dimensions of Educational Care. The three dimensions of educational care (see Figure 1) play a central role in this study. Clearly, a list of 2500+ teacher behaviours is unhelpful, even if it is descriptive. A list of 13 elements is valuable because it identifies important categories that teachers can use to assess their communication of care. But even a list of 13 elements is potentially unwieldy. The study's identification of 3 dimensions is a potentially significant contribution to the educational care dialogue. The three dimensions articulated by this study include (1) relational care (the teacher cares for the student as a person), (2) pedagogical care (the teacher cares for the student as a learner), and interpersonal care (the teacher cares for the student as a member of the classroom community). The first two dimensions are consistent with the educational care literature, even though they have not been labelled as relational and pedagogical (e.g., Cooper & Miness, 2014; Cornelius-White, 2007; Davis, 2009; Goldstein, 2002; Murdock & Miller, 2003; Schussler & Collins, 2006; Wentzel, 1997).

However, the identification of the third dimension, the interpersonal dimension, is a unique and compelling aspect of this research. The participants consistently suggested that if a teacher did not ensure that each student was a safe and valued member of a learning community, the students would not experience educational care, regardless of the teacher's caring intentions. What is striking is that there is no clear sequence to the successful communication of educational care. All three dimensions are intertwined, and all three must be present for educational care to be communicated successfully.

The Three Dimensions of Educational Care

Relational	Pedagogical	Interpersonal
The teacher cares for each student *as a person*	The teacher cares for each student *as a learner*	The teacher cares for each student *as a member of the class community*

Figure 1. The Three Dimensions of Educational Care

The Thirteen Elements of Educational Care. The Thirteen Elements of Educational Care (see Figure 2) describe categories of teacher actions that influence a teacher's communication of care. Many of the 13 elements will be familiar to teachers and educational leaders because they refer to very common teacher actions and responsibilities. However, as we will see, each of these elements can either contribute to or obstruct the communication of care. Teachers will need to be critically reflective, assessing whether their own practices are likely to support or impede the communication of care.

The Communication of Educational Care

Categories (Dimensions)		
Relational	**Pedagogical**	**Interpersonal**
Developing a personal relationship	Supporting individual growth and learning	Addressing class cultural dynamics

Sub-Categories (Elements)

R1	R2	R3	P1	P2	P3	I1	I2	I3	I4	I5	I6	I7
Teacher-Student Relationship	Knowing	Changing	Helping	Curriculum	Assessment	Teacher-Class Relationship	Culture	Management	Communication	Wellbeing	High Expectations	Power Dynamics

Figure 2. The Thirteen Elements of the Communication of Educational Care.

The study consistently suggested the existence of three distinct dimensions of educational care. The successful communication of educational care is the direct result of the communication of care in all three dimensions. A teacher communicates educational care for a student through teacher actions that communicate that they care for the student as a person, as a learner, and as a member of the classroom culture or community. They are certainly intertwined, but they are also perceptually distinct. Care is perceptual, and it means different things to different people. Each caring relationship is unique and contextual. Students may have very different care needs, depending on their experiences. For example, a student who is lonely or feeling alone may need relational care to be communicated first, as may a student who is wired relationally. A student who is struggling with peer culture and social dynamics may need interpersonal care to be demonstrated first, as might an intuitive, socially-sensitive student. A student who is struggling to learn may need pedagogical care first, as will emotionally-sensitive students who empathize with those who struggle. Every caring relationship is unique, and the communication of care that contributes to the development of the relationship must honour this uniqueness, something this theory does. While all three dimensions are needed for care to be successfully communicated, the sequence will vary from student to student and relationship to relationship.

3. A Theory of the Establishment of a Caring Teacher-Student Relationship

It is important to stress that describing teacher behaviours associated with the communication of care is only a starting point. The care theory literature is very clear: care is NOT simply the unidirectional communication of care. Care requires the response of the cared-for and the development of a caring relationship. Indeed, the educational care literature contains many great lists of teacher caring behaviours—things teachers should do in order to communicate care for their students. But communicated care is not necessarily completed care. As Noddings (2006) observed, there is no recipe for care. The existing lists of teacher caring behaviours cannot be used as checklists of the "ingredients" required for care.

Instead, they must be recognized as touchstones or guidelines for helping teachers to communicate care. One of my greatest fears is the list of 3 dimensions and 13 elements identified by this study could also be misused (by both teachers and their supervisors) as a checklist for assessing teacher care communication. Instead, descriptions of teacher caring behaviours should be used as essential resources for the dual process of both the communication of care and the establishment of a caring teacher-student relationship. Care is not unidirectional communication. Care is a bidirectional relationship. It may not be a completely equal relationship, but it certainly involves two parties. A caring relationship can only be established if care is communicated—this is the context in which the description of educational care emerged in my study, as well as the foundation for the two theories I developed, (1) the communication of educational care and (2) the establishment of a caring teacher-student relationship.

The second theory that emerged from my research, the establishment of a caring teacher-student relationship, was not subjected to the same grounded theory methods that led to the description of the successful and unsuccessful communication of educational care and the grounded theory of the communication of care. Instead, this analysis drew on the words and insights of the participants as well as a review of the care theory and educational care literature discourses, prioritizing an explanation of what happens as the care communicated by the teacher is recognized and responded to by the student, thereby completing care and establishing a caring relationship. This theory gets to the heart of this research, of course, because only when completion occurs can care be experienced. Only then do the caring intentions of the teacher truly intersect with the care needs of their students.

The educational care literature provided an important foundation, contributing both (1) a description of teacher caring behaviours and (2) a description of the research-affirmed outcomes of educational care. Drawing on participant narratives and the analysis of the co-produced data, however, I was able to identify the stages involved in the process of establishing a caring teacher-student relationship, starting with the students' need for care and the teacher's need to care, flowing through the teacher's caring intentions and intention-directed behaviour, through and beyond the student's recognition and response to the completion of care and the establishment of a caring relationship (see Figure 3).
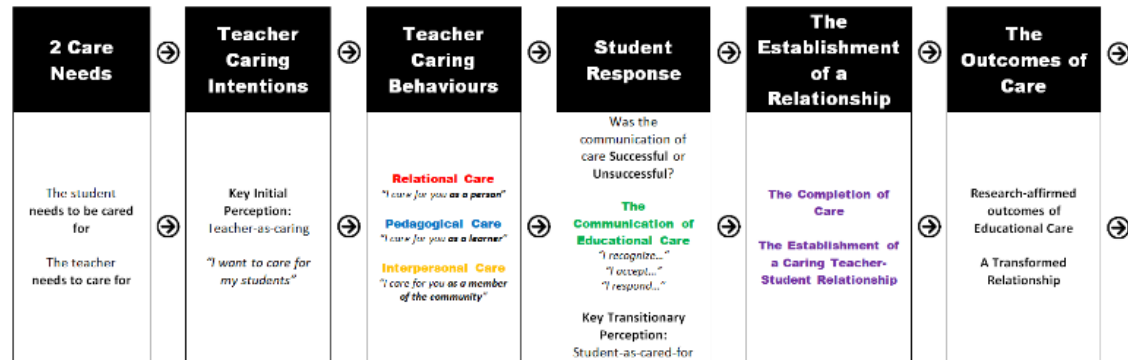

Figure 3. A Theory of the Establishment of a Caring Teacher-Student Relationship

The establishment of a caring teacher-student relationship occurs in six distinct stages. (1) It starts with two care needs, the student's need to be cared for and the teacher's need to care. (2) The relationship is initiated, however, by the teacher's caring intentions, which then leads to (3) the teacher's caring behaviours (which draws on my first theory, the theory of the communication of care, including the three dimensions). At this point the onus shifts from the teacher to (4) the student's response. Was the communication of care successful or unsuccessful? If care was successfully communicated, (5) care is completed and a caring relationship is formed. Finally, this is likely to lead to (6) the outcomes of care, including the substantial research-affirmed outcomes, as well as a transformed teacher-student relationship, positioning the teacher to have influence on the student's growth and learning (e.g., serving as a trusted sounding board, providing critical feedback, etc.).

Discussion
This study has a number of important implications for educators, educational leaders, and educational

communities, particularly when it comes to definitions and perceptions of care and the communication of care in education. Traditional perceptions of care will be challenged, and resources for supporting the development of teacher care capacity and the communication of care will be provided. This study has the potential to play an important role in teacher preservice and inservice training.

No Fault Failure

I chose my research topic intentionally but somewhat reluctantly, recognizing that there will be some who could perceive that I am suggesting that teachers are uncaring, and who may accuse me of attacking teachers. Nothing could be further from the truth. I am implicated by my own research. There were many times where my own actions, rooted in what I believed to be a good heart with good and caring intentions, resulted in my students being quite confident that I did not care for them. The same was true for friends and colleagues who were teachers. I knew they were good and caring people, but too often their students did not see them this way. Thus I embarked on a research project that had a double goal: (1) I wanted my study to support students and student learning, but recognized that the only way for this to happen would be to also (2) support teachers and their teaching. I have consistently recognized that teachers have care needs that impact their work with their students. Teachers want to care for their students, and to be cared for by them as well. Too often both needs are unmet. I have also consistently recognized that almost all teachers enter the profession at least partially motivated by an earnest desire to care for their students (McLaughlin, 1991), sometimes in direct response to the fact they that they believed their own teachers did not care for them sufficiently when they were students, and enter the profession in order to make a difference in the lives of their own students. But care, as we have seen, is a complex, complicated, and messy process. And, too often, intended care is not realized care.

We may believe that teachers care. But we also must recognize that sometimes care is not successfully communicated. Most teachers earnestly want to care. And almost all students want to be cared for. But too often there is a disconnect and care does not occur. I don't want to blame the teachers. And I don't want teachers to be paralyzed by guilt. This is where the concept of no-fault failure (Noddings, 1999) may be very helpful, particularly in supporting teacher perceptions of care and encouraging teachers to participate in addressing the failure of care. When care fails to occur, we can't simply say "Well, we cared!" We need to be able to say, "Well, we tried to care, but care did not happen." We have to admit failure—care did not occur—and then take steps to understand what happened and what we need to do to make sure it does happen. This could turn out to be a helpful distinction. It may allow teachers to work toward successfully communicating care when they realize they do not necessarily need to take the blame when care does NOT happen. Because if they have good intentions, but if they recognize care has not occurred, what do they do? It is too easy to simply move on as if care has happened. But it has not. And the teacher knows it. And the students know it. And the vicarious bystanders know it. The situation requires a strategic re-communication of intended care. In some situations it may not be possible to communicate care successfully. But in most cases, a persistent and perceptive teacher will be able to find a way to ensure their care is received and responded to.

Care Capacity and Care Communication

In response to the problem of educational care, I advocate for an important solution: relational reconnection. Too often, students are disconnected from their teachers. As a result, the students' need for care is unsatisfied, and the teacher's need to care for their students, while very likely present, is unrealized. I have identified resources and suggested steps that could be taken to develop teacher care capacity and support their communication of care for their students. It is my hope that this study will allow teachers to increase their communication of educational care, thereby playing central and formative roles in the establishment of a web of care surrounding each student. These webs, or networks, of caring support extend from the home to the school into the surrounding community, establishing systems of

care and pathways of care for every single student, ensuring that no child is left behind.

My theory is built upon the premise that every person can find their own best way, provided that they are supported, and obstacles are removed. This has important implications for students and the care they receive from their support networks and system. But it also has important implications for teachers. Communicating care is complex and challenging. But it is essential. This research provides resources that can help identify obstacles to the communication of care. It also provides resources that can support teachers in communicating the care that they earnestly desire to give to their students. I am confident that if teachers are positioned to respond to the findings of my research, more care will result. And care, as we have seen, can transform people, relationships, and, indeed, local and global communities. Care could change the world.

Possible Applications

Qualitative research is different than quantitative research in that the results are not generalizable— they do not suggest that the outcomes are, by definition, applicable in all other settings. The true test of a qualitative study is transferability: can someone apply the results of the study to other contexts? This is my hope for this study: that other teachers and educational leaders will be positioned to transfer the results of this research to their own school settings, thus supporting the development of teacher care capacity and increasing the successful communication of care.

Drawing on my experience as an educational leader and my educational care expertise, I propose a number of possible application options, suggestions and resources that other educational leaders and facilitators could use to disseminate or apply the results of this research study.

Care self-study: educational leaders could provide resources that allow an individual to study educational care on their own

Teacher self-assessment: providing resources that allow a teacher to self-assess their communication of educational care

Educational leadership feedback processes: providing educational leaders with resources for assessing a teacher's or staff's communication of educational care

Preservice teacher education: teaching preservice teachers about care, using the three dimensions and 13 elements as the content (assuming that they are shared in the context of challenging perceptions and reflecting on prior experiences)

Inservice staff professional development 1 – Expert facilitator: Bringing in an expert facilitator to direct an extended or multi-session professional development plan

Inservice staff professional development – PLC modules: Develop an in-house staff professional learning community extended or multi-session professional development modular project

An Educational Care intervention study: Develop a study designed around a care intervention in a specific school or district; such a study could involve a pre-test/intervention/post-test structure

Extending my research process: The researcher or other interested researchers could develop a larger-scale study or draw on a different demographic in order to replicate or adapt and adopt this study in order to further contribute to the educational care dialogue, leading to greater clarification concerning the communication of educational care and the establishment of a caring teacher-student relationship

Instrument development: Develop and test an instrument for assessing teacher care communication that is built around the 3 dimensions and 13 elements that emerged from this research

Conclusion – The Re-Emergence of Educational Care

Care theory emerged in the early 1980s. The initial exploration of care in education reached its zenith in the 1980s and 1990s when researchers focused the lens of care theory on students and teachers in classrooms. These studies, often focused on establishing caring school communities, resulted in the production of a number of lists of teacher caring

behaviours (e.g., Bosworth, 1995; Bulach, Brown, & Potter, 1998; Gray, 1986, Hayes, Ryan, & Zseller, 1994; McCollum, 2014; McCroskey & Teven, 1997; Wentzel, 1997). As we have seen, the high hopes of this era, however, were dashed by the apparent practical failure of care. The anticipated increase in student experiences of care did not occur. Educational care was simply not successfully communicated enough.

A number of more recent educational initiatives, however, have drawn attention to an important emerging focus on affective and relational elements, as well as a significant emerging emphasis on student mental health and wellbeing (e.g., Social and Emotional learning, School Connectedness, Teacher-Student Relationships, etc.). Central to these initiatives is a clearer understanding of teacher factors that influence student learning, including a reawakened recognition of the importance of relational and affective teacher behaviours. Importantly, such behaviours do not only influence student relational and affective outcomes, but academic outcomes as well. Educational care is eminently compatible with most of the recent educational initiatives. It could play an important role in supporting and informing their implementation and impact.

In this context, I believe the time is right for a return to a focus on educational care. Affective and relational teacher factors are increasingly documented for their significant impact on almost all aspects of education. Empirical research into educational care clearly identifies substantial positive outcomes that result when care is successfully communicated. As my research suggests, the apparent failure of educational care can be at least partially explained and addressed. If I am correct in this assertion, educational care has the potential exert a powerful and transformational impact on student growth and learning, and should, therefore, be a focus for inservice and preservice teacher training.

Care Theory and Embodying Love
In this article I have focused on educational care, guided by the hope that if more people experience care, they will be better positioned and equipped to communicate care to others. The ultimate goal of care is to perpetuate in others the ability to care

effectively. By examining our own care communication we may also equip the next generation of Christians to succeed where we often have not. The Church may have failed to communicate love, and therefore may appear to have lost the love mandate. But the mandate still remains in place. Christ still commands that we love others, and the Church continues to be the bride of Christ and the hope of the world. Even though we have, in many ways, failed to be the Body of Christ, we are still called to be His hands and feet and voice in the world.   While people may have failed to encounter Christ, Christ has not lost His desire to be encountered. The challenge is that the primary way for those outside of the church to encounter Christ is to meet Him in Christians, and for the Holy Spirit to work in and through the individual Christians who make up the embodied Church. Care Theory and an Ethic of Care may be the only way for the Church to re-embody and re-articulate the Love Command.

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