Exploring Adolescent Student Perceptions and Experiences of Educational Care

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ADOLESCENT EXPERIENCES OF EDUCATIONAL CARE

Abstract

Despite the presence of teacher caring intentions, too many students in North American schools do not experience successfully communicated care from their teachers. This study explores adolescent student perceptions and experiences of their teachers’ intended communication of care, seeking to better understand and explain educational care. The results of this study provide insights that could help teachers more successfully communicate their intended care to their students, leading to the development of caring teacher-student relationships. This study is a qualitative research design that used a constructivist grounded theory research methodology (Charmaz, 2006, 2014). The study employed unstructured interviews, working with young adult participants who reflected on their perceptions and experiences of educational care while they were in middle school and high school. The study drew on constructivist grounded theory analysis approaches and processes in order to analyze the data, resulting in important descriptions and explanations. The study generated six primary results, (1) a rearticulation of the problem of care in education as the disconnect between teacher caring intentions and student experiences of educational care; (2) a recognition that the problem of educational care is the failure to differentiate between communicating intended care and completing of successfully communicating care (a process that includes the response of the cared-for); (3) a description of the successful communication of care, which includes three distinct categories or dimensions and a number of related sub-categories, or elements; (4) a grounded theory of the intended communication of educational care; (5) a description of the student’s role in the development of a caring teacher-student relationship; and (6) a theoretical explanation of the development of a caring teacher-student relationship. The
results of the study provide important insights into how educational care is successfully communicated and how caring teacher-student relationships can be developed. These results have implications for in-service and pre-service teachers, providing them with knowledge about the nature and communication of educational care. The results also provide guidelines and resources that can help teachers to communicate care more effectively and successfully.

**Keywords:** care, caring, educational care, care theory, communication of care, care ethics, ethic of care, teacher care, student care, problem of care, caring for students, care in education, teacher-student relationships, school connectedness, school belonging, student engagement
Dedication

I would like to dedicate this dissertation to my parents, Fred and Hennie Schat (1947-2014), the two people who taught me about care, and who embodied care in all of their interactions with every single person they met, even in situations where it would have been appropriate and easier NOT to communicate care and show respect. They taught me about the connection between care and justice, care and power, care and autonomy, and the relationship between demonstrating care while supporting the growth and development of others.

I also dedicate this dissertation to my wife, Melanie, who invested her time and energy in order to support our family during my extended PhD journey. I could not have done this without her.

I also dedicate this dissertation to family members and friends who have supported me throughout this process, encouraging me, asking questions, and consistently cheering me on, even during the low and slow moments.

Finally, I dedicate this dissertation to my 13 amazing participants, whose stories and experiences served as the foundation for the contributions I was able to make to the educational care literature. They participated because they wanted to help future students experience more educational care. I believe they have done so.
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I begin by acknowledging my Lord and Saviour for giving me the vision, resources, and energy needed to learn and grow throughout my PhD journey. He consistently centered me, reminding me why humans have care needs, why care can be so difficult, and why care matters so much.

My interest in care is rooted in my understanding of God’s love. I believe that we were created out of love and for love. If this is true, it means that every human being, whether they believe in God or not, is made to love others and to be loved by others. Care theory is rooted in two very similar foundational beliefs: all humans have two care-related needs, the need to care for others and the need to be cared for by others. While the concept of “Christian” is a loaded and often-suspect concept, and while I believe that too often Christians have failed to communicate love successfully, the human need for care extends to all people, regardless of their faith commitment.

My objective is a simple one: because of my beliefs and my life experiences, I long to see more care in the world. This is both consistent with my faith commitment and with my understanding of human nature. I am grateful for the opportunity to contribute to the care theory dialogue and, potentially, to the successful communication of care.

Also, I would like to thank the following individuals for their support throughout the journey:

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Table of Contents

Abstract ................................................................................................................................. ii
Dedication .............................................................................................................................. iv
Acknowledgements ............................................................................................................. v

Table of Contents ................................................................................................................ vii
List of Tables ........................................................................................................................ x
List of Figures ........................................................................................................................ xi

CHAPTER ONE: INTRODUCTION ....................................................................................... 1
The Unsuccessful Communication of Care vs. Uncaring Teachers ...................................... 2
No-Fault Failure ..................................................................................................................... 3
Statement of the Problem ..................................................................................................... 6
Purpose of the Study ............................................................................................................. 9
Significance of the Study ..................................................................................................... 11
Definition of Terms ............................................................................................................. 13
Study Scope ......................................................................................................................... 21
A Constructed Theory ......................................................................................................... 25
Overview of the Research Process ....................................................................................... 27
Theoretical Framework ......................................................................................................... 29
Chapter Summary ................................................................................................................. 36

CHAPTER TWO: A REVIEW OF THE CARE THEORY LITERATURE ................................. 38
Why Care Matters ................................................................................................................ 38
The Challenge of Defining Care .......................................................................................... 43
Some Philosophical Considerations ..................................................................................... 59
Defining Care: Care is a Relationship ................................................................................ 76
The Three Problems of Care ............................................................................................... 86
Three Possible Solutions ...................................................................................................... 92
Chapter Summary ................................................................................................................. 95

CHAPTER THREE: A REVIEW OF THE EDUCATIONAL CARE LITERATURE .......... 97
Why Educational Care Matters ........................................................................................... 97
The Challenge of Defining Educational Care ...................................................................... 119
The Outcomes of Educational Care .................................................................................... 142
Communicating Educational Care: Teacher Caring Behaviours ...................................... 149
The Apparent Problem of Educational Care: The Loss of Care ........................................ 164
The Fourth Problem of Care: Disconnect .......................................................................... 165
Addressing the Problem of the Disconnect: Relational Reconnection ................................ 170
Addressing the Problem of Disengagement: Relational Engagement .............................. 171
Defining Educational Care ................................................................................................. 172
CHAPTER SEVEN: POSSIBLE APPLICATIONS .................................................. 356
Care Capacity ................................................................................................. 356
The Offering of Care ....................................................................................... 357
Rationale for a Seven-Chapter Dissertation .................................................. 357
Chapter Purpose ............................................................................................. 358
Educational Implications ............................................................................... 359
Application Elements to Consider ................................................................. 361
Application Options ....................................................................................... 366
Seeking Feedback about Student Perceptions ............................................... 369
Instruments for Providing Care Feedback ...................................................... 374
Conclusion ...................................................................................................... 377
References ...................................................................................................... 379

Appendix A ..................................................................................................... 416
Recruitment Poster ........................................................................................ 416
Appendix B ..................................................................................................... 416
Interview Protocol ........................................................................................... 417
Appendix C ..................................................................................................... 424
Identifying Participants Who Did Not Pursue Post-Secondary Education .......... 424
Appendix D ..................................................................................................... 425
Student Contributions to a Caring Teacher-Student Relationship .................... 425
## List of Tables

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1. Successful Care Communication (SCC) Codes</td>
<td>231</td>
</tr>
<tr>
<td>4.2. Unsuccessful Care Communication (UCC) Codes</td>
<td>236</td>
</tr>
<tr>
<td>4.3. Student Supporting Behaviour (SSB) Codes</td>
<td>240</td>
</tr>
<tr>
<td>4.4. Student Obstacling Behaviour (SOB) Codes</td>
<td>242</td>
</tr>
</tbody>
</table>
## List of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1. Research Design Continuity: From Epistemology to Methodology</td>
<td>184</td>
</tr>
<tr>
<td>4.2. Stages of a Constructivist Grounded Theory Study</td>
<td>199</td>
</tr>
<tr>
<td>4.3. Study Overview</td>
<td>200</td>
</tr>
<tr>
<td>4.4. Grounded Theory Analysis Processes and Tools</td>
<td>246</td>
</tr>
<tr>
<td>4.5. The Conditional/Consequential Matrix</td>
<td>248</td>
</tr>
<tr>
<td>4.6. The Conditional Relationship Guide (CRG)</td>
<td>251</td>
</tr>
<tr>
<td>4.7. The Reflective Coding Matrix (RCM)</td>
<td>253</td>
</tr>
<tr>
<td>4.8. Primary Validity Processes</td>
<td>256</td>
</tr>
<tr>
<td>4.9. Validity Processes for this Research Study</td>
<td>258</td>
</tr>
<tr>
<td>5.1. The Dimensions and Elements of the Successful Communication of Educational Care</td>
<td>270</td>
</tr>
<tr>
<td>5.2. The Stages of the Establishment of a Caring Teacher-Student Relationship</td>
<td>293</td>
</tr>
<tr>
<td>6.1. Using the Conditional-Consequential Matrix to Identify Non-Teacher Factors Influencing Care</td>
<td>340</td>
</tr>
</tbody>
</table>
CHAPTER ONE: INTRODUCTION

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 caring behaviours of the *one-caring*. Caring intentions are not enough; the cared-for must recognize and respond to the caring actions of the one-caring if care is to be communicated successfully (Noddings, 1984, 2013). Building on this central foundation, explorations of care in education have primarily focused on student perceptions of caring teacher 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; McCroskey & Teven, 1997; Wentzel, 1997).

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 some of the most important aspects of education. For instance, educational care has a marked impact on *student motivation* (Bernauer, Bernauer, & Bernauer, 2017; Davidson, 1999; Murdock & Miller, 2003; Phelan, Yu, & Davidson, 1994; Wentzel, 1997), *student engagement* (Davidson, 1999; Muller, Katz, & Dantz, 1999; Osterman, 2000, 2010; Wentzel 1997), *student attendance* (Cornelius-White, 2007; Goodenow, 1993; Kojima & Miyakawa, 1993; Sickel & 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, however, is that the many impressive lists of teacher caring behaviours have not translated into a measurable increase in successfully communicated
care. Despite the many helpful checklists of teacher caring behaviours, too often, too many students do not experience successfully communicated care. For example, a study by the Quaglia Institute (2014) of 66,314 Grade 6 to 12 students from 234 American schools determined that only 55% of participants believed that, “teachers cared about me as an individual (p. 17). Nel Noddings (1988) once described the issue as a, “crisis of care” in education (p. 32) and more recently, Noddings (2005) has warned that too many students believe that, “nobody cares” (p. 2). In a similar vein, Wilde (2013) suggests that there has been a, “loss of care” in education (p. 1). Despite caring teacher intentions, care is not always communicated successfully.

This issue is complicated by the fact that many teachers become educators because they want to care for their students. They enter the field of education because it is a helping profession, one that supports student growth and development. These teachers often earnestly desire and seek to communicate care for their students. Indeed, for many, caring for their students is one of the primary reasons they chose to become a teacher in the first place (McLaughlin, 1991). However, too often, there is a disconnect between teacher caring intentions and the perceptions and experiences of their students.

**The Unsuccessful Communication of Care vs. Uncaring Teachers**

The distinction between teacher caring intentions and the perceptions and experiences of students is an important one. The Quaglia study (2014) results suggest that up to 45% of students do not believe that their teacher cares for them. The current study highlights the importance of perception in the communication of care. Is the problem that teachers do not care about their students? Or, is the problem that some students believe
that their teachers do not care for them, despite the fact that these teachers perceive
themselves as caring, and certainly intend to communicate care?

**No-Fault Failure**

It is quite likely that the results of this study will be controversial for some
readers, particularly given my decision as researcher to operationalize the concept of *care*
as the successful communication of care for this study. The distinction I have drawn
between the caring intentions of the one-caring and the perceptions and experiences of
the cared-for is a significant one, but it can be problematic in practice. It is quite possible
that there are teachers who certainly have caring intentions, but whose care is not
perceived and experienced by their students. Such teachers are likely to be good-hearted,
well-intentioned people who would be horrified to discover that they may not be
experienced as caring. It is certainly not my intention to call such teachers ‘uncaring’ –
that would not be fair or accurate. However, the results of this study challenge all
teachers to consider the nature and impact of their care communication.

Noddings (1984) addresses this issue directly in her first care theory publication
when she asked, “Does this mean that I cannot be said to care for X if X does not
recognize my caring? In the fullest sense, I think we have to accept this result” (p. 68). A
few sentences later, Noddings clarifies that, “X does not feel that I care. Therefore, sadly,
I must admit that, while I feel that I care, X does not perceive that I care and, hence, the
relationship cannot be characterized as one of caring” (p. 68). From the outset, some care
theorists have distinguished between the intentions of the one-caring and the experiences
of the cared-for. Intentions are not sufficient. Moreover, care is not necessarily
communicated successfully just because the one-caring has demonstrated caring
behaviours. Such teachers cannot simply say, “Well, we cared!” Instead, they need to be able to say, “Well, we tried to care, but care was not successfully communicated.” In such situations, teachers need to recognize failure – that care did not occur – take steps to try to understand what happened, and then make strategic efforts to recommunicate their intended care. If the teacher truly intends to communicate care, they will care that their care has not been recognized, and they will care enough to seek to find a different way to communicate their care successfully.

Noddings (1999) briefly introduced the concept of no-fault failure when addressing the disconnect between teacher caring intentions and the failure to form a caring relationship with students:

When we talk with teachers in the same schools, we may be convinced that these teachers do care and care deeply in the virtue sense. But something has gone badly wrong. People who are trying to care and people who want care have been unable to form caring relations. We cannot just say, “Well, we cared.” We have to admit a failure (a form of no-fault failure, perhaps) and analyze the situation that makes caring so difficult. (p. 38)

The concept of no-fault failure is important, particularly for this study. When the study results are shared with teachers and educational leaders, it is essential that teachers hear two things at the same time. First of all, the results of this study do not suggest that teachers are uncaring. Indeed, the opposite is typically the case: most teachers enter the profession with a commitment to caring for their students. Secondly, the concept of no-fault failure is a helpful distinction because it avoids blaming teachers, prevents them from blaming themselves, and significantly, obligates them to pay close attention to their
own care communication. This may position teachers to seek to better communicate their intended care when they realize they do not necessarily need to take the blame when intended care is not communicated successfully. If teachers have good intentions, but they recognize that their care may not have been communicated successfully, what do they do? It is too easy, in this case, to simply move on as if care has occurred.

Recognizing the failure to communicate care successfully – even if it is more accurate to describe it as no-fault failure – can allow the failure to be named, while also positioning and obligating the teachers to continue to seek to communicate their intended care. This is an important phrase for teachers to hear: at times, their intended care is not successfully communicated. This is a problem, and it needs to be named as such. But, it also implies that steps can be taken to address the unsuccessful communication of care.

The concept of no-fault failure is helpful because it may prevent the teacher from being blamed for the failure to communicate care successfully – without entirely letting them off the hook, so to speak. This implies that there is, perhaps, something structural, or something in the nebulous interplay between the teacher and their students, or the student’s prior experiences, that has contributed to the failure. The teachers should not be blamed. But, they do need to exercise empathy and assess whether their intended care has been received. This requires that they recognize that, in some cases, their care has not been communicated successfully. Rather than throwing up their hands in frustration and desperation, blaming themselves, or blaming the students, teachers instead need to re-perceive the situation, and, importantly, need to re-strategize their care communication.

If their care is virtue caring (Noddings, 1999), where the emphasis is on the behaviour of the teacher, this will be problematic. Teachers will be content to rest on
their intentions and accept their failure. However, if their care is relational caring (Noddings, 1999), where the teacher focuses on both their own behaviour and the response of their students, they will be inclined to work to strategize and communicate, because for them, the essence is the successful communication of care and the establishment of a caring teacher-student relationship, not just the fact that they have intended care and have attempted to communicate care.

**Statement of the Problem**

Care theory identifies two care needs that all humans share: the need to care for others and the need to be cared for by others (Noddings, 1984, 2013). In the context of education, this implies that teachers need to care for their students, and students need to be cared for by their teachers. Educational care is a personal and professional ethical responsibility for teachers. Too often, however, intended care does not result in successfully communicated care. The literature suggests that this manifests as a lack of care or a loss of care. However, this study suggests that describing it in this way is not quite accurate. The issue is not a lack or loss of care, but rather, a disconnect between teacher caring intentions and the perceptions and experiences of some of their students.

The real problem – which is often implied in the research, but not clearly named and described – is the apparent practical failure of care. Humans need to care for others, and to be cared for by others. It is clear, however, that for far too many people, the care that is both needed and possible too often is not communicated successfully. The theoretical literature suggests that if only everyone would care for those they are obligated to care for (e.g., those in their community and vicinity), care would be successfully communicated (Engster, 2005; Wilde, 2013). But, this rarely happens. In a
very real and practical sense, care often appears to have failed, perhaps partially because intended care has not been successfully communicated.

My review of two bodies of literature, care theory (presented in Chapter Two) and educational care (reviewed in Chapter Three) resulted in the identification of five interrelated aspects of the practical failure of care, (1) a collective misunderstanding of what care is; 2) a collective oversimplification of care; (3) human brokenness, which ensures that care can never be perfect (an overlooked issue of significance for those seeking care); 4) a disconnect between the caring intentions of the one-caring and the experience of care by the cared-for, and 5) in some cases, the disengagement of those who do not attempt to communicate the care that they are obligated to provide.

This study also explores possible solutions to each of these aspects of the practical failure of care. First, in response to misunderstanding, the study proposes the need for conceptual clarity encompassing a clearer definition and understanding of care, and particularly, the need to distinguish between the communication of care and the completion of care. Second, in response to oversimplification, the study echoes McKamey (2011) by focusing on the need for what she describes as complexification, recognizing that successfully communicating care is not easy, and then identifying factors that make it more complicated than people tend to think it is. Third, in response to brokenness, while not necessarily identifying a solution, this study suggests the need for authenticity, intentionality, and transparency. People need to be honest about their limitations, clearer about their intentions, more willing to apologize and make amends when they make mistakes, and more diligent about ensuring that their intended care translates into received care. Fourth, in response to the disconnect, this study focuses on
the need for relational reconnection. Finally, in response to disengagement, this study advocates for the need for relational engagement, a recognition that intended care and the successful communication of care are both necessary.

Each of these aspects of the practical failure of care plays an important role in the loss of care in education. Rather than describing this as a loss, this study rearticulates the problem as a disconnect between teacher caring intentions and the perceptions and experiences of some of their students, resulting in the failure to successfully communicate intended care. In the context of the practical failure of care, the solutions proposed above can and should play central roles in addressing the disconnect and in enabling relational reconnection between teachers and students.

The Encoding and Decoding of Care

A conversation with a committee member helped me to articulate a pair of concepts that could be helpful in this regard: the encoding and decoding of care. The disconnect I describe is similar to language communication breakdowns that occur when a message that is sent is not received. The committee member observed that this is often the result of a breakdown between encoding and decoding. In this context, the message that is intended and communicated by the author (encoding) is not always the message that is received and interpreted by the intended audience (decoding). This is a helpful distinction in the context of this study, as the encoding of care is not necessarily the same as the decoding of care. The one-caring may have caring intentions, and may, therefore, choose to perform actions that are intended to communicate their intended care. Their caring actions are their attempt to encode care. From the vantage point of the one-caring, this is often perceived to be sufficient (and successful). However, the cared-for also must
correctly decode their caring intentions in order for care to be successfully communicated. Care theory positions this as a necessary condition for completion: the cared-for recognizes and correctly decodes the caring actions and intentions of the one-caring, and in turn, responds to their care, thereby completing care and initiating (or confirming) the presence of a caring relationship. One of the educational care issues highlighted by this study is the fact that emphases on care in education have often focused on encoding, but have not paid sufficient attention to decoding.

**Purpose of the Study**

The purpose of this study is to explore adolescent student perceptions and experiences of the care communicated by their teachers, seeking to identify factors that either support or impede the successful communication of educational care. The goal is to better understand and explain the successful communication of educational care, hopefully resulting in the development of a theory of educational care.

**Research Questions**

This study is framed by three central research questions:

1. How do students experience educational care?
2. What factors facilitate and constrain student experiences of educational care?
3. What can be done to improve and enhance teacher care capacity and their communication of educational care?

**Research Design**

This study is a qualitative research design, using a constructivist grounded theory research methodology (Charmaz, 2006, 2014). I drew on unstructured interviews (Creswell, 2012; Firmin, 2008) to interact with young adult participants in order to co-
produce study data. I employed constructivist grounded theory analysis approaches and processes in order to analyze the data. Initial analysis fragmented the data into individual codes describing teacher actions that influenced the communication of care. Subsequent analysis then identified themes and categories, eventually leading to the distillation of 13 elements and 3 primary dimensions of educational care. This, in turn, contributed to the development of a theory of the intended communication of care and a description of the process of establishing a caring teacher-student relationship.

**Participant Population**

Participant recruitment involved displaying posters describing the proposed research in two locations in Southern Ontario: a large public university in the Niagara region and a small private university in the Hamilton-Wentworth region. The study drew on *theory-based purposeful sampling* (Creswell, 2007), which directs the researchers to select, “individuals and sites for study because they can purposefully inform an understanding of the research problem and the central phenomenon in the study” (Creswell, 2007, p. 125). In order to ensure that they were positioned to contribute relevant data, participants were required to be between the ages of 18 to 24 years-old at the time of their application, and were required to have attended an Ontario school from Grades 6 to 12. The interviews focused on their experiences of educational care when the participants were in Grades 6 to 12. Data collection was guided by two grounded theory sampling approaches, *initial sampling* and *theoretical sampling*. Firstly, *initial sampling* initiates a grounded theory, identifying two to three individuals positioned to provide insight into the study’s social process (in this case, the communication of educational care). *Theoretical sampling* then involves re-entering the substantive field, identifying
additional participants who are positioned to provide further data. This study ultimately involved 13 participants.

**Significance of the Study**

The time is right to return to educational care. Care theory first 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. 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; McCroskey & Teven, 1997; Wentzel, 1997). The hopes of this era in the literature, however, were often dashed by the practical failure of care. The anticipated increase in student experiences of care unfortunately did not seem to occur.

A number of more recent educational initiatives have drawn attention to an important emerging focus on affective and relational elements of education, as well as significant emerging emphases 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 not only influence student relational and affective outcomes, but academic outcomes, as well. In light of this, the Ontario College of Teachers (OCT) (2012) developed a list of ethical standards for the teaching profession, a list of five fundamental teacher commitments that includes care.
In this context, I believe that the time is right to return to a focus on educational care. Affective and relational teacher factors are increasingly recognized for their significant impact on almost all aspects of education. Empirical research into educational care identifies substantial positive outcomes that result when care is successfully communicated. Educational care has the potential to exert a powerful and transformational impact on student growth and learning. It is also eminently compatible with most of the recent affective and relational educational initiatives. Educational care could play an important role in supporting and informing the implementation of these initiatives.

**Study Significance**

This study explores retrospective adolescent student experiences of educational care, focusing on the things their teachers did that influenced their educators’ communication of educational care to their students. Drawing on two literature reviews and data analysis, this study developed three primary results: (1) a description of educational care; (2) a theoretical explanation of the intended communication of care; and (3) a theoretical explanation of the establishment of a caring teacher-student relationship.

The description of educational care identified three categories or dimensions of the concept, each containing a number of sub-categories, or elements, of educational care. The three dimensions of educational care also provided a foundational framework for the theoretical explanation of how care is successfully communicated. However, as the care-related literature suggests, the offering of care, or the intended communication of care does not ensure that intended care is received and responded to. Care theory emphasizes that intended care must be completed in order for care to be successfully communicated. The second theoretical explanation, the establishment of a caring teacher-student
relationship draws on both the research literature and the study data in order to address the successful communication and completion of care.

The insights emerging from this study could serve as an important resource for in-service teachers and educational leaders (in the form of self-assessment and staff-development programs, for instance), as well as for the education and training of pre-service teachers. Moreover, the study could help teachers communicate intended care more successfully, while assisting educational leaders in holding teachers accountable for successfully communicating care, thereby better supporting students and student learning. And, it could help teacher educators teach both pre-service and in-service teachers about the successful communication of care. Most importantly, however, this study may improve and enhance teacher care capacity and care communication, building on teachers’ natural predisposition and need to communicate care for their students. The results of this study may lead to more successfully communicated care for more students. The significant focus on completion and response was not what the author anticipated, but it certainly fits within the care theory literature. Indeed, the care theory lens provides valuable language for explaining and understanding something that is complex and difficult to recognize otherwise.

**Definition of Terms**

A number of care-related terms will be used throughout this document whose meanings are unfamiliar, unclear, or contested. As I observe in this document, one of the key challenges concerning care is a lack of definitional clarity. The word *care* means different things to different people, often leading to misunderstandings and mistaken assumptions. Before defining my terms, I would like to briefly explore this challenge.
Conceptualizations of Care

While I will spell this out in more detail in Chapter Two, it is worth noting that the Care Theory literature identifies a number of distinct conceptualizations of care. These conceptualizations are both helpful and complicated. Each conceptualization offers unique insight into the nature of care and the communication of care. However, they also contribute to the complexification of care. There is no collective consensus concerning the concept of care. There are, however, a number of reasonable and distinct conceptualizations. Mayeroff (1971) conceptualizes care as a process of helping another person “to grow and self-actualize” (p. 1). Tronto (1993) conceptualizes care as “doing all we can to maintain, continue, and repair our world so that we can live in it as well as possible” (p. 103). Significantly, for the purposes of this study (and for reasons that will be explored in more depth later), Noddings (1984, 2013) conceptualizes care as a relationship, which requires the involvement of both relational partners. The existence of multiple valid conceptualizations of care contributes to the fact that care appears superficially simple, but is conceptually complex.

Care as a Noun and Verb

One thing that complicates a shared consensus concerning the nature and meaning of the concept of care is that the word itself it interchangeably used as both a noun and a verb. The commonly-held verb form of care refers to supporting the flourishing and well-being of another person. The commonly-held noun form, conversely, describes care as the experience of being supported by another person. While the noun and verb form are certainly related, they may, at times, be disconnected from each other.
Operationalizing Care as the Successful Communication of Care

While this study does identify a definition of a noun form of care, the study’s focus is on the verb form: how care is successfully communicated. It is important to emphasize the link between the two forms of the word: the care that is addressed by the verb form is, in fact, the care that has been defined, or the noun form. However, in the context of my study, **the noun cannot be experienced if the verb is not enacted.** Teacher caring intentions may result in teacher caring behaviours; but, this does not necessarily mean that the intended care is successfully communicated to the student.

As I note in the definition of terms, I define the *successful communication of care* as the successful communication of intended care from a teacher to their student or students. This definition links to the research-affirmed lists of teacher caring behaviours that have emerged in the educational care literature. As I observe, these lists of teacher caring actions are very helpful because such caring behaviours can be used to communicate care successfully. However, many teachers believe that when they perform teacher caring behaviours, these behaviours automatically communicate their intended care and that, therefore, care has been successfully communicated. The problem is that just because teacher caring behaviours are used to encode the teacher’s caring intentions does not mean that their students successfully decode their intended communication of care. As a result, from the vantage point of this study, simply using a teacher caring behaviour does not necessarily result in the successful communication of care. To put it simply, it might, but it also might not – it all depends. However, the successful communication of care is not possible without such teacher caring behaviours. Teacher caring actions are a necessary condition for the successful communication of care. This
study suggests, however, that it is possible for a teacher to perform the “right” caring
actions and yet, for care to not be successfully communicated, insofar as it has not been
recognized and responded to by the student. I believe that this is a helpful distinction.

I will carefully define my terms below, and will seek to be consistent in using
these terms throughout the remainder of this document in order to avoid the confusion
that can result when the word care is not used carefully enough.

**Two Commonly-Held Definitions of Care**

As a starting point, I recognize the two commonly-held definitions of care as
noun and care as verb. I hope that my research study will challenge some of the
common-sense assumptions behind these definitions, as well as provide insights that
might contribute to the dialogue and, importantly, potentially support care capacity and
successful care communication.

**Care (verb).** The verb form of the word care commonly refers to care as
supporting the flourishing and well-being of another person.

**Care (noun).** The noun form of the word care commonly describes care as the
experience of being supported by another person.

**Key Care-Related Terminology**

In order to explore the insights that emerged from this study, a number of key
care-related terms will be used throughout this document. Some of them come from the
care theory literature. Others were developed as the study unfolded, as a way to
communicate the findings that emerged.
**One-caring.** One-caring refers to the person who is seeking to communicate or provide intended care to another person (e.g., a parent to their child, a teacher to a student). In the context of educational care, the one-caring is typically the teacher.

**Cared-for.** Cared-for refers to the person who receives care from another person. In the context of educational care, the cared-for is typically the student.

**Teacher caring behaviours.** Teaching caring behaviours refer to teacher actions that are intended to communicate care to students. The educational care literature has produced many lists of teacher caring behaviours. The various lists describe teacher actions that can be used to communicate intended care to students. This concept is significant because while these lists are helpful as a guideline or touchstone, the use of teacher caring behaviours does not necessarily result in successfully communicated care. However, many teachers believe it does. Importantly, care cannot be successfully communicated without such caring actions, so they are a necessary part of the process.

**Distinctions from this Study**

In order to attempt to communicate study findings, I have developed a number of care-related terms that should help to clarify and communicate the results of the study.

**Caring intentions.** Caring intentions refer to the one-caring’s internal thought processes that cause them to want to communicate care for another person. Someone who wants to communicate care typically begins with the intention to communicate care for another. In this instance, most teachers intend to communicate care for their students.

**Caring actions.** Building on their caring intentions, the one-caring generally follows their intentions with specific caring actions. I define caring actions as the actions or behaviours undertaken by the one-caring in order to attempt to communicate their
intended care for another person. In this study, I often use the terms *caring actions* and *teacher caring behaviours* interchangeably because they mean the same thing: the behaviours a teacher uses in order to communicate intended care to their students. The educational care literature generally describes these as teacher caring behaviours.

**The completion of care.** Drawing on the care theory literature, the concept of completion is essential for completing the care cycle. I define the *completion of care* as the perception, experience, and response of the cared-for, whereby they recognize the intended care communicated to them by the one-caring. Their response completes the cycle, resulting in the successful communication of care. The completion of care is the key indicator of the successful communication of care, based on the response of the cared-for. The communication of care is completed when the cared-for recognizes and responds to the intended care communicated by the one-caring. If the cared-for does not respond, care has not been completed because it has not yet been successfully communicated. This concept is central to the care theory dialogue, and is based on the theoretical work of Nel Noddings. Noddings (1984) writes that, “My caring has somehow to be completed in the other if the relation is to be described as caring” (p. 4). This concept is often overlooked in the educational care dialogue. This study contrasts the offering of care, or the intended communication of care (from teacher to student) with the completion or successful communication of care (from teacher to student and from student to teacher).

**The intended communication of educational care.** I define the *intended communication of educational care* as the unidirectional communication of a teacher’s caring intentions to their student or students. This is directly related to teacher caring
behaviours: the lists of teacher caring behaviours are very helpful because such caring behaviours can be used to communicate care. However, many teachers believe that when they perform teacher caring behaviours, these behaviours automatically communicate care and that, therefore, care has been successfully communicated. However, the intended communication of care, while an essential starting point, is not necessarily sufficient for the successful communication of care: completion is needed.

**The successful communication of educational care.** I define the *successful communication of educational care* as the communication of care from a teacher to their student or students, which results in a student response that confirms that care has been completed. This definition is an adaptation of the concept of completion. Distinguishing between the intended communication of care and the successful communication of care is significant. Just because teacher caring behaviours are used to encode the teacher’s caring intentions does not mean that students will successfully decode their care communication. As a result, simply using a teacher caring behaviour (the intended communication of care) is not the same as successfully communicating care. This distinction gets to the heart of this study’s findings.

**Caring relationship.** Drawing on the care theory literature, care is not simply caring intentions and caring actions, but a relationship between the one-caring and the cared-for (Noddings, 1984). Noddings’s (1984) definition of care as a relationship plays an integral role in this study. It is not sufficient for a teacher to have caring intentions, to use caring actions, and to seek to communicate care to their students. Their care must be perceived and experienced, completed, and responded to, and, as a result, successfully communicated. And, through the cared-for’s response, a caring relationship is formed. I
define a *caring relationship* as a relationship where the one-caring supports the wellbeing, flourishing, and autonomy of the cared-for, and where both relationship partners recognize and assent to what is happening.

**Three dimensions of care.** The articulation of the *three dimensions of care* is unique to this study. Based on the educational care literature, I initially discerned two dimensions of educational care. However, an analysis of the co-produced data revealed the existence of a third dimension. If educational care is to be communicated successfully, all three dimensions need to be addressed:

- **Personal care:** Teacher behaviours that communicate that the teacher cares for the student as a person.
- **Pedagogical care:** Teacher behaviours that communicate that the teacher cares for the student as a learner.
- **Interpersonal care:** Teacher behaviours that communicate that the teacher cares for the student as a member of the classroom community.

While all three dimensions are intertwined, this study suggests they are perceptually and experientially distinct. All three, for instance, are needed for the successful communication of educational care.

**A caring teacher-student relationship.** The successful completion of educational care results in the establishment of a caring teacher-student relationship. A *caring teacher-student relationship*, therefore, is a relationship between a teacher and a student whereby the student recognizes that the teacher cares for them and responds to their care. In this context, the student also commits to their role and participation in the relationship.
Study Scope

The scope of a research study is generally defined by delimitations, limitations, and assumptions – all of which are characteristics and factors that impact the nature and boundaries for the study. Delimitations are the elements that limit the scope of the study and define the study boundary that are under the control of the researcher. Conversely, limitations are areas of prospective weakness in the study that will impact results and potential transfer, but are beyond the control of the researcher. Lastly, assumptions are elements of the study that will likely be accepted as true by most readers of the study, given the nature of the research question, the participant sample, and other foundational considerations. Assumptions are worth noting because while they may be generally accepted by the audience, they should not be presumed, but should be clearly stated.

Study Delimitations

This study investigates the perceptions and experiences of educational care by recent graduates from secondary schools in Ontario. Participants were young adults between the ages of 18 and 24. The study, therefore, includes a number of researcher-chosen delimitations, including participant demographics, geographical restrictions and the use of constructivist grounded theory.

Young adult participants. The study involves young adult participants (ages 18 to 24) who had recently graduated from high school. These participants were ideally positioned to provide authentic and relevant retrospective data concerning their perceptions and experiences of educational care while they were adolescents.

Participants will have attended a school in Ontario. I focused on participants who attended schools in Ontario. While the study could have extended into other parts of
Canada, or other parts of the world, this would have added layers of complexity for the researcher. These elements could be part of future studies.

**Symbolic interactionism and a constructivist grounded theory methodology.**

*Symbolic interactionism* highlights the unique perceptions and experiences of individuals in understanding and communicating a social process. This, in turn, informed the choice of using the *constructivist grounded theory methodology*, which focuses on the co-construction of theory through the participants’ experiences and the researcher’s theoretical sensitivity.

**Study Limitations**

Every research study has limitations that are likely to impact design and results. This fact does not negate the value of the research, but may merely limit potential insights and their potential transfer to other contexts. Because of the small-scale scope of this study, a number of limitations can be identified, including cultural context, sample size, the nature of participant data, and replicability. It is important to note that many of these limitations are less significant for a grounded theory study than for other qualitative research approaches, given the nature of grounded theory methods.

**Cultural context.** Because of geographical considerations and the practical need to stay close to home, the research was carried out with participants from schools in Ontario, Canada. This will have some implications for *transferability* (Lincoln & Guba, 1985), which refers to how readers might apply the results in their specific contexts.

**Small sample size.** This constructivist grounded theory study involved 13 participants. Even though this number is acceptable for a grounded theory study of this nature, it would be considered a small sample size for most qualitative research.
approaches, which warrants mention. However, a grounded theory focuses on theoretical saturation, which directs the researcher to consider a category or concept to be saturated when further data collection does not result in new relevant data, which was the primary concern for the number of participants and the size of the sample in this study.

**Retrospective verbal participant data.** The population of this study was young adults between the ages of 18 and 24, who reflected back on their recent school experiences. Participants were selected on the basis of the potential relevance of their stories for this study’s research questions. Data collection involved retrospective verbalization (Ericsson & Simon, 1980), whereby the participants verbally reflected on past experience. Because analysis methods had procedures for analyzing data that could handle occasional errors (e.g., constructivist grounded theory’s constant comparison method) and because there are sufficient procedural checks and balances aimed at minimizing such errors (in this case, carefully constructed verbal prompts in the interview protocol), the potential limitations of retrospective verbal data were minimized, leading to the generation of legitimate data for this study.

**Replicability.** The small number of participants in the study has implications for replicability. It is likely that different participants would share different stories of their educational care experiences. The focus of a grounded theory is the data that emerge from the stories and interviews. These data are processed by the method with an emphasis on constant comparison and, importantly for these purposes, theoretical saturation. As explained above, when an emerging concept or category is “full” (e.g., no new data are emerging from participant narratives), it is considered to be saturated. At this point, the researcher can move on to other concepts or categories. To a large extent,
the emphasis on category saturation addresses concerns about replicability because the focus is on the concepts and categories (which are grounded in the data), not about the potential diversity of participant narratives.

**Study Assumptions**

*Assumptions* are elements of the study that most readers are likely to assume to be true, given the nature and delimitations of this particular study content and methods. Where possible, however, a researcher should identify and articulate these assumptions, recognizing that these assumptions are likely to have an impact on the study. For this study, key assumptions are that teachers intend to be caring, that experiences and perceptions of care are somewhat consistent across human diversity, that participants will be honest and accurate, and that adult participant adult experiences may provide insights about the disconnect this study explores.

**Teachers intend to be caring.** A review of the care theory literature indicates that most teachers choose to become teachers because of their desire to care for their students, and that teachers do, in fact, intend to be caring (Cooper & Miness, 2014; McLaughlin, 1991; Noddings, 1984, 2013). Teaching is considered to be a caring profession, and most teachers perceive themselves to be caring teachers. While my research would suggest that teachers are only successfully caring if their students perceive them to be successfully caring, this study begins with the general assumption that teachers are caring and that teachers want to communicate care. This is important, because this study focuses on the relationship between intended care and perceived care. It assumes that teachers intend to communicate care. It is worth noting that this is also consistent with the study’s conceptual foundation. Care theory suggests that every person
has two care-related needs: the need to care for others and the need to be cared for by others (Groenhout, 2004; Noddings, 1984, 2013). By implication, I recognize that teachers have a need and desire to successfully communicate care for their students.

**Experiences and perceptions of care have some consistency across human demographic diversity (e.g., gender, race, ethnicity, sexual identity).** As noted above, an important part of Noddings’ (1984, 2013) care theory is that all human beings have two care-related needs, the need to be cared for by others and the need to care for others. While some elements of the research draw important attention to the impact of gender and ethnic diversity on perceptions of the communication of care, this study assumes that there is a degree of consistency when it comes to human experiences of care.

**Participants will be honest and accurate in their recollections and narratives.** Social research involving human participants is always a risk. The researcher depends on data generated by social interactions. The researcher generally needs to assume that participants will provide appropriate data. This study assumes, then, that the participants were honest and accurate in sharing their stories and experiences of educational care.

**A Constructed Theory**

This research study is a constructivist grounded theory study, meaning that this study of educational care seeks to develop a constructed theory that is grounded in the data that emerged from the study. As the researcher, I am the one who constructed the theory, drawing on two important sources of information: (1) the voices of the participants and (2) my own theoretical sensitivity. The voices of the participants entered the study through the unstructured interview process, the interview transcripts, and the co-produced data that resulted from analyzing the data. In describing theoretical
sensitivity, Charmaz (2006) writes, “Our actions shape the analytic process. Rather than discovering order within the data, we create an explication, organization, and presentation of the data” (p. 140). As this study unfolded, then, my own theoretical sensitivity to educational care authorized and affirmed my participation in both the review of the related literature and the analysis of the co-produced data.

The focus on constructivism is central to my entire project. While care theory clearly emphasizes that all humans have two care-related needs, it is also clear that every person must construct their own understanding of care. Yes, there are common patterns, behaviours, and actions that are more likely to be perceived as caring. Nonetheless, care is a concept that is ultimately constructed by the perceiver. The one-caring requires an empathetic recognition of the cared-for’s perception and decoding of care if they are to successfully communicate care for them and to them.

However, the constructivist framework also informed my review of the care theory and educational care literature. My entire dissertation document is a construction, my attempt to faithfully render an understanding of care and educational care that is rooted in both the voices in the literature and my theoretical sensitivity – my intuitive understanding of care and the communication of educational care, which has been informed by a lifetime in education.

The focus of this study is educational care, the intended care communicated by teachers to their students. To develop this study, I explored two intertwined topics: the literature surrounding care theory and the ethic of care, and the literature surrounding educational care. An understanding of these discourses was valuable for establishing the context and focus of this study of the communication of educational care.
Initially, I had planned to develop a single chapter describing my review of the care and educational care literature discourses. However, as the study advanced and I began to appreciate the complexity of both topics, including articulating definitions and identifying challenges for each topic, I realized that it would be more appropriate to develop two separate chapters, and to connect them as the dissertation unfolded.

Overview of the Research Process

The concept of care is murky, and there are many words that are used by others that are similar (i.e., love, kindness, concern, trust, respect). As noted later in this document, one of the central problems of researching care is a conceptual misunderstanding of what care actually is, which complicates the study.

In this section, I review the process I used to search for resources for this study, seeking to ensure that the review was complete and effective. My primary goals were: (1) to understand “what had been said” in the educational care-related discourse; (2) to identify the key voices and perspectives involved in the dialogue; (3) to recognize the primary issues and questions that had been raised and explored in the literature; and (4) to position my own study in a way that could contribute to and advance the dialogue.

Beginning with Authentic Respect

When I first applied to the Joint PhD in Education program and proposed my research study in December, 2011, I identified my focus as authentic respect, referring to the respect shown by a teacher to their students. My proposed topic and research plan opened the door for my graduate research journey, resulting in my program acceptance.

Both parts of my proposed topic – authentic and respect – are murky and perceptual: they are words that mean different things to different people. More
significantly, nobody referred to the concept of *authentic respect* in their publications. It was also clear that I was not on to something new: people have talked about positive teacher-student relationships for a long time. The problem was my articulation of the concept. I either had to focus my study on defining my own construct, or I had to consider other directions that were consistent with my research purposes.

**The Care Theory Dialogue**

Further exploration led me to the identification of two primary theoretical foundations: care theory and perceptual theory. The most important step in my review of the literature was my discovery of the care theory dialogue. Once I recognized the relationship between care theory and care in education, I realized I had a concept and a field I could work with for my own research.

**Database searching.** What followed was a bit of a hybrid process, shifting back and forth between database searching and carefully reading publications and reviewing reference sections, seeking to identify the key voices in the dialogue of care theory and its relevance in the field of education.

Drawing on various database resources, I completed a number of searches, exploring topics such as *care theory, care ethics, ethic of care, educational care, care in education, teacher care, student care,* and other variations that emerged in my ongoing review of the literature. No single term proved to be sufficient. I had to negotiate some conceptual murkiness in order to advance my search (e.g., did the phrase *teacher care* refer to the teacher’s care for the student, or the school system’s care for the teacher?)
Tracking key voices. While the database search was somewhat productive, my most effective strategy was to simply immerse myself in the articles I discovered, and use their reference sections to identify additional voices, issues, and topics.

Theoretical Framework

One resource effectively articulated my intended purpose for my research into educational care. The authors (USC Libraries – Research Guides, 2016) write,

By virtue of its application nature, good theory in the social sciences is of value precisely because it fulfills one primary purpose: to explain the meaning, nature, and challenges associated with a phenomenon, often experienced but unexplained in the world in which we live, so that we may use that knowledge and understanding to act in more informed and effective ways. (para. 4)

The phrase, “often experienced but unexplained in the world in which we live” (para. 4) captures an important element of my own experiences with care. Care impacts human experience all the time, but almost always slightly below the level of conscious awareness and verbal articulation. This can make it too easy for people to assume that a caring disposition and caring intentions automatically result in caring actions, and that caring actions always result in the successful communication of care. The conceptual foundations of my work address this directly, advocating for the importance of reflection, transparency, and intentionality in the successful communication of care.

My research into educational care is rooted in two conceptual foundations, which inform my understanding of the educational care social process as well as my intended research plan to explore the perceptions and experiences of adolescent students. The two primary theories that undergird my research study are care theory and perceptual theory.
Care Theory

_Care theory_ is the primary conceptual foundation for my exploration of educational care. Milton Mayeroff (1971) may be credited with starting the care theory conversation, but Nel Noddings is clearly identified as the most significant voice. Noddings has been exploring the topic since her initial publication in 1984. Her seminal text has been revised and re-released four times, most recently in 2013. Most other care theorists reference Noddings’ insights and build on her theoretical foundations. I review and explore care theory in greater detail later in this chapter. In this section, I highlight a number of the central and essential contributions care theory makes to this study.

**Two care needs.** Care theory 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). These two care needs are foundational to care theory, as well as to this study, which begins with the assumption that almost all teachers intend to care for their students, and that all students need to experience care from their teachers.

**Care is a relationship.** The recognition that care is not a behaviour, but a relationship (Noddings, 1984, 2013) is one of the most complex and misunderstood aspects of the care theory dialogue. I will explore this in more detail in the subsequent review of the literature. However, it is important for me to declare from the outset that my study recognizes that care is not simply the behaviour of the one-caring, but is a relationship between the one-caring and the cared-for. In the context of this study, I attempt to shift attention away from teacher caring behaviours to the foundational recognition that teachers must successfully communicate care and establish caring relationships with their students if they intend to communicate care to their students.
The completion of care. In the context of the need to recognize that care is a relationship, care must be completed (Noddings, 1984, 2013), not just communicated. It is not sufficient for the one-caring to have caring intentions. These intentions must also be perceived, experienced, and responded to by the cared-for in order for care to be successfully communicated. If the cared-for does not believe they have been cared for, regardless of the intentions and behaviours of the one-caring, care has not been communicated successfully. In the context of this study, I will highlight the centrality of the completion of care, as well as the common error of busy, good-hearted, well-intended teachers who too easily assume that their caring intentions and caring behaviours are sufficient for successfully communicating care.

The offering of care. Despite the importance of establishing a caring relationship and of completing care, ensuring that the cared-for recognizes and responds to the care that the one-caring has intended to communicate, it is still important to explore the offering of care, or the intended communication of care. What counts as caring behaviour? While there is no recipe for care, there are patterns of behaviour that are more likely to be recognized and experienced as successfully communicated care. These lists of caring behaviours can serve as helpful touchstones and guidelines for communicating care effectively. In the context of this study, identifying caring teacher behaviours can be a helpful starting point. Indeed, the educational care literature contains many such lists, and it is important to recognize what educational care studies have determined about the intended communication of educational care. This study will contribute to this dialogue, partially by affirming and building on the insights of other studies of the intended communication of educational care, but also through the discerning of the three primary
dimensions of educational care, and the recognition of the necessity of ensuring that teachers focus not only on the offering of care, but also on the completion of care. However, in order to complete care, one must first communicate it, so this is an essential aspect of the dialogue that cannot be overlooked.

**Perceptual Theory**

While care theory serves as the obvious conceptual framework for my research, perceptual theory provides an essential foundation for focusing on the nature and impact of both teacher and student perceptions, which have a direct bearing on the communication, perception, and experience of educational care. *Perceptual theory* explores the important relationship between perception and behaviour. Simply put, the theory suggests that all behaviour is a symptom of perception. In other words, seeking to understand human behaviour demands that one pay attention to the behaver’s perceptions, because people’s behaviours are always a direct result of their perceptions.

Perceptual theory was developed by Art Combs and his colleagues (Snygg & Combs, 1949, 1959), during an important transitionary time in the history of psychology, emerging at the point in history where behavioural theories were recognized to be found wanting (e.g., solely focusing on behaviour left unacknowledged what was going on inside the mind of the behaver), and when cognitive theories were beginning to gain prominence. Cognitive theories predominated the era, particularly the information processing model. Cognitive psychology continues to exert a foundational shaping impact on the study of human behaviour. The publications of Combs and his colleagues (Combs, 1999; Combs, Richards, & Richards, 1976; Snygg & Combs, 1949, 1959) were, for the most part, bypassed by mainstream psychology. But the theory has been
persistent, exercising a formative grassroots impact on what Combs (Combs, Avila, & Purkey, 1978) described as the helping professions: teachers, counselors, doctors, nurses, pastors, and the like. Many of the theory’s foundational insights continue to shape these fields today – because, put simply, they work. Boeree (1998) captures the essence of the theory’s failure to garner mainstream attention, writing that,

Sometimes, a theory fails to gain the attention it deserves because it is too simple, too clear, too practical. Snygg and Combs' theory is a good example. Although it has had a quiet impact on a number of humanists, it didn't have the "pizzazz" other theories did. (para. 1)

I appreciate the clarifying insights of perceptual theory because they help explain many of the complexities and challenges and adventures of human relationships. The theory is also characterized by a very optimistic vision for people, providing resources that can support personal growth and development, honouring the unique individuality, capacity, and potential of each person. It is at its core a theory that resonates with care.

**Central elements of perceptual theory.** The first rule of perceptual theory is that every behaviour makes sense to the behaver in the moment of behaving. No matter how ludicrous or illogical a person’s behavior may appear to others (who each have different perceptual fields and different perceptions), to the behaver, their behavior was very logical and was the best option they had at the time of behaving. Behaviour is a symptom of perception. Perceptual theory was originally known as perceptual field theory. The theory introduced the concept of a phenomenal or perceptual field (Combs et al., 1976), which described the subjective reality that an individual was capable of perceiving. Every behavior is rooted in the behaver’s perceptions, which are directed by the data available
in their perceptual field. A person with a healthy perceptual field is able to “see” widely, drawing in more sensory detail, and thus leading to more accurate perceptions. A person who is experiencing threat will have a narrower perceptual field, and will not be able to perceive as accurately. However, in both cases, the individual perceiver is likely to believe that they are perceiving reality accurately.

Recognizing that behaviour is shaped by an individual’s perceptual field provides important insights for people in the helping professions, particularly if they are positioned to have a sociological influence. Since we cannot directly observe a person’s perceptual field, we have to observe their behaviour, and then, “read their behaviour backwards,” (Combs et al., 1976, p. 377), inferring their perceptions from their behaviour. Reading behaviour backwards positions the observer to better understand an individual’s perceptual field in order to support the development of a healthy perceptual field, challenging them to re-perceive, if necessary. Such a shift in perceptions is likely to lead, in turn, to a shift in behaviour.

**Two key contributions of perceptual theory.** Perceptual theory has two primary benefits: first of all, it can lead to a better understanding of human behaviour; and secondly, it can help support behavioural change (Combs et al., 1976).

*Understanding human behaviour.* Perceptual theory provides a way to better understand human behaviour. Behaviour is a symptom of perception. So, focusing solely on a person’s behaviour is not sufficient. What thoughts are shaping their behaviour? More importantly, what perceptions are shaping their thoughts and actions? Perceptual theory provides a way of exploring human behaviour by focusing attention on the underlying perceptions. By seeking to understand the influence of perception, one may be
positioned to better understand human behaviour. This is particularly important for teaching, where developmental realities ensure that our students are constantly in a state of becoming (Combs, 1999), or engaged in the ongoing process of learning and growing. It is far too easy for busy teachers to over-focus on behaviour and under-focus on the nature and impact of formational underlying perceptions.

**Supporting behavioural change.** Perceptual theory also provides resources for coming alongside another in order to support them in taking steps to change their (mis)behaviours by addressing their perceptions. Teachers – and parents and other caregivers – are uniquely positioned to work with developing human beings, whose identity and perceptions are evolving, addressing their behaviour by focusing their attention on the perceptions that shape behaviour. This could, as a result, have a transformational impact on child development.

In *Florida Studies in the Helping Professions*, Combs et al. (1969) focus directly on teacher perceptions. Four primary perceptions emerged as central, allowing for a distinction to be made between effective and ineffective teachers: (1) a teacher’s general perceptual frame of reference (or worldview); (2) a teacher’s perceptions of others (particularly their students); (3) a teacher’s perception of self; and (4) a teacher’s perception of the teaching task. Effective teachers are characterized by healthier and more appropriate perceptions – for instance, perceiving students as able, friendly, worthy, dependable, helpful, and internally motivated, rather than as unable, unfriendly, unworthy, undependable, hindering, and externally motivated.

**Perceptual theory and the current research study.** In the context of this study, teacher perceptions of self, students, care, and the nature and purpose of the teaching task
all factor into the nature and communication of educational care – and, thus, the failure to successfully communicate intended care. As significantly, because perception shapes behaviour, student perceptions of their teacher’s care and their teacher’s offering of care is fundamental to the completion of care. Care is defined by perception. From this vantage point, if the student does not perceive their teacher as caring, care has not been successfully communicated, regardless of teacher intentions and intention-directed behaviors – and regardless of the teacher’s perceptions.

There are two other structural implications of perceptual theory for my research plan. First of all, as implied earlier, this study focuses on student perceptions of teacher care. Exploring the relationship between teacher caring intentions and student perceptions and experiences of care will be primarily accessed through student perceptions. Secondly, the outcome of this study focuses on addressing and challenging teacher perceptions – of care, of their communication of care, and of student perceptions – in order to potentially impact teacher perceptions, teacher behaviour, teacher care capacity, and the successful communication of educational care.

Chapter Summary

This first chapter provides an overview of all that follows in this dissertation, giving the reader a clear sense of the narrative that will unfold. This chapter includes a review of the main features of a research study, informing the reader about the background context, the problem to which this research responds, and the research. It also includes a number of key terms and concepts – concepts that may be a bit unclear at the start, but which should be very familiar by the end. This chapter positions this text as an unfolding narrative, with the researcher as the author seeking to provide space for
important voices to speak and be heard. Finally, the chapter concludes by identifying the study’s two primary theoretical foundations, Care Theory (Noddings, 1994, 2013) and Perceptual Theory (Combs, Richard, & Richards, 1976; Combs, 1997). In the following two chapters, I will review the two separate bodies of literature, the care theory literature in Chapter Two and the educational care literature in Chapter Three. These discourses and narratives establish a context for my contributions to the educational care dialogue.
CHAPTER TWO: A REVIEW OF THE CARE THEORY LITERATURE

Chapter Two focuses on insights into both care and the communication of care that have emerged from the discourse surrounding what is often referred to as care theory, which is sometimes referred to as an ethic of care (or care ethics). This chapter addresses the following topics:

- Why Care Matters
- The Challenge of Defining Care
- Some Philosophical Considerations
- Defining Care: Care is a Relationship
- A Conundrum: The Practical Failure of Care
- The Three Problems of Care
- Three Possible Solutions

Why Care Matters

Most people have an intuitive awareness that care matters, that care is good, and that care can make a positive difference. When care is successfully communicated, needs are met, hurts are healed, identities and values are affirmed, and lives are improved. In contrast, most humans also recognize that a lack of care is also significant; it, too, can make a difference, but this difference is rarely positive. People can experience harm. Identity and value can be challenged, even destroyed. Those in need or experiencing harm may see their situation deteriorate further. People’s lives are diminished by the absence of successfully communicated care. The opposite of love is not hate, but indifference (Wiesel, 1986).
Halldorsdottir (1996, 2013), whose vision for care and caring relationships has had a marked impact on the nursing profession, identifies of five distinct modes of being with others. Her five modes, or levels, unfold in a continuum that progresses from uncaring to caring. She describes her levels as biocidic (life-destroying), biostatic (life-restraining), biopassive (life-neutral), bioactive (life-sustaining), and biogenic (life-giving). Each mode has clear implications for the importance of relationality and the impact and significance of care. Humans are interdependent, and they suffer when their needs for caring and connection are not met. Halldorsdottir’s modes of being with others serves as an important starting point because it clearly shows that humans are impacted by the quality of their relationships, and the quality of their relationships is determined by the nature of the care they experience.

For some, however, an intuitive awareness of the theoretical value of care is not sufficient; a stronger rationale for care must be provided. The extended care theory literature provides a number of important foundations that directly relate to the value and importance of care and caring relationships. In the following paragraphs, I review the four following tenets: (1) the relationship between basic human needs and care; (2) three levels of caring duties; (3) the relationship between universal care and particular care; and (4) the concept of a web of dependency and care.

**Basic Needs and Care**

Foundational theories of human development have identified and explored a number of basic human needs. Some of these primary needs relate directly to care and caring relationships. Specifically, care theory, Maslow’s hierarchy of needs, self-
determination theory, the belongingness hypothesis, and perceptual theory’s adequacy proposal all speak to the centrality of the human need to care for and relate to others.

**Care theory.** Given the nature and purpose of my research study, it is appropriate to start with care theory, which serves as the theoretical foundation for my research. In her landmark publication, Noddings (1984) identifies two care-related needs for all human beings: (1) the need to care for others; and (2) the need to be cared for by others. This distinction serves as the central foundation for my study. Every human being needs to both communicate care and receive care.

**Maslow’s hierarchy of needs.** Maslow (1943) identified a hierarchy of needs that progresses from basic human needs, including physiological and safety needs, then progresses upwards to other human needs that must be fulfilled (such as belonging, esteem, self-actualization). At the heart of this theory is the declaration that in order for the higher needs to be met, the lower and more foundational deficiency needs must be met first. While education should be focused on self-actualization, in order for this to be possible, earlier needs must first be met. The need for care supports the pursuit of self-actualization by addressing safety, belonging, and esteem needs. A deficiency in any of these areas will be an obstacle to self-actualization. Care is thus directly related to Maslow’s sociocultural dimension, which focuses on relationships, love, and belonging.

**Self-determination theory.** Self-determination theory (Deci & Ryan, 1985; Ryan & Deci, 2000) has powerfully enhanced the understanding of human motivation and identity formation. Self-determination theory explores issues of human motivation and personality, suggesting that the most effective and appropriate form of motivation is self-determined and self-directed. The theory identifies three basic human needs: (1)
competence, the need to exercise control and success; (2) relationality, the need to relate with others; and (3) autonomy, the need to exercise personal freedom and agency. While all three needs relate to my research, the concept of relationality and the need to be in relation with others is both foundational and central to care.

The belongingness hypothesis. Similarly, the current emphases on attachment, belonging and connectedness in education and other related fields trace their roots to Baumeister and Leary’s (1995) belongingness hypothesis, which refers to the human emotional need to form interpersonal relationships with others. It is clear from Baumeister and Leary’s definition and their subsequent work that these relationships should be characterized by care.

The need for adequacy. This study is also significantly informed by the work of Combs and the development of perceptual theory. Combs et al. (1976) suggest that it might be more appropriate to refer to goals instead of needs when it comes to Maslow’s foundational theory, and they propose that all of these goals combine into a single basic need: the need for adequacy. Combs et al. (1976) note that in, “perceptual psychology we reserve the term need for the most basic, fundamental striving of an organism footed in the nature of protoplasm itself which we have called the need for self-actualization or adequacy” (p. 132). Combs’s later writings convey the important role that caring relationships play in the pursuit and realization of adequacy. Here, humans become who they are meant to be in the context of community.

Three Levels of Caring Duties

Engster (2005) identifies three levels of caring duties that provide both a reminder of the human obligation to care for others and the potential promise of a culture shaped
by care and caring relationships. The first, or *primary* level, of care draws attention to the primary responsibility to care for oneself, for those an individual has a personal relationship with, and for those an individual is positioned to help. There is also a *secondary* responsibility to care for those who live nearby, or for those whom an individual is socially connected to and interacts with regularly. Finally, at the *tertiary* level, there is also a general responsibility to communicate care for those in need.

**Universal Care through Particular Care**

Some care theorists (e.g., Engster, 2005; Groenhout, 2004; Wilde, 2013) draw a helpful distinction between *universal care* and *particular care*. *Universal care* focuses on the foundational need for every human being to experience care. It is impossible for any one person to successfully communicate care to every other human being on the planet. However, Engster’s (2005) identification of a primary level of care is theoretically significant because if every person was able to successfully communicate personal and particular care for the people they are responsible for, universal care may suddenly become a practical possibility. Wilde (2013) captures this potential, writing that,

> Thus acting with care in our local, particular circumstances can have tremendous power. What we do this very second sends out ripples that influence what will happen in the next second, therefore influencing everything else in our interconnected word. In this case, acting compassionately involves taking hold of our responsibility to individual students *and* to the world. (p. 43)

Groenhout (2004) suggests that care theory requires *double vision*, addressing both the importance of the general and universal ideal of care *and* the obligation to communicate particular care to the people we encounter. Universal care is rooted in particular care.
A Web of Dependency and Care

Both Noddings (2012) and Engster (2005) describe a web of dependency and care. Humans are interconnected and interdependent; as a result, one’s choices and actions influence others. While this has obvious consequences when it comes to causing harm, as Halldorsdottir’s (1996/2013) life-destroying and life-restraining modes clearly indicate, it also has significant positive implications when an individual makes the choice to act on their obligation to communicate care. When a person successfully communicates care, they help the people they care for – and the process can change lives. Further, when care is successfully communicated to others, caring actions often encourage the recipients of care to also seek to communicate care to others. The communication of care influences those who are cared-for.

The Challenge of Defining Care

A review of the care theory literature reveals an essential and ironic starting point. Almost every theorist started by pointing out that care is very difficult to define. Ironically, at the same time, practically speaking, everyone knows what care is when they see it (Goldstein, 2002; Rogers & Webb, 1991). The challenge, of course, is that care is in the eye of the beholder. It is a perceptual concept: every person has their own fundamental understanding of what care is, but not everyone defines it the same way.

Care is paradoxically theoretically simple, but practically complex, multi-faceted, situational, contextual, and perceptual. Care in theory and care in action are not necessarily the same thing. There are many sides and dimensions to care. Care needs and the communication of care can change in different contexts and situations. From this vantage point, how care is defined primarily depends on the perspective of the one
receiving the care, regardless of how the one communicating the care intends their care to be perceived and received.

In this section, I review the different dimensions of the care theory dialogue that address both the conceptual complexity and the various definitions and explanations of care. I also review a number of important clarifications offered by care theory, as well as some practical resources for communicating care. Care is a contested and misunderstood concept. As a result, the communication of care is always at risk.

**Conceptualizations of Care**

As noted in the first chapter, a review of the care theory literature reveals a number of valid and reasonable conceptualizations of care. Recognizing the different ways care has been conceptualized can provide insight into both the meanings and the complexity of the concept of care.

In her review of the care theory literature, McKamey (2011) describes care as a concept charged with competing political and social meanings; she writes that it is, “an expression fraught with tensions, contradictions, and multiple meanings” (p. 3). Two decades earlier, Edmonds (1992) had declared that, “caring has no accepted place in the psychological literature” (p. 10). Despite a variety of competing theories, care has yet to be empirically conceptualized. Similarly, there is no empirically-grounded definition of the components of care. As noted, one’s conceptualization of care shapes perception and behaviour. Each approach to care has its own meaning, interpretation, and assumptions. In this regard, despite the existence of compatible foundations, differing conceptualizations of care may be incompatible.

McKamey (2011) describes the communication of care as an invisible and undervalued practice, while Goldstein (2002) challenges her audience to reclaim care.
Wilde (2013) reminds us that, “…by enlivening acts of care we begin to heal ourselves and our collective world” (p. 1). One of the ways to seek to make care visible – to seek to reclaim and rearticulate care – is to try to better understand what care actually is.

**Sander-Staudt’s Five Primary Conceptualizations.** Sander-Staudt (2017) observes that in the care theory literature, “care is most often defined as a practice, value, disposition, or virtue, and is frequently portrayed as an overlapping set of concepts” (para. 14). In other words, the word care can describe a practice; it can describe a value; it can describe a disposition; it can describe a virtue. And, it can be defined as a series of inter-related concepts. This statement underscores the complexity of the concept.

Sander-Staudt (2017) identifies five primary definitions of care: (1) care as world maintaining (Fisher and Tronto, 1990; Tronto, 1993); (2) care as meeting the needs of another (Bubeck, 1995; Engster, 2005); (3) care as practice (Engster, 2007; Hamington, 2004); (4) care as virtue or motive (Sevenhuijsen, 1998; Slote, 2007); and (5) care as value (Held, 2006).

**Care as world maintaining.** Tronto (1993) defines care as, “a species activity that includes everything we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible” (p. 103). She further describes the world as, “our bodies, our selves and our environment, all of which we seek to interweave in a complex, life-sustaining web” (p. 103). Tronto’s definition is often criticized for being far too broad, essentially suggesting that everything people do is care. By implication, if everything people do is care, then nothing is care.

**Care as meeting the needs of another.** Bubeck (1995) defines care as,
The meeting of needs of one person by another where face-to-face interaction between care and cared for is a crucial element of overall activity, and where the need is of such a nature that it cannot possibly be met by the person in need herself. (p. 129)

Bubeck’s definition focuses on face-to-face interaction and the meeting of the needs of the cared-for by the one-caring. She clearly distinguishes between service, which is meeting the needs of those who are capable of self-care, and care, which involves meeting needs that the person cannot meet on their own.

**Care as practice.** In this category of definitions, the focus shifts to practical action, not just theoretical perceptions and dispositions, ensuring that care moves past theory to practice. These definitions also focus on the purpose or goal of care, something that is often bigger than the actors involved in a care interaction. Hamington (2004) focuses on the embodied nature of care, shifting, “ethical considerations to context, relationships, and affective knowledge in a manner that can only be fully understood if care’s embodied dimension is recognized. Care is committed to flourishing and growth of individuals, yet acknowledges our interconnectedness and interdependence” (p. 3).

Engster (2007) approaches care from a justice vantage point, defining care as, “everything we do to help individuals to meet their vital biological needs, develop or maintain their basic capabilities, and avoid or alleviate unnecessary or unwanted pain and suffering, so that they can survive, develop, and function in society” (p. 28).

**Care as virtue or motive.** Sander-Staudt (2017) observes that in this approach, care ethics is a type of virtue ethics, and care is often identified as the central value. She specifically notes that this builds on Slote (2007), who, “equates care with a kind of
motivational attitude of empathy” (para. 17), as well as on Sevenhuijsen (1998), who defines care as, “styles of situated moral reasoning” (p. 85) that focuses on attentive listening and authentic responsiveness. In the virtues approach, care is simply a good thing done by good people – it is a virtue or an admirable motive.

**Care as a foundational value.** In this approach, care is more fundamental than a virtue or motive, shifting to a foundational value that clearly informs behaviour. Held (2006) describes care as, “a practice and value rather than as a virtue because it risks losing sight of it as work” (p. 35). Held draws attention to the relational nature of care, which leads to value-directed caring actions for others.

**Three Foundational Conceptualizations.** The care theory literature provides an important foundation and context for the communication of care in education. Here I begin with Mayeroff’s (1971) ingredients of care, an appropriate starting point because Mayeroff essentially initiates the care theory dialogue. I then move on to two primary voices in the care theory dialogue: Noddings’s (1984, 2013) characteristics of a caring relationship and Tronto’s (2005, 2013) ethical elements of care.

**Mayeroff’s Initial Conceptualization.** Milton Mayeroff initiated the care theory discourse with the publication of *On Caring* in 1971. Mayeroff introduced a helpful conceptualization of caring, and also identified a list of the ‘ingredients’ of care. These two contributions continue to inform perceptions of care and the communication of care. Mayeroff (1971) conceptualizes care as a process that focuses on supporting the growth and actualization of another person. He defines care as, “the act of helping another to grow and self-actualize” (p. 1). He also identifies the seven key ingredients of care: knowledge, patience, honesty, truth, humility, hope, and courage. Mayeroff is an
important place for us to start, partially because he initiated the dialogue, but also because Noddings (2006) responded to his list of ingredients when she insisted that there is no recipe for care. A list of caring behaviours is helpful when it comes to the communication of care, but it is not sufficient for the completion of care.

**Characteristics of a caring relationship.** Throughout this document I have recognized the profound impact Noddings (1984, 2013) has had on both the care theory and educational care dialogue. It would not be a stretch to observe that the entire conversation is essentially a footnote to Noddings. In her original 1984 publication (which was revised in 2013), Noddings identified three characteristics of a caring relationship. These three characteristics have remained foundational to any discussion of caring behaviour, and warrant a brief review here as well. The three characteristics of a caring relationship include the following:

- **Engrossment:** being attentive and receptive to the needs of the other;
- **Motivational Displacement:** Directing motivation and attention away from self and toward the other
- **Response:** The one-caring will respond to the need of the cared-for if resources are available and if doing so will not harm others.

**Ethical elements of care.** Like Noddings’s list of characteristics, Tronto’s description of the ethical elements of care – originally developed in 2005, and then updated in 2013 – also serves as a primary description of the communication of care. Tronto outlines five ethical elements of care:

- **Attentiveness:** Recognizing the needs of another;
- **Responsibility:** Recognizing the need to respond by taking action;
- **Competence**: Taking action that provides appropriate and sufficient care;
- **Responsiveness**: Ensuring that the cared-for responds;
- **Solidarity**: Recognizing that humans are united by caring for each other (added in 2013).

**My Focus on Noddings’s Conceptualization.** While Sander-Staudt’s (2017) list of conceptualizations is helpful, I was struck by the fact that she did not include Noddings’s (1984, 2013) definition of care: care as a relationship. Noddings’s definition cannot be overlooked. Noddings is clearly recognized as one of the originators of care theory, and her 1984 publication served as a primary initiator of the care theory dialogue. Secondly, Noddings’s theory provides important insights that address some of the issues that contribute to the complexity and misunderstanding of care.

**Care as relationship.** According to Noddings (1984, 2013), *care* is a direct personal relationship between the one-caring and the cared-for. As Goldstein (2002) notes, every interaction with another person provides us with an opportunity to enter into a caring relationship. And humans face this, “decision-making juncture” (p. 127) multiple times every day. Care is a relationship rooted in a moral decision and commitment. Noddings’s insistence that care is a relationship – not a behaviour, disposition, or virtue – plays a central role in this study, and I believe it also helps us understand why intended care can fail to be successfully communicated.

Noddings (1984, 2013) conceptualization of care ultimately served as one of the primary theoretical foundations for my study, both because of its emphasis on relationship, as well as her identification of completion. The concept of completion
played a central role in the conceptualization of the successful communication of educational care articulated by the participants.

**Three Helpful Distinctions**

Noddings has done more than any other care theorist to provide guidance for understanding the communication of care. She draws helpful distinctions between (1) relational and virtue caring; (2) caring for and caring about; and (3) natural and ethical caring. Each of these distinctions provides important insights into the nature of care.

**Virtue caring vs. relational caring.** Noddings (1999) points out that when she first started working with care in the early 1980s, she did not yet recognize that there were two distinct meanings of caring. Her writings (1984, 2013) draw a clear distinction between virtue caring and relational caring. In virtue caring, the emphasis is placed on the behaviour of the one-caring. The carer (e.g., a parent, a teacher, or a nurse) acts in a certain way in order to communicate care to another person, and this reveals both their care and their virtuous character. In the context of virtue ethics, they have demonstrated virtue caring. Care theory, however, suggests that in this case, it is possible that care was not successfully communicated, depending on the response of the cared-for. Care does not occur if it has not been completed, which takes place when the cared-for recognizes and responds to the care that is extended to them. Relational caring, therefore, focuses on both the behaviour of the one-caring and the response of the cared-for – the relational context in which care is both encoded and decoded.

**Caring about vs. caring for.** The care theory literature also distinguishes between caring about someone or something, which can easily remain theoretical care, such as feeling sympathy, or thinking caring thoughts, and caring for someone or
something, which implies a more active form of care-in-practice, such as doing caring actions. Initially, Noddings (1984) oversimplified this distinction, implying that caring about can too easily imply, “benign neglect” (p. 112). She maintains that caring for is far more authentic and effective because it clearly moves from caring thoughts and intentions to caring actions designed to ensure that care actually occurs. However, in response to a number of critics, Noddings (1999) has also recognized that caring about is also important because it can serve as the, “foundation of justice” (p. 36). While caring about may not lead directly to caring actions, it can still support caring actions (e.g., donating to causes that provide care, supporting individuals, institutions, or policies that lead to care). However, it is possible to care about and to never actually communicate care personally to the people one encounters. Caring for, on the other hand, often leads to the successful communication of care because it is characterized by a commitment to act.

Natural vs. ethical caring. Natural care is the intuitive care that one offers to those one cares for – friends, family members, and others one considers to be loveable. It is instinctive, and it is authentic. As a result, it is a sufficient starting point for the communication of care. Ethical care, however, goes further and deeper. It is a stance of care, a moral commitment and decision to communicate care, even when one does not necessarily feel love or care for the other. It is a personal, ethical decision to communicate care. And, in the context of the helping professions (e.g., education, health care, counseling, etc.), it is also a professional commitment and obligation. This professional and personal commitment to offer care can cause someone to seek to do so even when it does not come naturally, to offer care because they have chosen to do so and because they recognize that it is their obligation. This is an important starting point for
some caring relationships because in some contexts, care is not necessarily reciprocated or completed. The one-caring chooses to act as if a caring relationship were in place, in the hopes that this relationship will eventually come to be. The goal, in this context, is for ethical care to ultimately become natural care.

**Resources for Communicating Care**

The care theory dialogue focuses on care-in-action and on ensuring the completion of care. A number of theorists have identified distinctions or resources designed to clarify and improve care communication. In this section, I briefly review McKamey’s (2011) differentiating between *caring actions, orientations, and meanings*, Tronto’s (2005, 2013) *ethical elements of care*, Maier’s (1979) *primary components of personal care*, Engster’s (2005) *three distinct ways to care for others*, Noddings’s (2005) *domains of care*, and Groenhout’s (2004) *levels of care analysis*. These resources could be helpful for assessing and identifying the offering of care.

**Actions, orientations, and meanings.** McKamey’s (2011) review of the care theory literature provides a helpful resource for understanding and exploring care by distinguishing between caring *actions*, caring *orientations*, and the *meanings* of care and caring. Although this seems to be a simple distinction, it helps to resolve some of the definitional complexity. Too often, these three aspects of care are used interchangeably when, in fact, they are actually three distinguishable dimensions of the care theory discourse. How one perceives and defines care (*meaning*) shapes one’s perception and understanding of care (*orientation*), which, in turn, shapes one’s caring *actions*. As perceptual theory reminds us, all behaviour is merely a symptom of perception.
Ethical elements of care. Jane Tronto has participated in the care theory dialogue for over 30 years, and is recognized as a leading voice. One of Tronto’s (2005, 2013) most important contributions to the discourse is her identification of the five ethical elements of care. She initially identified four elements: *attentiveness*, *responsibility*, *competence*, and *responsiveness* (2005). In 2013, she added a fifth element *solidarity*. These elements provide further clarity for the communication of care, reminding the one-caring of the various interconnected dimensions of communicating care for another. First, *attentiveness* (caring about) focuses on the ethical responsibility to authentically seek to recognize the needs of another in order to respond to them. Second, *responsibility* (caring for) reminds the one-caring of their obligation to take it upon themselves to take action in order to communicate care for the other. Third, *competence* (caregiving) focuses on the need to provide care that is effective, appropriate, and sufficient from the perspective of the cared-for. Fourth, *responsiveness* (care-receiving) reminds the one-caring that a response must be evoked in the cared-for, and the one-caring must be empathetic and authentically responsive in order to ensure that the care provided actually meets the needs of the cared for. Lastly, Tronto (2013) added the ethical responsibility of *solidarity* (caring with), drawing attention to the fact that all members of a society should be united in their beliefs that they will be cared for by others. As Tronto observes, if you are worried about your own needs, or fear they may not be met, you will not be positioned to even think about offering care to others.

The primary components of personal care. One of the earliest voices in the care theory dialogue, Maier (1979) provides an important initial distinction that is still very helpful today. In order to care for another person, there are three primary requirements:
(1) that the physical comfort and safety of the cared-for be addressed; (2) that the cared-for can count on the one-caring to continue to care for them beyond the current caring interaction; and (3) that the communication of care involves a familiar caring person.

**Three distinct ways to care for others.** Extending beyond Maier’s (1979) emphasis on personal care, Engster (2005) classifies three distinct ways to offer care to others. Firstly, he refers to the first method as *paradigmatic*, where the one-caring personally cares for another by meeting their needs, supporting their growth, or alleviating their suffering. The second way to care for others is to ensure that care-givers have the resources and support they need to provide care. Kittay (1999) describes this form of care as *doula* care (in reference to someone who cares for a mother after the birth of a child in order to ensure that the mother can care for the child effectively). Engster’s third way is through establishing or supporting programs that help care for or support the needs and growth of others in need. The second and third levels serve as practical extensions of Noddings’s definition of *caring about* – care is provided, but the one-caring is not necessarily involved personally.

**Domains of care.** Noddings also extends these lists further with her articulation of six domains of care. Noddings (1992) observes that care, “can be developed in a variety of domains and take many objects” (p. 47). Noddings’s domains include: (1) care for self; (2) care for intimate others; (3) care for distant others; (4) care for nonhuman life; (5) care for human-made objects; and (6) care for ideas. Noddings explores this further in her publications on care in education, suggesting that each of these domains can serve as an opportunity to develop care capacity and communication.
Levels of care analysis. Finally, in her book on care, Groenhout (2004) identifies three levels for analyzing care and the offering of care. First, one must analyze and identify the type of person one needs to become in order to be capable of participating in a caring relationship. Secondly, one must analyze and identify interpersonal relationships of care in order to better understand how they occur. Finally, one must analyze and identify the social structures needed to support the offering of care and caring relationships, as well as those which fail to support caring relationships or which make caring relationships difficult to maintain.

If an organization or community chooses to take the intended communication of care seriously – and, thus, earnestly desires to develop care capacity and improve the successful communication of care – these five resources may be very helpful for both educating community members and for assisting community stakeholders in assessing and identifying the presence (or absence) of care, as well as an assessment of the communication of care.

Conclusion – Moving from Theory to Practice

One of the important most contributions of care theory is the recognition of the need to move beyond theoretical care (e.g., thinking caring thoughts or feeling sympathy for someone) to actually practicing care and ensuring that care is completed (e.g., doing something for someone, seeking to establish a caring relationship). One of the causes of the breakdown of the successful communication of care is the disconnect between the caring intentions of the one-caring and the lived experience of the potentially cared-for. The concept of completion (Noddings, 1984, 2013) is central to this study, and indeed, to
the process of successfully communicating care. Completion focuses on whether or not the cared-for recognizes and responds to the care offered by the one-caring.

I will conclude this section, which explores the complexity inherent in attempting to define care, by: a) reviewing what care is not; b) by considering whether or not the ambiguity concerning the definition of care is actually a good thing; and c) by considering two important reminders from two significant theoretical voices.

What care is not. At times, the care theory dialogue attempts to clarify what care is by drawing attention to what care is not – which can be helpful. I will briefly review three of the most incisive negative statements.

Care is not just gentle smiles and warm hugs. Goldstein (2002) positions her emphasis on relational care by contrasting it to Rogers (1994), who characterizes care as, “gentle smiles and warm hugs” (p. 33). Seeing caring as gentle smiles and warm hugs is dangerous because it limits care. It implies that care is simply smiles, hugs, and kindness. The challenge is that this is a common perception. People believe that this is sufficient, and thus often fail to recognize that there is more to the offering of care.

Care is not just being nice. Goldstein (2002) also describes the, “hegemony of the nice,” (p. 76), drawing attention to the danger of limiting care to niceness or kindness. Being nice is not wrong, of course; but, the problem is that being nice is a virtue, a positive attribute that is spread wide but not deep. Being nice is certainly a good way to be, and being caring is a good way to act. Niceness is a general attitude, and being nice is a good thing to do and a good way to be. As a general approach, it may result in good and positive outcomes. By contrast, however, caring is aimed at a specific person and focuses on caring actions, not just intentions. Benner and Gordon (1996) draw an important
distinction between a generalized feeling of benevolence toward others and what they describe as, “a special set of skills, reflections, and activities that allows one to be with and do for another” (p. 41). They caution that it is far too easy for people to mistake the sentiment for the practices and skills, and to assume that the sentiment is sufficient. Based on this approach, without completion, care is not successfully communicated.

**Care is not a checklist of caring behaviours.** Both the care theory and educational care theory literature have resulted in appropriate and helpful lists of caring behaviours. One of the challenges that has followed, however, is that people then define care on the basis of these caring behaviours, seeing them as mere checklists, and assuming that if they are able to ‘check off’ the appropriate behaviours, care will have been successfully communicated. As noted, however, care is a relationship, and care is not successfully communicated until the cared-for perceives it to be so. Merely performing the appropriate caring actions may not be enough – but still, the one-caring may believe that they have communicated care successfully when they have not done so.

**Is the ambiguity a good thing?** It is clear from what I have described as the practical failure of care (e.g., we know what care is, and we believe we are caring, but care is not happening as much as we think it is) that one of the key issues is the misunderstanding and oversimplification of care. However, there are some who have suggested that the conceptual murkiness is a ‘good thing.’ Bowden (1997), for instance, observes that the ambiguity and lack of clarity and consensus concerning the nature and meaning of care is a positive element that reveals, “the complexity and diversity of the ethical possibilities of care” (p. 18). I agree that there is certainly an opportunity present in the lack of clarity, which can then create the potential for novel articulations of care;
however, I believe that the lack of clarity and consensus is problematic because it is far too easy for people to define care however they wish, which then serves as a touchstone for their own actions. The problem is that care is perceptual and is ultimately defined by the cared-for, not the one-caring. It is imperative for more people to recognize that care can be conceptualized as a relationship. It is not simply caring behaviours, and it is not simply a vague concept or checklist of behaviours that can be defined differently by those who intend to offer care. A definition is needed in order to dialogue effectively about care – and in order to assess the successful communication of care.

**Two important reminders.** I conclude this important section with two helpful reminders from two significant voices, Nel Noddings and Henri Nouwen.

**Do unto others as they would have done to them.** Noddings (2012) challenges the commonsense understanding of care, which often builds on the golden rule, “do unto others as you would have done to you.” People often tend to think that this is the right way to offer care: to project our own perceptions of care onto others and to assume that if we behave the way we would want others to behave toward us, that we, then, are successfully communicating care. It is too easy to assume that because we are good people with good hearts and good intentions, we know others and understand them and empathize with them enough. Noddings (2012) writes, “in the caring approach, we would prefer to advise: Do unto others as they would have done unto them” (p. 55). This important re-articulation of a familiar conviction is much more consistent with the central reality of the successful communication of care: it is not the perception of the one-caring that matters; it is the perception of the cared-for. We need to demonstrate the caring
behaviours that they are likely to perceive as intended care. This demands attention and empathy, topics that will be addressed later.

To care is to lament. Nouwen’s *Out of Solitude* (1974) draws attention to the origin of the word *care*: the Gothic *kara*, which means “lament.” He writes, “The basic meaning of care is: to grieve, to experience sorrow, to cry out with [emphasis added]” (p. 33). Nouwen (1974) suggests that too often, we are not comfortable with coming alongside of others to this extent, noting that, “in fact we feel quite uncomfortable with an invitation to enter into someone’s pain before doing something about it” (p. 33). Nouwen’s definition, however, draws attention to the need to authentically empathize with others, to come alongside of them and to see and experience through their eyes and heart. We cannot simply project our own understandings, but must truly identify with them. It is the perception of the cared-for that matters, not the perception of the one-caring – regardless of the quality of their heart or the goodness of their intentions.

Some Philosophical Considerations

The concept of care remains murky and contested, and involves dialogue in a number of different fields and disciplines. In this context, it is helpful to take the time to examine some of the philosophical foundations and considerations related to care and care theory. In this section, I explore the following six topics, (1) should the care-related discourse be described as the ethic of care or care theory?; (2) the relationship between care theory, feminism, and gender; (3) theoretical foundations for caring; (4) distinguishing between an ethic of care and an ethic of justice; (5) criticisms of care theory; and (6) philosophical rationales for caring for others.
Care Ethic/Ethic of Care or Care Theory?

One of the first decisions I had to make in my study was how to refer to the care-related literature. The care-theory discourse uses two labels almost interchangeably: *the ethic of care*, or *care ethics*, and *care theory*. It is important to say “almost,” because for some, the distinction is a significant one. An *ethic* typically describes *a set of moral principles*, while a *theory* typically refers to an attempt to explain phenomena. Within the care-related discourse, care is sometimes described as a practice or virtue, rather than as a theory – but this distinction takes us back to the conceptual murkiness described earlier. Because I have chosen to define *care* as a relationship, and the focus of my research is on developing a theory of the successful communication of educational care, I decided to refer to the care-related topic as *care theory*, thus highlighting the literature’s focus on explaining both what care is and how it happens. For some, this distinction will be a bit jarring, because an ethic and a theory are not quite the same thing. Within this document, however, I no longer draw this distinction. Hereafter, I refer only to *care theory* and will not again reference *care ethics* or the *ethic of care*, save for the remainder of this section and moments where direct quotes force my hand.

I am comfortable making this decision because others have done the same thing – as I noted, the terms are often used interchangeably. For example, the leading voice in the care theory literature, Nel Noddings, uses both terms (e.g., Noddings, 1999; 2012), even though she herself is typically associated with the ethic of care. In their section on ethics of care, the *New World Encyclopedia* (2017) clarifies the relationship between *ethics of care* and *care theory* by describing the ethic as, “a normative ethical theory” (newworldencyclopedia.org, 2017). A *normative ethical theory* is a systematic attempt to
describe and explain a moral or ethical phenomenon. *Care theory*, therefore, is a normative ethical theory that systematically attempts to describe or explain the ethic of care. This study seeks to develop a theory that explains the social and moral process of the offering of care and the successful communication of educational care.

**Care Theory, Feminism, and Gender**

The ethic of care is not rooted in gender, and care is not exclusively a female trait. One of the issues I had to wrestle with during the completion of this study was the automatic association some people make between care theory, the female gender, and feminism. Many of the leading care theorists are female (e.g., Noddings, Tronto, Held, and Goldstein), and the theory itself emerged directly out of the early feminist voices of the 1980s (e.g., Gilligan, 1982; Noddings, 1984). In addition, many female authors use gender language in their writings, typically referring to the one-caring as female (e.g., a mother or a female teacher) and the cared-for as male (e.g., the son or a male student).

While honouring the feminist foundations and the work done by both females and males within the tradition, as a male working in the field, I sought to ensure that I (1) understood the foundations well and (2) was able to position myself appropriately. One of the practical implications of this was the decision to use the pronouns “they” and “their” as a singular pronoun, rather than either following the pattern of the female carer and the male cared-for, or alternating masculine and feminine pronouns.

Other scholars have also disentangled caring and femininity, stressing that care is far more complex than simple gender considerations. McKamey (2011) notes that,

> Other scholars have disassociated caring with femininity, expanding a view of care to include issues of race, class, culture, and power, and calling for educators
to critically examine how multiple processes of caring function for people within
organizations and social contexts (e.g., Antrop-González & De Jesús, 2006;
Beauboeuf-Lafontant, 2002; Rolón-Dow, 2005; Siddle, Walker, & Tomkins,
(pp. 79-80)

Waithe (1989) reviewed the masculine/feminine narrative concerning care, tracing the
initial gender-based association to the Christian tradition. This became particularly
significant in the distinction between care and justice, which were then associated with
females (care) and males (justice). At the same time, the Christian tradition also
suggested that women could not be considered as image-bearers of God – as men
‘clearly’ were! – which implied that women were also incapable of either reason or
morality. Waithe (1989) suggests that as a result, care was perceived to be an affective,
emotion-rooted concept associated with women, while justice was seen as a moral and
intellectual concept associated with men. Waithe (1989) writes that, “justice was
perceived to be a ‘rational’ response and therefore male and moral, while caring was
perceived to be an ‘affective’ response and therefore female and non-moral)” (p. 10).

This traditional and flawed association between care, care theory, and gender continues to
influence the discourse to some extent. Gender certainly plays a role when it comes to an
individual’s experience and communication of care. But, there are other demographic
factors that also influence one’s perception of care (e.g., race, ethnicity, socioeconomic,
community, etc.). Care is a constructed concept that is shaped by a host of factors,
including gender. As care theory reminds us, however, all human beings (1) need to be
cared for others and (2) need to communicate care for others.
Theoretical Foundations for Caring: Philosophy and Psychology

My review of the care theory literature reveals that there are two primary theoretical foundations for caring: philosophy and psychology. Sugishita’s (2000) dissertation study divided her literature review into two chapters, specifically exploring (1) postmodern feminist philosophers and teacher care, and (2) prosocial psychologists and prosocial teacher support. She suggests that both constructs described the same social process, but she approached the topic from two different foundational starting points. Edwards (2009) makes a very similar point, suggesting that there are two main sources for care theory: ontological, seeing caring as a way of being in the world, which he directly links to the two care-related needs common to all, and psychological, seeing caring as an orientation or stance. Recognizing that these two fields have focused on the same social process is significant, because both fields have clearly acknowledged the power and impact of care on human identity and behaviour.

Care Theory and Justice Ethics

The care theory discourse was initiated by Mayeroff (1971) with his definition of caring and his identification of caring behaviours. However, the dialogue began in earnest in 1982, when Carol Gilligan published In a Different Voice, introducing care theory and clearly contrasting a feminine approach to care with a masculine emphasis on justice, which she accomplished through her challenge of Kohlberg’s (1958) stages of moral development. She challenges Kohlberg’s theory, suggesting that his stages were far too male-dominated, essentially limiting females to the lower levels of his stages of moral development. She proposes her own theory, which she describes as an ethic of care. She argues that the male perspective was more logical and individualistic, while the female
voice focused more on care and interpersonal relationships, which she describes as the care perspective. Gilligan’s writings draw attention to the important differences between care and morality, but also highlight the tensions between males and females when it comes to issues of morality and justice. A key difference is that justice is understood as the ability to overcome the influence of relationships and contingency when considering moral problems, given that they are rule-based and assumed to be universal.

As the care theory dialogue unfolded, the contrast between what was perceived as a feminist focus on care and a masculine emphasis on justice resulted in what I would consider to be an unfortunate and inappropriate separation between the two concepts. Often, the dialogue suggested that care and justice were oppositional, and that the pursuit of care was often at odds with the pursuit of justice (and vice-versa). In a nutshell, justice theories (Kohlberg, 1973; Rawls, 1971) suggest that the morality of an action is determined by following the rules associated with principles of justice. An act is determined to be moral if it does the right thing on the basis of the appropriate principles. By contrast, care theory suggests that the morality of an action is determined by considering both principles and relationships. An act is moral if it does the right thing on the basis of considering both principle and relational factors. The addition of the focus on (1) individual circumstances and application and (2) considering the relational dynamics and impact is at the heart of the tension between the two schools of thought.

Petterson (2011) reminds us that, “different ethical theories have different normative core values. The ethics of care highlights care; deontology accentuates rights; the theories of justice emphasize justice; and the utilitarian tradition values the society’s overall well-being” (p. 54). The emphasis on different core values
necessarily places these different approaches in conflict, at times. Nevertheless, it is important to note that this does not mean that the concepts themselves need to be at odds. The discourse often speaks as if care and justice are in opposition. I would suggest that, in fact, the successful communication of care prioritizes both care and justice. When both are not pursued, both care and justice are at risk. I will explore this tension later in this dissertation when looking closer at how teachers offer care, while also addressing student behaviour and misbehaviour. In that context, a caring teacher must offer care to each student, while also ensuring that the classroom is a safe and just community, which requires applying principles and consequences.

Engster (2005) argues that one could formulate care theory as a form of justice theory, but clarifies that, “it is a justice theory that designates caring for others in a caring manners as the most fundamental human value” (p. 70). He notes that what separates care from justice in this context is that care theory focuses far more on issues of process and relationality, in contrast to simply applying principles of justice. However, his insights also highlight the important relationship between care and justice.

In Justice and Love (2015), Nicholas Wolterstorff explores the relationship between love and care in the context of examining the relationship between justice and love. Wolterstorff suggests that authentic love requires that if a person loves another person they will seek their wellbeing or flourishing and will ensure that the person’s rights are honoured – that they are treated justly. He suggests that the concept of care may be the best word to capture this challenging balance:

Is there a term in present day idiomatic English, in addition to the term “love,” for the union of these two kinds of love, love that seeks to enhance a person’s
wellbeing or flourishing and love that seeks to secure that a person’s rights are honored [emphases added], that she be treated with due respect for her worth? I think there is. It’s the term “care,” understood not as caring for someone who needs aid or assistance but as caring about someone. (p. 101)

While I might quibble with Wolterstorff’s use of the words “for” and “about,” he does nuance the point that the pursuit of care does not preclude the pursuit of justice. Care theory, in order to be practically effective, must balance the needs for both care and justice. I would suggest that seeking to do so is part of offering care. While the theories of care and justice may be theoretically incompatible, it may be possible for an individual to simultaneously seek to offer care and seek to do what is just.

Criticisms of Care Theory

One of the most significant challenges to care theory is the many different criticisms that have been levelled against it. This was one of the most fascinating elements of my review of the related literature. Care seems simple in theory, but a closer look reveals how complex and convoluted it actually is. As will be noted in a future section, the most obvious challenge is that care appears to have practically failed: humans know how to care, they know they should care, but care too often fails to occur. It is, therefore, unsurprising that many criticisms and objections have been raised. In this section, I provide an overview of some of the primary criticisms. Rather than listing them all in this introductory paragraph, I simply identify three primary categories of the critique: (A) criticisms concerning the one-caring; (B) criticisms concerning the cared-for; and (C) theoretical criticisms. I do not address these criticisms, but simply seek to faithfully identify their concerns.
**Criticisms concerning the one-caring.** There are seven primary critiques of ‘the one caring’ that emerge in the literature, outlined briefly below.

**Care theory supports the oppression of women.** One of the most interesting criticisms leveled at care theory, given its roots in the feminist tradition, is that care leads to the oppression of women. A number of critics (Card, 1990; Davion, 1993) raise a valid point, noting that in practice, it is often women who are responsible for providing care in a wide variety of settings – and there is also an assumption that they are obligated to do so. Keller (1995) suggests that care theory supports traditional and patriarchal perceptions of the role of women (e.g., homemaker, caregiver, etc.). Hassan (2008) writes,

> In an ethic of care, a woman is expected to be the one-caring in all situations, thus forcing her to remain in the position of sole caregiver. By reinforcing these gender roles, the woman is caught in the role of a subservient person, caring for others but not for herself. It also reinforces an obligation to care while forgetting one’s own needs. (p. 161)

**Care theory encourages superficial understanding of difference.** Because care can appear to be simple, it can also appear that gentle smiles, warm hugs, and being nice are sufficient, as noted by Rogers (1994). Such an approach appears to overlook the complex dimensions that make people so different from each other (e.g., political, cultural, religious, gender, personality, and social class differences) and which shape how the other will perceive and experience care. This is particularly important for educational care because so many people enter the profession with a desire to communicate care, yet their understanding of the concept is insufficient for the complexity in which they work.
Care theory will cause burnout. Offering care is difficult. Someone who takes caring seriously will likely face challenges in offering care to the people around them. This will be complicated by those who resist or resent their attempts to offer care, or when they interact with those who are uncaring to others. For some, their commitment to offer care could become impossible and create very real stress and tension. For some it could be too much, causing them to burn out and give up.

Care theory supports deficit assumptions. McKamey (2002) also notes that some who choose to offer care to others can do so on the basis of deficit assumptions—from their privileged status, they look down on those around them that they believe “need care” and, thus, begin to act in response. This is another example of good and caring intentions that can be dangerous in action. Such a mindset can easily be characterized by deficit assumptions based on race, ethnicity, socio-economic status, gender, and others.

Care theory can trump ethical behaviour. Davion (1993) provides a number of specific examples of situations where someone acted caringly, but did not act ethically (e.g., a woman who supports her husband who she knows is a member of the Klu Klux Klan, a woman whose homophobic husband directs her to vote against same-sex marriage, a person who supports their family’s racism and bigotry). If particular care is the only criteria, there is a very real danger that inappropriate actions can result.

Care theory privileges care at the expense of justice. Bubeck (1995) suggests that because care theory focuses on the one-caring’s emotional attachment and commitment to the cared-for, the probability of unjust behaviour increases, particularly when other individuals are involved (e.g., offering care to one person at the expense of offering care for another). The one-caring is so committed to the subject of their care that
they are likely to choose care over justice when the two are at odds. As noted earlier, the ethic of justice and ethic of care are often perceived to be incompatible.

**Care theory encourages situational ethics.** This critique is a variation of the previous one. *Situational ethics* focuses on decision-making in the moment, thus considering the ethical implications of the individual act rather than broader ethical standards and principles that may also be in play. This is an important charge to briefly explore, because if care theory simply advocated for caring behaviour in all individual circumstances, it could very easily contribute to unjust behaviours (e.g., caring for your partner as they prepare to commit a crime, supporting a colleague despite their racist behaviour). As Groenhout (2004) points out, however, “Care theory doesn’t merely advocate acting in a caring way. It also requires us to think systematically about what sorts of social systems support caregiving, and what social systems make caring difficult or impossible” (p. 107). Care theory requires that the one-caring act in ways that support care on multiple levels, and that they consider their caring behaviour in this light.

**Criticisms concerning the cared-for.** Moving toward critiques regarding the cared-for in caring relationships, six considerations emerge, briefly described below.

**Care theory encourages arbitrary favouritism.** Care theory often advocates for the pursuit of universal care through an emphasis on particular care, suggesting that individuals are obligated to offer care to those closest to them, such as friends, family, and community members. As the argument goes, if everyone offers cares to those close to them, ultimately, everyone will experience the completion of care. Critics suggest, however, that there is a very real danger that the offering of care will privilege the
communities of those inclined to be caregivers, and will not encourage the offering of care beyond one’s own immediate and familiar context (Friedman, 2006; Tronto, 2006).

*Care theory is far too dependent upon personal feelings for the cared-for.* Paley (2002) questions whether care theory overemphasizes the need for sympathy and personal feelings. This could be a threat to care principles because the one-caring may not choose to offer care if they do not have such feelings or such a disposition.

*Care theory can lead to engrossment rather than caregiving.* De Raeve (1996) warns that care theory emphasizes the concept of *engrossment*, which potentially threatens the professional detachment that caregivers need to do their job properly. For example, a nurse or teacher could become so focused on their client’s emotional wellbeing that they actually cannot teach them or care for them clinically and effectively.

*Care requires making judgements about what is “best” for others.* Van Galen (1993) levels an important criticism when he observes that caring, as Noddings defines it, “involves making judgements about what is in the best interest of others” (p. 7-8). What gives the one-caring this right? As Trout (2012) points out, “the literature includes multiple examples of what happens when these judgements are incorrect or inappropriate” (p. 27).

*Care can be used to manipulate others.* One of the key charges against care theory is that sometimes care can be used to manipulate people. For example, participants in this study gave examples of teachers they knew who intended to care and thought they were caring for their students. However, some of their students recognized that the teacher’s behaviours were too-often characterized by a need to exercise power or control under the guise of care. Similarly, many advertisements play on this principle, suggesting
that, “if you really cared, you would…” in order to push their products on their audience. This is not always directly stated, of course, but it is clearly implied (e.g., look at that happy family playing on their video game system, or using their new toys).

**Care can cause harm.** Even more significantly, too often, care can cause harm. There are many examples of this, from parents abusing or manipulating their children, to teachers harming students, to multiple examples of the abuse of the cared-for by the one-caring in nursing homes, hospitals, and other institutions that should be characterized by care. Such examples highlight the importance and impact of perception and the need for a clear definition of care. In many cases, it is not a stretch to recognize that the caregiver earnestly and honestly intended to offer care, yet caused harm instead.

**Theoretical criticisms.** Lastly, six criticisms of care theory from a theoretical standpoint emerge when examining the literature, detailed in brief below.

**Care theory was empirically flawed at the outset.** A number of critics (Brabeck, 1983; Haan, Langer, & Kohlberg, 1976) have raised concerns about the origin of care theory, questioning Gilligan’s (1982) landmark research and publication and wondering whether her sample was sufficient to justify her conclusions. They suggest that the participants she interviewed made for a too small and narrow sample, thus potentially refuting the resulting generalization about all women and caring moral reasoning (and the tacit assumption that men were incapable of the same type of reasoning).

**Care theory is not theoretically distinct.** Another common theoretical criticism is the charge that care theory is not theoretically distinctive, but instead, could and should be seen as a variation of other theories that draw on similar principles. The most common
such critique observes that care theory is better understood as a variant of virtue ethics, with care as the primary virtue (Halwani, 2003; Rachels, 1999; Slote, 1998).

*Care theory perceives care as a human trait, rather than a social construct.* Critics struggle with a universal human trait that is rooted in feminist foundations. Instead, they suggest, care is socially constructed, and likely shaped by other factors such as gender, race, ethnicity, socio-economic status, and the like. There is no single human trait of care, but instead, multiple care traits that are shaped and formed by multiple factors. Sander-Staudt (2017) observes that, “the charge of essentialism in care ethics highlights ways in which women and men are differently implicated in chains of care depending on variables of class, race, age, and more” (para. 25).

*Care theory is ethically ambiguous.* One of the strengths of care theory is its emphasis on the formation of multiple unique caring relationships. Care is relational, contextual, situational, and perceptual. One of the criticisms that emerge in response, however, is the fact that the theory is not generalizable. There are no clear principles, processes, or step-by-step instructions about *how* to care. Absent such guidelines, care itself remains ambiguous and uncertain.

*Care theory is incapable of self-reflective critique.* Groenhout (2004) observes that one of the most common objections to care theory is that because it simply directs people to “care,” it offers very little in terms of ethical content. She notes that the theory defies systematic critique because, “it’s validation of caring emotions makes it incapable of a critical examination of the formation of those emotions” (2004, p. 106).
The concept of care is neutral. Allmark (1995) observes that care is not ‘good’ but, instead, neutral. What matters is how care is practiced. This criticism also makes the important point that care itself is a vague concept that has not been adequately defined.

Philosophical Rationales for Caring for Others

One of the most complex philosophical elements of the care theory dialogue is the attempt to identify a rationale for offering care to others. The care theory dialogue explores a wide array of possibilities, ranging from self-interest to fairness, to generic consistency and non-contradiction to common dependency. In the following paragraphs, I provide a brief overview of this narrative, recognizing the challenge inherent in attempting to be brief when it comes to matters of philosophic complexity.

Self-interest. Arguing for care on the basis of self-interest has some validity: if we care for others, they will care for us, and the net result will likely be that we will be surrounded by caring people – which is clearly in our best interest. But, this justification is insufficient. Self-interest, for instance, could also cause us to care selfishly (e.g., care as little as we need to reap the benefits of care from others, and be selective in who we care for on the basis of their potential to provide the care we want to receive). As Engster (2005) writes, “if our duty to care rests upon nothing more than self-interest, then we might justifiably isolate our loved ones and ourselves into narrow, resource-rich, caring communities (as many people in fact attempt to do), and neglect all others” (p. 61). The care theory discourse does not rest the argument for the need to care on such a limited foundation, despite the fact that there is may be some truth and validity to it.

Fairness. One could also argue the need for care on the basis of the principle of fairness. If an individual is to be part of a community or collective, all stakeholders
should be expected to look out for each other, and to contribute to the system or structure that supports them (e.g., Klosko, 1992; Rawls, 1971). In a community composed of different individuals with different gifts, abilities, and skills, individuals depend on each other for wellbeing and survival. Most individuals would recognize that to reap the rewards without also contributing to the cooperative structure would not be right.

However, the fairness principle, too, is insufficient justification for care. As Goodin (1995) observes, there are two significant challenges to this rationale. First of all, we would only be obligated to offer care to those within our local community. Secondly, and more significantly, we would only be obligated to offer care to those capable of contributing to the system or structure. On the basis of this principle, the disabled, weak, and infirm would not be entitled to our care communication.

**Generic consistency and non-contradiction.** This argument is a bit challenging to explain, but it provides some important food for thought. Gewirth’s (1978) principle of generic consistency and the need to avoid non-contradiction also serves as the foundation for a, “rational theory of obligation” (Engster, 2005, p. 62). As Engster notes, Gewirth argues that, “all purposive agents act for ends that they consider good” (p. 62). In order to pursue these ends, all humans have the right to both autonomy and wellbeing. They need to have the freedom to pursue their desired goals, and they need to have basic wellbeing in order to be able to do so. A purposive agent must, by definition, therefore, respect the autonomy and wellbeing of other agents, or they contradict the very principles of action that their own freedom and wellbeing are rooted in. If they are to be free and to pursue their own wellbeing, they must also ensure that others have this same opportunity. The principle of non-contradiction, therefore, assures the principle of generic consistency.
The hole in this theory is that it depends on purposive agents recognizing all other humans as purposive agents as well. There are, of course, some who would suggest that there are ‘lesser agents’ who are entitled to lesser rights. This could then be extended to any other group (e.g., on the basis of gender, race, ethnicity, or the presence of disabilities) – a frightening resurrection of colonialist marginalization. In such a mindset, there is no contradiction when the lesser rights of lesser agents are not believed to be as significant as the rights of the purposive agents. This rationale, then, can contribute to an emerging commitment to offering care – but it, too, is an argument with flaws.

Common dependency. Engster (2005) makes a strong case that the rationale for care is not autonomous agency, but common dependency. All human beings exist within a network of relationships. We all have both the need and the right to care for and to expect care from others. Indeed, we are dependent on others for our safety, survival, growth and development, and simple daily functioning. Therefore, we are logically required to recognize not only our own right to be cared for by others, but also the rights of others to make claims for care on us. Engster (2005) notes that,

In sum, we should care for others in need when we are able to do so because we have implicitly demanded and continue to demand care from others for our own survival and development and the reproduction of society; and because denying others the care they need deprives them of the support necessary to survive and achieve the basic wellbeing that we all implicitly recognize as good. (p. 64)

We offer care to others because we are obligated to care for them, and likewise, because they are obligated to care for us. It is this rationale, rooted in the principle of common dependency, which serves as the primary philosophical rationale for care theory.
Defining Care: Care is a Relationship

Having reviewed some of the complex and contested elements of the care theory dialogue, the focus of the dissertation starts to shift. In these final few sections, I begin to position my own study. Specifically, over the next few pages, I (1) offer my definition of care; (2) explore the practical failure of care; (3) identify three fundamental problems with care; and importantly, (4) explore specific potential solutions to these problems.

In this section, I explore the care theory literature’s recognition that care is a relationship. This central dimension of the successful communication of care is too easily overlooked when people seek to define care. Too often, ‘good’ definitions of care focus on the behaviours of the one-caring, a pattern that was established from the outset of the care theory dialogue. I will note that in my own study, I almost made the same mistake. My own initial attempts to define care effectively focused attention on what people need to do in order to offer care to others, but did not focus on completion or the establishment of a relationship.

In the following paragraphs, I return to the beginning by exploring Mayeroff’s initial definition and description of care before elaborating on the definition of care as a relationship, and identifying the three characteristics of a caring relationship. I explore each of these three characteristics in more detail, beginning with barriers and antecedents to engrossment, moving on to a debate over the difference between motivational displacement and empathy, and finishing with a focus on the centrality of response. Finally, I identify the two primary ethical choices required when the one-caring seeks to establish a caring relationship.
Mayeroff’s Initial Definition and Description of Care

Milton Mayeroff initiated the care theory discourse with the publication of On Caring in 1971. Mayeroff introduced a fantastic definition of caring, and also identified a list of the ‘ingredients’ of care. These two contributions continue to inform perceptions of care and the offering of care. Mayeroff (1971) defines care as, “the act of helping another to grow and self-actualize” (p. 1). He also identifies the seven key ingredients of care: knowledge, patience, honesty, truth, humility, hope, and courage. This is a helpful definition and an effective list: if people were to define care in this way, and were able to embody these ingredients, the potential for the successful communication of care would be significant. Care theory owes a debt of gratitude to Mayeroff for initiating a conversation about care. He did not invent care, of course, but he did begin an important conversation about a topic that affects everyone, but too often remains undiscussed.

I have discovered, however, that Mayeroff’s definition and list of caring ingredients serves as somewhat of an ironic starting point. This is particularly striking for me, because for at least the first year of my care theory journey, I agreed completely with his definition, and used it regularly in conversations about care, and even referenced it directly in a couple of my initial conference presentations. It is an ironic starting point for the care theory dialogue because while both the definition and the list of caring ingredients make a great deal of intuitive sense, they have had the very real impact of not only failing to increase and improve the offering of care, but may also actually impede the successful communication of care. Mayeroff’s landmark contribution, despite its vast potential, actually serves as a powerful example of why care so often breaks down.
The central issue is one of both perception and behaviour. The practical application of Mayeroff’s theory completely focuses on the perceptions and behaviour of the one-caring, and consequently completely overlooks (at both the conceptual and application levels) the perceptions and experiences of the cared-for. Here, one can completely agree with Mayeroff’s definition, and can even behave in accordance with it, checking off each of the recommended behaviours on his list of ingredients; yet, by doing so, one can still actually fail to offer care that is perceived and received as care by the person one is trying to care for. Having read his book with anticipation and excitement, I still personally believe that it is quite possible that Mayeroff himself would have paid close attention to the response of the cared-for, and would have ensured that his care was communicated successfully. But, the primary practical resources that have emerged from his publication – namely, the definition and the list of caring ingredients – have not had the impact on the practical experience care that he intended. One can read Mayeroff, agree with what he wrote, and have a very well-rooted theoretical commitment to care, yet still fail to communicate care successfully. I suspect that this actually happens far more than people realize. There are too many good-hearted, well-intended people in the world who do not sufficiently understand what care actually is – and their intended care fails to be communicated successfully as a result. As noted, a number of theorists have suggested that our culture today is experiencing a very real loss or lack of care; I suspect the situation was very similar in 1971.

**Defining Care as Relationship**

The care theory community does not have consensus concerning the conceptualization of care. There are some theorists who, like Mayeroff, believe that care
should focus on the behaviour of the one-caring. And, to a certain extent, they are right – the offering of care does must start with the perceptions and behaviour of the one-caring.

At this point in my journey, however, I do not believe this is sufficient. Caring intentions and caring behaviours are not enough to ensure that care is communicated successfully. Care is not care if it is not perceived as care by the cared-for; care is not care if it is not completed, and care is not care if it does not lead to the formation of a caring relationship.

Noddings introduced her conceptualization of care as a relationship very early in the dialogue, with her initial publication of *Caring: A Feminine Approach to Ethics and Moral Education* in 1984. Noddings (1984) writes, “A caring relation is, in its most basic form, a connection or encounter between two human beings—a carer and a recipient of care, or cared-for” (p. 15). In contrast to Mayeroff’s list of ingredients of care, Noddings (1984, 2013) also notes that, “caring is a way of being in relation, not a set of specific ingredients” (p. 17). Noddings (1984, 2013) captures the heart of the dilemma contained in the contrast between caring behaviour and caring relations:

I have put a great emphasis on caring as relation, because our temptation is to think of caring as a virtue, an individual attribute. We do talk this way at times. We say ‘he is a caring person,’ or even, ‘She is really a caring person, but she has trouble showing it.’ Both of these comments capture something of our broad notion of care, but both are misleading because of their emphasis on caring as an individual virtue. As we explore caring in the context of caregiving – any long term unequal relation in which one person is carer and the other cared-for – we will ask about the virtues that support caring. But for now, it is important not to
detach carers from caring relations. No matter how much a person professes to care, the result that concerns us is the caring relation. Lots of self-righteous, ‘caring’ people induce the response, ‘she doesn’t really care about me at all.’ (p. 17-18)

Noddings’s definition of care as a relationship plays a foundational role in the care theory dialogue. She herself has remained actively involved throughout the discourse (e.g., Noddings 1984, 1992, 1998, 1999, 2005, 2012, 2013). Goldstein (2002) extends Noddings’s definition, noting that, “caring is a relation that is contextual, situated, and specific” (p. 142), further reinforcing Noddings’s important emphasis on the need to develop a unique caring relationship with every single person one seeks to care for. This is an essential perception that is far too often overlooked: one does not simply behave caringly, one establishes multiple caring relationships.

**Barriers and Antecedents to Engrossment**

As noted earlier, Noddings (1984) identified three characteristics of a caring relationship: engrossment, motivational displacement, and response. Each of these three characteristics has been subject to intense scrutiny and debate. Engrossment certainly plays an important role, initiating the caring interaction and communicating to the cared-for that the one-caring notices and attends to them. Crigger (2001) developed a study of care in nursing, focusing specifically on engrossment. In her professional experience, she had observed that when caring relationships between nurses and clients failed to form, engrossment (and perceptions of engrossment) often played an important role.

**Barriers to engrossment.** In her interviews with nursing students, Crigger (2001) asked participants to describe incidents where a caring relationship did not form. Crigger
adolescent experiences of educational care (2001) identifies a number of barriers to engrossment: (1) the student did not perceive the need of the client; (2) the student did not believe that they were equipped or positioned to help meet the client’s need; (3) insufficient time; (4) a lack of positive feedback from the client and/or their family; (5) the student’s perceived need to focus on technical skills and skills development; and (6) the student’s sense of fear or confusion in the situation (p. 620-621). I suspect that these results will transfer to other settings, as well.

Antecedents to engrossment. The focus of Crigger’s (2001) study, however, was a better understanding of engrossment. Her research identified a number of categories that emerged from her participant data, explaining what caused a caring relationship to form in the first place. Crigger (2001) also refers to these as “cues” (p. 618), noting that her students often used this term when describing the initial interactions that preceded the formation of a caring relationship. Crigger (2001) describes these cues or antecedents to engrossment as (1) need, meaning either the needs of the patient or the nurse’s own need to help the client; (2) sensory cues, involving things the nurse could see, feel, and smell that elicited attention and a need for response; (3) similarities, like when the nurse recognized similarities between themselves and their client; (4) projection, meaning when the nurse projected positive attributes on the client, even if they were not actually present; (5) emotions, encompassing when the nurse experienced an emotional response to their client that literally startled them into responding; and (6) reciprocity, involving when the student nurse recognized that they were gaining knowledge through their experience, either directly or indirectly. While not all of these antecedents or cues to engrossment fit in all situations, some of them will transfer to other settings. For
example, based on my experience with students at multiple grade levels, all of them have also served as cues to engrossment for teachers working with students at some point.

**Motivational Displacement or Empathy?**

Another fascinating dimension of my review of the care theory literature was the dialogue between Noddings and her supporters and other theorists who either criticized or challenged her groundbreaking research and concepts. One of the most interesting was Noddings’s interaction with Michael Slote regarding the distinction between motivational displacement and empathy. This conversation occurred over many years, and ultimately culminated with Noddings (2012) recognizing that Slote (2007) was right.

The debate centered on whether or not *motivational displacement* and *empathy* were the same thing. Noddings was convinced that they were not. Slote, on other hand, felt quite strongly that not only were they the same thing, but that the word *empathy* was a better word than *motivational displacement*, a construct that far too many potential carers found confusing. When a potential carer focused attention on someone who potentially needed care, from their perspective, *empathy* was their natural response, not *motivational displacement*.

Noddings disagreed with Slote for a number of years. As she noted in 2012, her primary objection was rooted in her perception of empathy. She observed that the meaning of empathy had changed in very important ways. By 2012, however, Noddings recognized that Slote’s interpretation of empathy was more in touch with a general public perception of the concept, and she recognized that *empathy* and *motivational displacement* were, in fact, the same thing. Noddings’s objection, however, was legitimate. And in the end, her decision to agree with Slote was also correct. Noddings
observed that there are two very different types of empathy that inform the behaviour of the one-caring: projective empathy and receptive empathy.

**Projective empathy.** Projective empathy occurs when the one-caring, in seeking to understand the feelings and motives of the cared-for, projects their own feelings and beliefs on the cared-for. Rather than attending to the cared-for’s own feelings and beliefs, the one-caring essentially draws conclusion on the basis of how they themselves would feel or respond. Noddings was right to be concerned about this meaning of the word empathy. Indeed, this gets to the heart of a caring relationship. When actions are shaped by projective empathy, the one-caring is not truly displacing their own motives, but is rather projecting their own understanding on the cared-for (e.g., rather than authentically feeling with the other person). Their actions, as a result, may miss their mark, and may then interfere with the completion of care and the formation of a caring relationship.

**Receptive empathy.** Receptive empathy occurs when the one-caring authentically notices and receives the cared-for, feeling with them and seeing through their eyes. Shen (2011) describes this as associative empathy, which he defines as, “a mechanism through which audience members experience reception and interpretation of the message from the inside, as if the events in the message were happening to them” (p. 406). As Slote (2007) rightly observes, when empathy is receptive, it is virtually identical to motivational displacement and, thus, is a sufficient step in the formation of a caring relationship.

Interestingly, while recognizing that motivational displacement and empathy might be the same in many ways, Noddings continues to use her own articulation: motivational displacement – and I agree with her. While Slote is right that receptive empathy is the same as motivational displacement, I am not convinced that this
distinction is sufficiently drawn in practice. For example, in my interviews with study participants, it became very clear that one of the reasons care is not successfully completed in education is that too often, teachers draw on projective empathy rather than receptive empathy. In other words, in the heat of the moment, when a student is in need of care, a busy teacher can too easily assume that they know what the student is feeling or experiencing, and can overlook the importance of ensuring that their conclusion matches the student’s reality (e.g., by asking the student). In such a moment, the teacher may be very confident in their empathetic abilities – but they may be wrong.

While I agree that empathy is a more accessible and familiar concept for people, I do wonder if there is value in retaining Noddings’ original concept, motivational displacement, which describes the ability to set aside one’s own motives and intentions in order to account for the feelings and desires of another person. The reason this may be worth holding on to is that it could cause the one-caring to examine their own perceptions and intentions. If the one-caring is not intentionally reflective about this, it could be too easy to fall into familiar patterns and understandings. If people have a set perception of empathy, it does not matter how someone else defines it: their own definition will be operational. We can, of course, be clear about our terms and take pains to differentiate the type of empathy we intend. But, there may be some value to Noddings’s decision to completely differentiate, because the articulation of a unique concept or term may cause someone to actually perceive it differently. The concept of motivational displacement, then, has potential value because it may challenge people’s perceptions and behavior – and may make it more likely their care will be communicated successfully. Given my future plans to communicate study results to in-service and pre-service teachers, I will
choose to use the phrase *motivational displacement*, but I also intend to highlight the difference between *projective empathy* and *receptive empathy* for precisely this reason.

**The Centrality of Response**

A person could master engrossment and motivational displacement, yet still fail to complete care. All they would earn is some moral credit for demonstrating care as virtue – which is not necessarily a bad thing – if there was not response from the cared-for. Noddings (1999) notes that recognizing the contribution of the cared-for may be, “the very heart of care theory” (p. 38). From a care perspective, the response of the cared-for is everything. It completes care. It establishes a relationship. It encourages the one-caring. When the patient stops smiling, when the baby no longer responds, when the student withdraws or stops trying, then there is a problem.

**What counts as response?** The care theory dialogue also explores the nature of the response of the one-caring. While a caring relationship is a reciprocal relationship whereby both parties participate and both parties contribute, it is not necessarily an equal relationship. This is particularly important for research into educational care, where sometimes the only response a student will make to the care communicated by their teacher is to change their behaviour. No smile, no words of thanks, but still a sufficient response for the one-caring to recognize that their care has been completed and a caring relationship established. Almost anything can count as response, provided that it indicates to the one-caring that their intended care has been recognized.

A caring relationship is always in progress. It is important to make the point that while response is central from the vantage point of the one-caring because it is a sign that care has been completed and a relationship established, this is not enough. The response
of the cared-for also provides further information to the one-caring about the needs and desires of the cared-for, as well as guidance for how the one-caring can extend or deepen their relationship. As Noddings (2012) suggests, “the response provides building blocks for the construction of a continuing caring relation” (p. 53). A caring relationship is an ongoing process, and is constantly in flux and at risk.

Two Ethical Choices

Crigger (2001) observes that when it comes to communicating care, the one-caring has two ethical choices to make: (1) choosing to attend and to become engrossed, and (2) choosing to respond to what they noticed through caring actions. Both of these choices are significant moments with significant consequences. The process of offering care is not the same thing as the completion of care. The one-caring has two fundamental choices to make in order to communicate their caring intentions to the cared-for. At this point, whether or not care is completed is still up in the air, and is dependent on the response of the cared-for. But, the process requires two distinct ethical choices on the part of the one-caring.

The Three Problems of Care

Despite the complexity, it appears that the communication of care matters – and that it matters a lot. There is a disconcerting lack of care in our world today. The local, national, and global news testifies to a lack of care. On a daily basis, people experience violence and harm done to them by others. Daily, we witness people’s failure to communicate the care that they should be obliged to provide to others around them. This is not a new phenomenon. But even examples of extreme violence and harm (e.g., war, murder, rape, assault, etc.) fail to sufficiently describe the lack of care that people
regularly experience in schools, homes, and workplaces. Racism, bigotry, misogyny, abuse, bullying, hatred, relational tension, peer pressure, mocking, theft, reputation-smearing, manipulation, demeaning words and actions, and on and on. When we shift our focus from all-too-common isolated incidents of egregious violence to the day-to-day experiences of uncare in the lives of far too many people around us, we may begin to grasp the significance of care and the lack of care. Ironically, it is easy to overlook this lack of care when the victims are not always recognized or known – and when the failure to successfully communicate care has become normalized.

So where does care theory sit today? After almost 50 years of discourse, has anything changed? We know that every human being needs to be cared for and needs to care for others. Thanks to Mayeroff (1971) and many others, we know what we need to do in order to offer care. Indeed, this should have been evident simply by noticing and attending to the needs that are present in the people around us, both locally and globally. We need to care. We need to be cared for. And we know what we need to do to fulfill the promise and hope of care. But, too often, the care that is needed fails to take place. On a very real and practical level, care theory often appears to have failed.

As this dissertation advances, I identify a number of significant potential contributions that have emerged through my research study. Having reviewed the care theory literature, I believe I have identified an important gap in the literature that this research seeks to address: identifying why, too often, care is not successfully communicated. I have discerned what I describe as the three elements of the primary problem of care theory and the communication of care: *misunderstanding*, *oversimplification*, and *brokenness*. 
Problem One: Misunderstanding

The first two problems – *misunderstanding* and *oversimplification* – are interconnected, and I considered combining them. But when I began exploring the link between the problem and possible solutions, I recognized value in differentiating.

Having reviewed both the care theory and educational care theory literature, I have discerned that the collective misunderstanding of what care *is* is one of the most significant problems. There is little consensus care, and the elements of care have not been empirically conceptualized. It seems as if everyone has their own definition – yet, everyone assumes that when they use the word care, they are all talking about the same thing. McKamey (2011) describes this as *accessibility*, noting that the concept is not easily accessible because there is no shared construction of care. The complicator, of course, is that everyone believes that they know what it is. If the communication of care is going to improve, the collective understanding of care actually *is* must be clarified.

Problem Two: Oversimplification

The second problem of care is the oversimplification of care. It is intertwined with the first problem, of course. Is care a behaviour? A virtue? A relationship?

When people are unaware of the care theory dialogue, they often develop an intuitive understanding of care that is a good starting point, but is not sufficient for successfully communicating care. As noted earlier, this boils down to the distinction between the *offering* of care and the *completion* of care. The offering of care focuses on caring behaviours and actions, and pays too much attention to the one-caring, sometimes even overlooking the cared-for entirely. The completion of care, however, prioritizes the completion of care, and focuses on the perceptions and experiences of the cared-for.
McKamey (2011) also describes the issue of *generalizability*. Those who attempt to teach care often grasp on to intuitive lists of caring behaviours, like Mayeroff’s ingredients of care. The attraction of such checklists of care is understandable: the words on the list are words that everyone knows, so care appears to make sense. As Noddings (2006) observes, there is no recipe for care. Care is not a list of caring behaviours; it is a completed relationship. Generalizable lists of caring behaviours may be a potential threat to the successful communication of care.

If the communication of care is going to improve, those who intend to communicate care must recognize that good hearts and caring intentions are insufficient. Care must be completed, a much more complex process than many people recognize.

**Problem Three: Brokenness**

The third problem of care has its roots in human nature. Not everyone is as committed to offering care as they should be, and as others around them are. Some humans are psychopathic, some are mean. Some are selfish, some are thoughtless. Some are arrogant, while others are bigoted, racist, or misogynistic. Some are all of the above. Still others are blissfully unaware that they are unsuccessful communicating their intended care – and they would be horrified to discover otherwise. And, sometimes people are simply uncaring. This is rarely raised in the literature, even though it contributes directly to the perceived failure of care theory.

The third problem also has its roots in the complexity of human interactions. Sometimes, the needs and wants of one person impact or interfere with the needs and wants of another person. Sometimes, people misunderstand the motives and actions of others. Sometimes, people simply make mistakes. Relational tension and conflict are
common human behaviours. These interactions do not necessarily need to interfere with or prevent the communication of care – but they often do. This, too, directly contributes to the practical failure of care in our world.

The first two problems should not surprise the reader, given what was said earlier in the review of the care theory literature. The misunderstanding and oversimplification of care may not have been named as such. But they do clearly emerge from the care theory discourse. The third problem, however, has only been identified by a handful of theorists. I have described this problem as brokenness: human beings are imperfect, and they sometimes do things they should not do. In this section, I briefly review three concepts: (1) wrongdoing and conflict; (2) malformed care; and (3) radical and pervasive sin. Each of these topics provides insights into the problem of brokenness.

Wrongdoing and conflict. Cavanagh (2003), who contributes regularly to the restorative justice discourse, speaks to the care theory dialogue when he describes the need for a ‘culture of care’ in response to the human consequences of wrongdoing and conflict. He advocates for a culture rooted in restorative justice practices (and, highlighting safety and belonging) as a means of addressing these issues. Because of the nature and impact of wrongdoing and conflict, which are potentially present in any relational context, perceptions and experiences of care are at risk. The successful communication of care (and, a culture characterized by care) can be a way to address this.

Malformed care. Wolterstorff (2015) describes broken or misdirected care as malformed, which he refers to as the shadow side of care: “care about someone is malformed if it wrongs anyone, not only if it wrongs the recipient” (p. 102). Even well-founded, well-intended, well-communicated care can be broken, depending on how it is
perceived by or influences others. Often people are characterized by a desire to ‘care’ and to ‘fix things,’ and are inclined to act on these desires – but may unwittingly cause harm by doing so. Additionally, some caring acts privilege one person while simultaneously marginalizing others, thus diminishing the communication of care and the flourishing of others within a community. Care is an imperfect and malformed concept, which further complicates its successful communication.

**Radical and pervasive sin.** Groenhout’s *Connected Lives* (2004) explores the relationship between human nature and care theory. Groenhout, a reformed Christian and respected voice in the care theory dialogue, provides a unique contribution to the care theory literature when she suggests that what is lacking in the dialogue is an exploration of the nature and impact of sin. Groenhout (2004) observes that, “to date care theorists have not offered an alternative account of why evil is as pervasive in human life as it patently is” (p. 68). Without such an account, people will not know how to recognize and confront the presence of sin and evil. Groenhout (2004) offers a penetrating analysis when she challenges the care theory tradition, suggesting that,

Care theory needs an account of the source and nature of evil. Because it is an ethical theory that emphasizes the depth of care, moral attitudes, and sympathies in human life, *it runs the danger of offering a one-sided, overly rosy picture of human nature* [emphasis added]. We do care, we do naturally reach out in love to others, but we also respond to others with swords, spears, and smart bombs. Further, even our deep tendency to care for others can be the source of evil actions and desires. (p. 68)
Groenhout (2004) identifies two important implications of an exploration of sin and evil in the context of care theory. First, care itself can be used for uncaring purposes. Actions that arise out of care do not always have caring impacts and outcomes. Secondly, care theory itself is part of the brokenness. It is not a perfect system. As Groenhout (2004) points out, “no system of ethical thought, and no political or social structure, will ever be completely perfect…theorists need to recognize a certain level of fallibility in their theorizing and in their prescriptions for social chance” (p. 69). Although some will question the ability of a Christian writing about sin to contribute to the care theory dialogue, Groenhout’s contribution was notable because she was one of the only voices that attempted to explain why intended care often fails to be communicated successfully.

**Three Possible Solutions**

In the previous section, I identified three primary problems that prevent the successful communication of care. I suggested that these three problems provide both a context for my research, as well as an opportunity for my review of the literature and my research study to contribute to the care theory dialogue. In this section, I identify three possible solutions to these three problems. First, in response to the problem of *misunderstanding*, I suggest the importance of *clarifying* the definition of care. Second, in response to the problem of the *oversimplification* of care, I suggest emphasizing the complexity of care, a process McKamey (2011) describes as *complexification*. Finally, in response to the problem of *brokenness*, I suggest the need for *authenticity, transparency, and intentionality*. I will briefly elaborate on each below.
Solution One: From Misunderstanding to Clarifying the Definition of Care

I identified the first challenge of the success of completing care as misunderstanding. One of the central issues in the care theory literature is the lack of consensus concerning the conceptualization of care. As a consequence, people have developed their own definition, drawing on their experiences and perceptions. The difficulty, however, is that what one person sees as caring may not be seen as caring by others. This can be recognized in the contrast between the offering and completion of care. The offering of care is not necessarily care, although it could be. Care must be successfully communicated to the cared-for and responded to.

For the purposes of my own study, I have defined care as a relationship where the one-caring supports the wellbeing, flourishing, and autonomy of the cared-for, and where both relationship partners recognize and assent to what is happening.

This definition has three primary components, which I will briefly review: care is (1) a relationship where (2) the one-caring supports the well-being, flourishing, and autonomy of the cared-for, and (3) where both relational partners recognize and assent to what is happening. First of all, care is a relationship, not a behaviour. Secondly, the goal of the one-caring is to support the wellbeing, flourishing, and autonomy of the cared-for. Finally, the relationship requires completion: both parties need to recognize that they are in relationship.

Solution Two: From Oversimplification to Complexification

I identified the second challenge to successful care as oversimplification. Once again, it is worth noting that the first two issues are intertwined. Care is often oversimplified because too many people either see care as behaviour and not a
relationship, or they focus primarily (or solely) on the offering of care from the one-caring to the cared-for. They then fail to recognize the need for a response from the cared-for, which is needed in order to complete the communication of care and to establish the caring relationship. Without this crucial extra step, care is not successfully communicated. The problem is that too many people appear to be unaware of this.

The solution, therefore, is to identify the complexity of care. McKamey (2011) describes the need for, “complexifying our view of caring” (p. 90). Even though the word is unfamiliar, the concept of complexification effectively describes what needs to happen in order to address the issue of oversimplification: we need to complexify our collective understanding of care. Relationality is complex by definition, and most people recognize this. Recognizing care as a relationship is thus an essential step in the process.

Solution Three: From Brokenness to Authenticity, Intentionality, and Transparency

I identified the third challenge to care as brokenness. Humans cannot overcome brokenness, of course; this is part of the human condition. Care will never be perfect because people are not perfect. Even if one does not recognize the nature and impact of brokenness, one still must recognize that conflict, tension, misunderstandings, mistakes, and uncaring motives and behaviours will always obstacle the communication of care.

The solution to brokenness is not to try to fix the brokenness. The solution is to recognize the brokenness, and to be honest about our humanity. Part of this openness, however, is to be very transparent and intentional about both recognizing the brokenness and pursuing a caring relationship through the successful communication of care. This relationship needs to be characterized by authenticity.
In this context, there are at least three messages that must be communicated from the one-caring to the cared for. First of all, humans are not perfect. They make mistakes. They have competing goals that sometimes conflict, thus leading to tension. In these interactions, care can fail to be communicated successfully. There is no perfect relationship, and there is no perfectly communicated care. But, there can be communicated care if both parties are realistic about the imperfect relationship, and are aware of the intentions of the one-caring to care for the cared-for. Secondly, humans can fail to perceive accurately. Intentions can be misinterpreted, and behaviour can by misunderstood. Caring intentions can be misread, and care can fail to be completed. Finally, humans can be selfish and put their own needs and desires ahead of others. In these situations, relational trust is lost, and caring relationships are at risk. But, if both parties recognize the humanity of the process of caring, the relationship may be able to weather storms that come along. The one-caring, however, should provide regular reminders of their intentions, ensure that their care is recognized, and apologize for the mistakes and miscommunications when they occur.

Chapter Summary

Chapter Two began by exploring the challenge of conceptualizing care, and then reviewed a number of philosophical and conceptual considerations. I established a context for my own study, clarifying the foundational definition of care as a relationship, identifying three primary problems impeding the communication of care, and then suggesting three possible solutions. These proposed solutions are an important foundation for addressing the practical failure of care, serving as a guide for actions likely to support both the communication of care and the development of caring relationships. These
solutions informed my study, which focuses on the successful communication of care in education. In Chapter Three, I focus specifically on the educational care theory discourse. Once again, I focus on the narrative of the discourse, finishing by identifying additional entry points for my research study, and also clarifying two additional problems unique to educational care.
CHAPTER THREE: A REVIEW OF THE EDUCATIONAL CARE LITERATURE

As noted previously, I had originally planned to develop a single chapter describing my review of both the care theory and educational care literature. As my study developed, I recognized it would be appropriate to develop two separate chapters. It is my hope that the two chapters each identify a number of unique entry points and a context for my study. The previous chapter explored the care theory dialogue, while the current chapter focuses on educational care. This chapter addresses the following topics:

- Why Educational Care Matters
- The Challenge of Defining Educational Care
- The Outcomes of Educational Care
- Communicating Educational Care: Teacher Caring Behaviours
- The Apparent Problem of Educational Care: The Loss of Care
- The Problem of Care: The Disconnect
- Addressing the Problem of Disconnect: Relational Reconnection
- Addressing the Problem of Disengagement: Relational Engagement
- Defining Educational Care
- A Caring Teacher-Student Relationship

**Why Educational Care Matters**

In the context of academic scholarship, in order to justify the potential value and importance of my research, it is imperative that I start by doing two things. First, I need to demonstrate that there is a problem that requires a response. Second, I need to demonstrate significance. In other words, in order to justify my audience’s investment of
In the previous chapter, I positioned my research as a response to three interconnected challenges: a culture-wide misunderstanding and oversimplification of care and human brokenness, which has the structural impact of preventing perfect care (which is itself problematic, particularly for those who are already inclined to mistrust others). All three of these challenges are primary aspects of a single problem: the practical failure of care. In this chapter, I identify two other aspects of this problem: (4) the issue of a perceptual disconnect between teacher caring intentions and the perceptions and experiences of their students; and (5) the disengagement that exists on the part of some teachers when it comes to caring relationships with their students. The net result is a loss of care in education (Wilde, 2013). This establishes an important foundation: there is a problem with care, and the problem itself is significant enough to warrant attention and further study. Practically speaking, care – and care theory – appears to have failed.

But simply identifying a problem, as important as it is, is not sufficient justification for academic research. It almost is, because the identification of a problem serves as a foundation for research if one can also make the case that the content of the research itself is a worthy response to the problem. As this study developed, I made a more direct link between the problem of the failure of care, the five aspects of the problem my research identifies – misunderstanding, oversimplification, brokenness, disconnect, and disengagement – and the possibility that educational care can be part of the pursuit of solutions (meaning the conceptual clarification, complexification, authenticity, transparency and intentionality, relational reconnection, and relational
engagement explained at the end of Chapter Two). I believe that the link between the five interconnected problems of care and the potential steps toward solutions serve as a solid justification for my research study. However, I believe that the topic itself, absent the significant problems to which it responds, is also a worthy endeavor.

Because, to be blunt, educational care matters. Educational care makes a difference; the successful communication of educational care has the potential to transform. In this section, I identify a number of important features of the educational care-related discourse that both individually and collectively provide powerful justification for a focus on the offering of educational care. I begin with the two care-related needs, exploring both the student’s need for care and the teacher’s personal and professional obligation to care for their students. I also touch on the nature and process of socialization, the important responsibility teachers have to prepare their students to function in and contribute to their society. I focus briefly on care and educational outcomes, a topic that will be explored in greater depth later in this chapter. In a related vein, I discuss the important role care can play in supporting at-risk students. I also expand on a number of topics that resonate with the communication of care: education-related topics or approaches that are important in their own right, but that could both inform and be informed by educational care. These include teacher-student relationships, school connectedness and belonging, and student mental health and wellbeing. Finally, this section concludes with an important reminder of the role educational care could play in increasing care communication outside of school: students who experience successfully communicated care are more likely to seek to offer care themselves.
The Student’s Need for Care

The first care-related need is the need to be cared for by others. A foundational starting point for my research, then, is the student’s need to be cared for by their teachers. In *Schooling for Change*, Hargreaves, Earl, and Ryan (1996) call for fundamental reforms in the education of adolescent students, specifically highlighting the need, “to make schools into better communities of caring and support for young people” (p. 70). They recommend a number of structural changes, focusing on what school systems and individual school communities could do in order to increase care and support for adolescents. While they stopped short of focusing on the role and impact of the individual classroom teacher – something that this study advances – they drew important and appropriate attention to the adolescent student’s need for care. One of the book’s most important contributions to education was an increased awareness of the affective nature and needs of adolescent students, including their identity crisis, the need for extensive low-key relational support for adolescent students, and the importance of developing a healthy and positive self-concept. As the authors wrote,

*In Western societies, early adolescence is typically a time when young people undergo a profound transition in their social, physical, and intellectual development. It is a time of rapid change, immense uncertainty, and acute self-reflection. The exhilaration and pain of growing up for many early adolescents resides in their having much less confidence in what they are moving towards than in what they have left behind.* (Hargreaves et al., 1996, p. 1)

Adolescence is an important time of transition and identity formation, and the successful communication of care and the establishment of caring teacher-student
relationships could have a profound impact on adolescent students. As Allen et al. (2013) note, “although we think of them as ‘learners,’ adolescents are first and foremost highly social and emotional beings” (p. 94). Marshak (1995) observes that while adolescent students appear to prefer interacting with their peers, they do in fact, “crave adult attention and concern, particularly from adults who are not their parents” (p. 32). As Noblit, Rogers, and McCadden (1995) note, if a student does not have a relationship with their teacher, the student has little reason to engage in the learning activities of the classroom. They also stress that teaching without relationships with students is not engaging or meaningful for teachers either.

The transition from adolescence to adulthood is an important one. Whisler (1990) stresses that care can and should play a crucial role in this transition process. He identifies a number of important elements of this process, suggesting that: adolescents need to see themselves as valued members of a supportive and trusting community; they need to be positioned to succeed; they need to be recognized and affirmed for their success; they need to develop social competence; they need to believe in a positive future; and they need to be positioned to take advantage of the opportunities they will receive as they enter adulthood. Eccles et al. (1993), however, suggest that too often, schools provide limited choice, limited opportunities to exercise and develop control capacity, lower cognitive expectations, and restricted opportunities to develop interpersonal connections. Too often, the needs of adolescent students and the nature and structure of their educational experiences are at odds. Caring teacher-student relationships are uniquely positioned to address this mismatch. Noblit and his colleagues (1995) describe care as, “the glue that binds teachers and students together and makes
life in classrooms meaningful” (p. 681), and suggest that caring relationships can create and encourage possibilities that may not otherwise be present.

**Personal and Professional Obligation**

The first care-related need is the need to be cared for by others. In this context, students have a very real need to experience care from their teachers. However, the second care-related need is also structurally significant. In addition to needing to receive care from others, all human beings also have an innate need to care for others (Noddings, 1984, 2013). This study, therefore, is also built on the teacher’s need to offer care to their students. Teachers need to care. As Mclaughlin (1991) notes, most teachers enter the field because of a desire to communicate care for students.

The Ontario College of Teachers (OCT) (2012) recognizes this ethical imperative in their identification of care as one of the ethical standards for the teaching profession. In their description of care, the OCT (2012) writes, “The ethical standard of Care includes compassion, acceptance, interest and insight for developing students’ potential. Members express their commitment to students’ well-being and learning through positive influence, professional judgment, and empathy in practice.”

**The Process of Socialization**

Maccoby (1984) establishes the foundational definition of socialization as, “the process through which individuals learn and internalize the social percepts and mores that allow for effective functioning in society” (as cited in Niemiec et al., 2006, p. 761). Socialization is the process whereby individuals learn to function in and contribute to their society. Schools play an important role in this process, and the relationship between the teacher and the student exercises a shaping impact on both how the process occurs
and the extent to which appropriate socialization takes place. Self-determination theory clarifies our understanding of appropriate socialization by focusing on, “an inherent orientation towards growth and development, energized and sustained, in part, by the fulfillment of the psychological needs for autonomy (deCharms, 1968), competence (White, 1959), and relatedness (Harlow, 1958)” (Niemiec et al., 2006, p. 761).

In order for socialization to occur, the individual needs to choose to transition from compliance to external standards and expectations to the internalization of appropriate intrinsic and autonomous self-direction. In other words, each individual needs to choose to participate in appropriate norms and standards for appropriate behaviour in their society and communities. This transition is an important and complex process – and, it is not always completed. Some individuals remain at the level of compliance, honouring social expectations in response to extrinsic forces and factors. They honour the expectations only insofar as the external regulatory systems remain in place. Others, however, remain at the level of compliance because they do so unreflectively, never getting to the point of developing their own internal locus of responsibility and control.

Self-determination theory’s regulation continuum (Ryan & Deci, 2000; Ryan, Huta, & Deci, 2008), which moves from external to internal regulation, identifies stages in the process of developing self-regulation that is very helpful here. External regulation focuses on extrinsic sources for behaviour regulation where the individual’s behaviour is motivated by avoiding punishment or seeking rewards. Introjection is an important stage in the process, whereby the individual internalizes external norms and controls (e.g., rules, guidelines, standards, fear, shame, guilt, etc.). At this stage, the individual chooses to honour external principles. But, they have not yet committed to the system in which
these principles exist. They still need to move on to identification (valuing the norm or principal) and integration (internal acceptance and adoption of norms and principles). The process culminates at the final stage, internal regulation, where external regulatory supports are no longer needed because the individual’s behaviour is internally motivated and includes the autonomous integration and adoption of external norms and values. At this stage, they believe in the principles and choose to act on them.

In the process of socialization, the socializer seeks to influence the behaviour and choices of the other. This is envisioned to be a caring, benevolent, well-intended action. The socialization process is an important, albeit easily overlooked, aspect of the teacher’s responsibility. It is also a dimension of the teacher-student relationship that is profoundly influenced by the successful communication of care and the development of a caring relationship. It is not a stretch for students to perceive and experience the socialization process as coercive, oppressive, and controlling. Perception is everything here. But so is the nature of the interpersonal relationship. If a teacher wants to have influence on, rather than control over, another person’s behaviour and choices, a relationship of care, trust, and respect (in the context of wellbeing, flourishing, and autonomy) is not only important, but essential and necessary.

Care and Educational Outcomes

Over the past decade or so, a number of significant educational studies and meta-analyses have drawn attention to affective and relational elements that influence learning. Cornelius-White (2007) describes person-centered teacher variables (including positive relationships, empathy, and warmth) that are clearly linked to positive student outcomes. In classrooms characterized by such variables, students engage more and develop better
relationships, which, in turn, contribute to success in and beyond the classroom. Cornelius-Ryan (2007) specifically identifies, “a substantial association between person-centered teacher variables (i.e., affective variables, like empathy and warmth, and more instructional variables, such as encouraging learning and higher order thinking) and student outcomes (i.e., affective or behavioral and cognitive outcomes)” (p. 494). Hattie’s ground-breaking meta-analyses of factors influencing student achievement (2009, 2011) focuses on teacher behaviours, drawing direct attention to both teacher credibility and teacher-student relationships. Such studies have drawn research-informed interest and attention to affective factors, confirming what many teachers have long known: teaching is not just about academics and cognitive factors, but is profoundly shaped by affective and relational dimensions – and these dimensions also profoundly shape student learning.

At this point in the research literature, theorists are not quite ready to declare that there is a direct causal relationship between the successful communication of care and student achievement. It is clear, however, that there is a correlation. Later in this chapter, I specifically focus on some of the research-affirmed outcomes of successfully communicated care. The list is long and impressive, involving almost all important dimensions of students’ experiences in school. Sanders and Jordan (2000) describe these results as, “educational investments that are associated with higher student achievement,” (p. 79), including investments such as student engagement, student motivation, student belonging, student school behaviour, and student classroom preparation. Suffice to say, this brief reference and description is insufficient, given the significant impact such investments have on student learning. This topic alone is sufficient justification for a focus on educational care. As the Quaglia Institute study (2014) shows, “Students work
harder for teachers they believe care about them as a person, and will actually withhold their best effort from teachers they believe do not care” (p. 8).

**Supporting At-Risk Students**

In addition to the essential role care and caring relationships can play in supporting student learning outcomes, the successful communication of care can also have a significant positive impact on at-risk students. Perez (2000) describes the positive influence the communication of care has on culturally diverse students. Other care researchers have also drawn attention to the fact that at-risk students benefit from teacher caring (Muller, 2001; Sanders & Jordan, 2000; Shann, 1999). Educational care can profoundly influence all students, but could, in fact, be transformational for some students, particularly students that are traditionally deemed to be at-risk.

**Resonant Theories**

In the next three sub-sections, I explore four educational approaches or theories that are resonant with care theory: topics that both inform educational care and could, in turn, be informed by educational care. In positioning my literature review to focus on the importance of the communication of care, it is appropriate for me to elaborate further on a few of these resonant theories. In the next few paragraphs, I provide an overview teacher student relationships, school connectedness and school belonging, and student mental health and wellbeing.

**Teacher-student relationships (TSRs).** Hattie’s (2009, 2011) recent meta-analyses of student achievement identifies teacher-student relationships (TSRs) as one of the most significant factors influencing student achievement. When Hattie ranked the most influential factors on the basis of their effect size (a measure of the size of the
impact on student learning, compared to other factors), teacher-student relationships emerged as one of the most influential factors. In describing Hattie’s research, Killian (2016) observes that these results indicate that TSRs are more significant than teacher subject knowledge, teacher training, and the effects of both home and school.

Hattie (2009) notes that teachers often underestimate the importance of teacher-student relationships. He writes, “when students, parents, principals, and teachers were asked about what influences students' achievement, all but the teacher’s emphasized the relationships between the teachers and the students” (p. 118). Many teachers enter the profession in order to communicate care and to support student learning, but they may not recognize that there is a direct and foundational relationship between the two.

The TSRs literature demonstrates that teacher-student relationships, also referred to as teacher-bonding (Sanders & Jordan, 2000; Steinberg, Brown, & Dornbusch, 1996), lead to greater social integration and positive affective relationships, which have been correlated to achievement and fewer discipline problems (Crosnoe, Johnson, & Elder, 2004). TSR research focuses on the nature and impact of interpersonal relations in education, drawing attention to the contrast between alienation and social integration:

*Alienation* [emphasis added], which refers to feelings of disconnectedness from others and from key social institutions, has been implicated in a variety of educational issues, such as students' behavioral problems and academic failure, as well as the maintenance and stability of schools (Agnew, 1997; Crosnoe, 2002; Dornbusch, 1989; Merton, 1964; Newman, 1981). On the other hand, *social integration* [emphasis added] can promote more positive outcomes on the student and institutional levels (Coleman, 1988; Hirschi, 1969). One key source of social
integration that serves as an antidote to students' alienation is intergenerational bonding. (Crosnoe et al., 2004, p. 61)

The TSRs literature addresses these two issues from two vantage points: exploring ways to identify and address alienation, as well as a proactive emphasis on identifying elements that contribute to social integration (which also combats alienation).

Rimm-Kaufman and Sandilos (2011) describe positive TSRs as relationships characterized by low conflict, high support, high relationality, and very little dependency. The authors also note that positive TSRs contribute to positive student adjustment to school, the development of social skills, improved academic performance, and the fostering of resiliency. Roorda, Kooman, Split, and Oort (2011) observe that TSRs are significantly associated with social functioning, behaviour issues, student engagement, and academic achievement. Teacher-student relationships have been identified as a protective force, associated with both positive academic achievement and a decrease in discipline problems (Crosnoe et al., 2004). Cooper and Miness (2014) note that, “student-teacher relationships have a large impact on students’ social and emotional experiences in schools, primarily because such relationships influence students’ perceptions of connection and belonging” (p. 264). There appears, then, to be a strong link between TSRs, belonging, engagement, and achievement. Roorda et al. (2011) observe that engagement is the central mediator between TSRs and academic achievement.

The link between educational care and teacher-student relationships seems to have emerged in the past decade. This topic has a direct link to my own research. An effective, positive teacher-student relationship (TSR) may be a caring relationship. Mihalas (2008) draws a direct link between the communication of care and teacher-student relationships,
noting that educational research clearly supports, “the value of caring student-teacher relationships as it relates to positive school outcomes for students” (p. 3). Hattie (2014) makes a similar point, distinguishing between factors needed for relationship building – those being agency, efficacy, respect for what the student brings to the learning environment, and recognizing student experiences in the classroom – and skills teachers need in order to develop relationships – including listening, empathy, caring, and positive regard. Hattie does not describe what he means by the skill of care, but clearly recognizes the important role care plays. Thus, healthy TSRs can be fundamentally shaped by the offering of educational care and the establishment of a caring relationship.

**School connectedness and school belonging.** Another important topic related to educational care that has emerged in the literature with regularity is the topic of school connectedness or school belonging. Sulkowski, Demaray, and Lazarua (2012) observe that, “school connectedness subsumes a variety of terms that are used in several disciplines (e.g., medicine, education, and psychology), such as relatedness, school belonging, school attachment, school bonding, school climate, school connection, school engagement, and teacher support” (para. 3). Similarly, Furrer and Skinner (2003) identified a self-system approach to motivational development that draws together social cognitive views of motivation (Weiner, 1990), internal working models (Bretherton, 1985), relationship representations (Ryan, Stiller, & Lynch, 1994), classroom climate (Anderson, 1982), perceived social support (Wentzel, 1999), relatedness (Connell, 1990), connectedness (Weiner, 1990), and belonging (Goodenow, 1993). These two approaches helpfully pulled together a number of similar concepts that all intersect with a focus on
educational care. From this point forward, I will follow Sullkowksi et al.’s (2012) pattern of describing these as school connectedness.

Much of the interest in school connectedness has been directed by the United States’ Center for Disease Control and Prevention (CDC), with an emphasis on student health rather than student learning. In 2003, the CDC sponsored a conference on school connections, bringing health and education experts together to focus on the topic. The resulting Wingspread Declaration (2003) clarified the definition of school connectedness and also identified important strategies that could be used to increase students’ perceptions and feelings of school connectedness. The Wingspread Declaration (2003) defined care as, “the belief by students that adults in the school care about their learning as well as about them as individuals” (p. 3).

More recently, the topic has become a focus for educational leaders in Canada as well. In 2010, the Pan-Canadian Joint Consortium for School Health (JCSH) drew on school connectedness research in their focus on student mental health and wellbeing (a topic I explore in the next section). In the second edition of their report (2013), school connectedness was highlighted in greater depth and detail, clearly identified as a protective factor and an important element for supporting positive mental health. The JCSH report (2013) defines school connectedness as, “the extent to which students perceive that they are accepted, respected, included, and supported by others in the educational environment” (p. 15). Importantly, this includes not only teachers and educational leaders, but students’ classmates, as well. Once again, connectedness is clearly linked to belonging and relatedness needs, and is associated with multiple significant educational outcomes. Notably, the key outcome for school connectedness is
student engagement, not student achievement, which serves as a helpful reminder for my own research. While it may not be possible to draw a direct line between successfully communicated care and student achievement, a direct link can be made between successfully communicated care and many other important positive educational outcomes, including connectedness and engagement.

A CDC (2009) resource document for school districts and administrators identified four primary factors that influence school connectedness: (1) adult support; (2) belonging to a positive peer group; (3) commitment to education; and (4) the school environment. Adult support, which includes, “time, interest, attention, and emotional support” (CDC, 2009, p. 5) sounds very similar to this study’s understanding of educational care. As a result, I believe that the absence of care from this list is striking, particularly given its link to the other factors. I suspect that this is related to the practical failure of care. I would suggest that this study’s contribution to research into educational care is even more specific than, “time, interest, attention, and emotional support” (p. 5) as an actionable concept – an action plan to help improve adult support.

Similarly, drawing on the same 2009 CDC report, Healthy Schools BC (2017) identifies six specific strategies for supporting student connectedness: (1) professional learning (and support for teachers); (2) caring relationships; (3) teaching and learning; (4) school leadership; (5) family involvement, and (6) social and emotional skills. I am struck by how many of these strategies interconnect. But, I also see this as another clear entry point for educational care, because they clearly indicate that caring relationships are an important strategy for supporting school connectedness. But, as I have noted
elsewhere, this is once again not accompanied by much guidance about how care is successfully communicated. This is where my research can step in.

Student mental health and wellbeing. The World Health Organization (WHO) (2014) defines mental health as, “a state of wellbeing in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community” (para. 3). The past decade or so has seen a marked increase in mental health awareness and mental health education. The recent Bell Canada “Let’s Talk Canada” initiatives, fronted by a number of well-known Canadian spokespersons, have played an important role in advancing the cause and reducing stigma. This is an encouraging step in the right direction, though more needs to be done to support those struggling with mental health and its consequences.

The past few years have seen a marked focus on the relationship between K-12 education and mental health and wellbeing. Sawyer and her colleagues (2012) represent many committed voices when they describe the importance of identifying and addressing mental health issues in adolescents, where mental health patterns begin to emerge but can often still be addressed, and the individuals can be supported from the outset. Adolescence is the time when many psychiatric disorders begin, and most neuropsychiatric disorders (including substance abuse) occur. They point out that, “75% of mental disorders present before age 24 years and 50% before 14 years” (p. 1636). They also provide similar details for anxiety and impulse control disorders (which onsets between the ages of 11 to 15), substance misuse disorders (ages 19 to 21), mood disorders (ages 24 to 30), and both neuropsychiatric disorders and self-inflicted injury (ages 10 to 24). Focusing on mental health and wellbeing in schools could play an
important role in addressing the escalating mental health challenges facing many adults today.

**Two “25%” factors.** The student mental health and wellbeing literature provides an important entry point for my research into educational care. When I reviewed the literature, I found myself often encountering references to the number “25%.” I began to refer to what I described as two “25% Factors,” which described two very different but equally significant mental health and education phenomenon.

25% of students experience mental health issues. First of all, the Canadian Public Health Agency’s “Health Behaviour in School Aged Children” (HBSC) study noted that while most Canadian adolescent students reported a sense of school belonging and believed that their teachers cared for them as people, more than 25% of Canadian adolescent students do not believe either of these statements to be true (Freeman, King, & Pickett, 2011). In other words, about 25% of Canadian adolescent students do not believe that their teachers care for them as people, and do not feel a sense of school belonging.

Some related details from Freeman et al. (2011) provide context:

- The numbers of students struggling with mental health issues begins to increase in Grade 6, and are at their highest between Grades 8 and 10;
- The key moment is the transition from middle school to high school, which is where students also start having multiple teachers and classmates. Here, it is easier for struggling students to slip through the cracks;
- Boys often begin to have more behavioural issues, while girls often begin to have more emotional wellbeing issues;
- Western countries tend to do well when it comes to academic performance, but are middling when it comes to their wellbeing and mental health ratings. WHO and UNICEF studies of wealthier nations note this as a disconcerting trend. This has prompted responses in many Western countries (e.g., CODE, HSBC, JCSH, and OME initiatives in Canada).

*Only 25% of students facing mental health issues access support resources that are already available to them.* A landmark review study (Waddell et al., 2007) highlights this issue, pointing out that even though Canadian public policy highlights the importance of providing students with supports, and despite the fact that such support programs exist, only 25% of these students ultimately gain access to these services (p. 167). Teachers need more support in addressing student mental health and wellbeing. Research suggests that teachers do not believe they receive enough related training in this area (Froese-Germain & Riel, 2012).

**A timeline of mental health and education.** The WHO introduced the *Health Promoting Schools Framework* in 1980, and the *WHO Global School Health Initiative* in 1995 continued this emphasis. In 2003, they began to advocate for student emotional and social wellbeing as a key element of a healthy school experience. More recently, Langford and his colleagues (2015) reviewed the WHO initiatives, being concerned about a lack of action and impact.

In Canada, Kutcher and his colleagues (2009) described mental health as the “next frontier” of health education. They observed that many Canadian districts and schools have increased their focused on physical health, with a primary emphasis on
nutrition, fitness, and sex education. They suggested that the next emphasis would be on mental health and wellbeing, something that has certainly taken place:

- **UNICEF**: In 2013, UNICEF released a number of articles related to assessments of student mental health and wellbeing in first-world nations. They observed that students in some of these advanced nations are measuring lower on these assessments than might be expected. Canada was one of these nations (see Martorano, de Neubour, et al., 2013; Martorano, Natali, et al., 2013);

- **Health Behaviour in School-Aged Children**: In 2011, the Health Behaviour in School-Aged Children (HBSC) study (Freeman et al., 2011) focused on Canada’s response to WHO initiatives. There was a recognition that Canadian results have been disappointing: too many students are struggling with mental health and wellbeing in Canadian schools;

- **Ontario Council of Directors of Education**: The Ontario Council of Directors of Education advisory report (OCDE, 2012) focused on educational leaders in Ontario and the need for an improved focus and emphasis on student mental health and wellbeing (including multiple references to care);

- **Ontario Ministry of Health and Long-Term Care**: In 2011, the Ontario Ministry of Health and Long-Term Care (OMHLTC) released “Open Minds, Healthy Minds,” focusing on the mental health system in Ontario. Children’s health and the impact of schools was explored and further research encouraged;
Ontario Ministry of Education: In 2011, the Ontario Ministry of Education (OME) responded with “Improving Mental Health Supports for Ontario Kids and Families.” The OME’s “Supporting Minds” (2013a) document addressed this issue directly. Later, they announced the formation of “Ontario’s Well-Being Strategy for Education” (2016a), and also released an engagement paper called “Well-Being in Our Schools, Strength in Our Society” (2016b). In 2017, the Ontario Ministry of Education published an information letter for parents about this topic and plan.

It is thus very clear that Ontario schools have recognized the need to address student mental health and wellbeing both as a means of supporting students struggling with related issues, and, importantly, as a means of supporting positive, healthy mental health.

Healthy mental health. While some student mental health initiatives have focused on supporting students who are currently struggling with mental health-related issues, not all of the initiatives are reactive. For example, the Ontario Ministry of Education’s “Learning for All” (2013b) document identifies a three-tiered approach to student mental health, focused on: (1) promoting mental health and wellbeing for all students; (2) identifying and supporting students who are either struggling with or are at-risk for developing mental health problems; and (3) providing more significant interventions to support (along with the appropriate external support agencies) those students who have identified mental health challenges. There has also been a great deal of emphasis on drawing on proactive approaches, seeking to facilitate the development of positive mental health, which the Public Health Agency of Canada (2006) describes as,
the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity. (p. 2)

**Protective factors.** The focus on positive, healthy mental health has also drawn attention to protective factors, which the Joint Consortium for School Health (2010) defines as, “factors that contribute to positive development and resiliency” (p. 10). The Ontario Ministry of Education released *Supporting Minds: An Educator’s Guide to Promoting Students’ Mental Health and Wellbeing* (2013a). Shortly thereafter, School Mental Health Assist (2013) developed and distributed *Leading Mentally Healthy Schools* in order to support teachers, schools, and school boards. This publication focuses directly on protective factors, noting that,

Schools can engage in deliberate strategies to build a secure and supportive school environment, and to promote health enhancing attitudes and behaviours.

Connectedness between the teacher and student, combined with efforts to ensure the student is connected to their peers and the school, represents a powerful way for supporting mental health and wellbeing. (p. 84)

The Joint Consortium for School Health (2010) identifies a number of positive mental health themes that can serve as protective factors, including, “social-emotional learning; positive (strength-focused) youth development; resiliency; protective factors; diversity; acceptance and understanding of student mental health needs; connectedness; strength-based perspectives; mental fitness; and self-efficacy” (p. 8).
Is educational care a protective factor? The Taking Mental Health to School Report (Santor, Short, & Ferguson, 2009), which supports the development of mental health policy for Ontario schools, defines protective factors as, “personal characteristics or environmental conditions that have been shown to reduce the likelihood of the occurrence of a problem behaviour” (p. 25). These authors link to educational care as a protective factor, noting that, “some examples of protective factors are good coping skills, the presence of a caring adult [emphasis added], living in a safe environment, opportunities for positive recreation and interest in and success at school. Effective interventions must reduce risk factors or strengthen protective factors” (p. 25).

In the Health Behaviour in School-Aged Kids report, Freeman et al. (2011) link student mental health and difference-making interpersonal relationships:

In examining the connections between contextual factors and mental health, one key theme emerges. Interpersonal relationships make a difference [emphasis added]. No matter how mental health is measured and no matter what interpersonal relationship is the focus, adolescents with positive interpersonal relationships tend to fare better in terms of mental health. (p. 192)

Adolescent students struggling with mental health need the support of caring teachers.

Increasing the Offering of Care

Perhaps the most important rationale for educational care is the recognition that experiencing successfully communicated care is likely to encourage the cared-for to also seek to offer care. In many ways, successfully communicated care becomes its own reward and its own motivation. This is particularly pertinent for education. Teachers who model and offer care lead to students successfully communicating care to others (Agne,
1999; Heller, 2002). Schooling often includes formative stages and moments in the development of adolescent students. In addition, teachers not only model the offering of care, but also provide students with opportunities to practice offering care and to receive feedback concerning their care communication. Noddings (1995) proposes a radical curriculum revision that would place care at the core of education, identifying a number of specific themes of care that would then be incorporated into the school curriculum, providing students with multiple ongoing opportunities to develop their care capacity and care communication. These themes include (1) care for self; (2) care for intimate others; (3) care for associates and acquaintances; (4) care for distant others; (5) care for non-humans and animals; (6) care for plants and the physical environment; (7) care for the human-made world of objects and instruments; and (8) care for ideas (Nodding, 1995, p. 675). The more students experience successfully communicated care and focus on communicating care in their schooling, the more likely they will be to naturally adopt caring dispositions, perceptions, and behaviours.

**The Challenge of Defining Educational Care**

Attempting to define *educational care* is just as challenging as attempting to define *care* itself. As noted, there are many competing definitions. The educational care dialogue faces the same three problems identified in the previous chapter: a collective misunderstanding of the meaning of care, the resulting oversimplification of care, and the challenge of human brokenness that impedes the communication of care. The educational care dialogue appears to add a significant fourth problem as well, sometimes described as a lack of care or loss of care in education. One of the key contributions of my study is the rearticulation of this problem. It is not a loss of care, but rather, a disconnect between
teacher caring intentions and the perception and experience of their students. The educational care dialogue also adds a fifth challenge: the disengagement that exists between some teachers and their students. Such teachers do not have caring intentions, and do not demonstrate caring actions.

In this section, I describe some of the challenges involved in attempting to define educational care. I begin by establishing the foundational challenge: teachers want to offer care, but not all students experience successfully communicated care. Next, I provide an overview of four reviews of the educational care literature that I encountered in my own literature review process. I then reflect on some of the primary competing definitions. Finally, I identify a number of important aspects of educational care that emerged in the dialogue which need to be considered when attempting to define the concept. In the next section, I look at some important issues and challenges from the educational care discourse. These also contribute to the lack of conceptual clarity: educational care is at risk because it is often contested and misunderstood.

**Teachers Want to Care, But Not All Students Experience Care**

A high school teacher in the “Voices from the Inside” study observed,

In the last 24 hours I have learned that more students than I thought dislike school because of the TEACHERS. I went into teaching because I wanted to make school a good place for students. When I was in high school, it seemed most teachers did not care about their students. It was my rationale that I would be different and make school a better place for students. Are my colleagues and I failing to do this? (Poplin & Weeres, 1992, p. 10)
Equally disconcerting is the quote from a high school student in the same report, who declared, “This place hurts my spirit” (Poplin & Weeres, 1992, p. 11).

Mclaughlin (1991) observes that most teachers who enter the teaching profession report that, “caring for students was a central feature of their desire to teach” (p. 182). The above quote from the high school teacher in the “Voices from the Inside” report (Poplin & Weeres, 1992) captures the same sentiment, one that resonates with my own experiences in education, as well. Almost all teachers want to offer care to their students, and would identify this as a priority in their work with young people.

But my review of the educational care literature clearly recognizes that many students do not experience such successfully communicated care. I suspect that the words of the high school student above describe the lived experience of far too many students, even if they cannot articulate it themselves. Their spirit is hurt because the pattern of education is dispiriting, primarily because schooling has lost or overlooked the importance of relationality. Young adult students crave relationality, but too often believe that, “nobody cares” (Noddings, 2005, p. 2). Modern education is not only dispiriting for the students, but the first victims may actually be the teachers and other adults involved in education. Teaching should involve spirited engagement, but too often, it is dispiriting.

Marshak’s (1995) research indicates that part of the issue is that some teachers do not like adolescents. I suspect that unsuccessfully communicated care – and the resulting sense of frustration, confusion, and despair – has played an important role in the perceptions and behaviours of such teachers. My review of the literature, however, identifies a more significant problem: too often, the caring intentions of teachers do not
result in the offering of care to their students, who do not experience successfully communicated care as a result.

**Educational Care Literature Reviews**

Over the course of my own review of the educational care literature, I discovered four published literature reviews. These four documents were very helpful for this study, both in identifying educational care-related issues, insights, and questions, as well as providing substantial references to key voices in the field. Each author had their own unique structure and emphasis, which also helped clarify the focus and direction of my own review of the literature. Each author also had their own biases and gaps, which made for a very interesting reading experience. This, too, helped me to clarify my own structural planning for my review of the literature.

In the following paragraphs, I briefly describe each of these reviews. My purpose will not be to summarize the documents, but rather, to describe the authors’ overarching structure and purpose, to reflect briefly on key insights, and to identify some of the concerns that emerged. I am grateful for the work done by these authors, each of whom helped me to better understand the topic of educational care and who pointed me toward other voices in the field. These authors helped me to clarify my own purpose and direction. I will describe the studies in chronological order: DeFord (1996), Sugishita (2000), McKamey (2002), and McCollum (2014).

**DeFord (1996).** I begin with Melissa DeFord’s (1996) *A Comprehensive Literature Review in Valuing the Concept of Caring in Middle and Secondary Schools*, a document she developed as an exit project for her education program at Indiana University at South Bend. DeFord, an educator and social worker, recognizes the impact
negative educational and educational relationship experiences often had on her social work clients, and wanted to better understand the concept of caring in education. She also notes that, “the traditional concept of controlling students is not preparing them for their adult lives” (p. 6). DeFord reviews the literature published between 1990 and 1996, focusing on data related to middle school and secondary school caring approaches.

DeFord’s literature review includes the following structural components:

- Need for Implementing Concepts of Care
- Historical Perspective
- Fostering Care by Nurturing Adolescent Development
- Care vs. Control or Care is Control?
- Fostering Relationships
  - The Administrative Role
  - The Teacher Role
  - The Student Role
  - Parental Involvement
- Care and Academic Achievement
- Care and Curriculum Integration
- Caring Programs
- Schools and Social Service Collaboration

A review of DeFord’s literature review. I discovered DeFord’s literature review early in my own review process. Ultimately, I did not find it to be all that helpful. The information was somewhat outdated, and she only includes 30 references, which I felt was too short. The overall insights and content were also short and somewhat general, unclear, and weak. I mention this review only because it served as a starting point for my research, either confirming the significance of some of my references or identifying a number of additional voices for me to explore. The value of her study for me was the fact that she had completed a review of the educational-care related literature, which gave me a starting point for my own research. I suspect that her review was helpful for her
purposes, drawing attention to the need for schools and social services to collaborate in order to support students at risk. In this context, the communication of educational care could play a very significant role in the lives of her clients or other students with similar issues and struggles.

Sugishita (2000). The second literature review was contained in Judy Sugishita’s (2000) lengthy dissertation from the University of San Francisco, entitled *Teacher Care and Prosocial Support: A Multimethod Study of the Perceptions of Eighth-Grade Students and Their Caring Teachers*. Sugishita includes two separate literature review chapters in her dissertation: (1) the first being a review of the construct of the concept of teacher care, emerging from her interactions with what she described as postmodern feminist philosophers; and (2) the second being a review of the construct of prosocial teacher support, which emerged from the field of prosocial psychology. Sugishita suggests that these two constructs, arising from two different fields, both describe the same social process. Sugishita’s literature review follows the below structural format:

**Literature Review I**
**Postmodern Feminist Philosophers: Teacher Care**
- Educational and Research Paradigm
- Feminist Teacher Care
- Mayeroff’s Ingredients of Care
- Moral and Feminist Roots of Care
- Feminist “Ethic of Care”
- Gilligan’s Critics
- Care Research in Nursing Education
- The 5-Variable Model of Teacher Care

**Literature Review II:**
**Prosocial Psychologists: Prosocial Teacher Support**
- Teacher Prosocial Support
- Attachment and Secure Base Research
- Longitudinal Studies in Social Support
- Early Childhood Development Psychopathologies Studies
- Risk and Prosocial Support in Adolescence
- The 3-Variable Model of Psychological Teacher Support
- Toward and Androgynous Theory of Care
Key insights from Sugishita’s literature review. When I discovered Sugishita’s literature review, I was very excited. She had clearly done her homework, she wrote very well, and she appeared poised to make a significant contribution to the dialogue. She certainly provided significant resources to my own research study. She had completed an extensive review of the teacher-care related literature (up to 1999), and she effectively articulated the research narratives of both postmodern feminist philosophy and prosocial psychology. The goal of her study was to identify a single model of pedagogical care that built on the voices from the two fields. She also helped me to understand two significant problems in the teacher care dialogue: (1) first, a lack of theoretical unity relating to teacher care and prosocial support (which she suggested were two concepts from two fields describing the same social process); and (2) the lack of a theoretical model of care, “based upon joint evidence from in-depth qualitative observational research and more generalizable, empirical findings” (Sugishita, 2000, p. 90). Perhaps the most helpful part of her literature review, however, was her summary of key theorists from the field and her extensive references section, which introduced me to a number of significant voices.

A critique of Sugishita’s literature review. When I first discovered her study, I thought I had struck gold. Her review of the literature seemed complete, and I reviewed her methods and study description with fascination and anticipation. In the end, unfortunately, I was quite disappointed. Her study methods were used incorrectly (for both the qualitative and quantitative dimensions of her two-phased quant-qual mixed method research plan), which invalidated her results. For her quantitative phase, for instance, Sugishita used Cronbach’s Alpha and Pearson Product Moment Correlations to test her data for validity; however, her data were not parametric (because she had only
drawn on students from one school and had eliminated the students with special needs), which invalidated her chosen validity measures. Thus, her results were neither valid nor generalizable. For her qualitative phase, moreover, Sugishita did not meet known standards for participant recruitment, settling for three teachers who were available. She only completed interviews with two of the participants, forced by circumstances to cut her third interview short. Importantly, her participants did not meet her own selection criteria: they were simply available at the time of her study. She also drew conclusions from the resulting data which did not seem appropriate. Finally, she was clearly pursuing generalizability, which is incommensurate with qualitative research, and certainly not fitting for a study with only 2.5 participants who did not meet the study’s criteria. In the end, Sugishita did not appear to be familiar with qualitative research and analysis. Where I had initially believed I had a resource and a model for my own research, I could not draw on her results. However, as noted, I was able to make good use of her well-researched, well-written literature review, which I appreciated.

McKamey (2002). The third literature review comes from Corinne McKamey’s (2002) Competing Theories of Care in Education: A Critical Review and Analysis of the Literature, a 51-page document she generated in preparation for a number of papers she wrote on educational care. The structure of McKamey’s literature review was as follows:

- Introduction
  - The Promise of Caring as An Educational Reform
  - Caring as a Symbolic Concept
- Part I: Competing Theories of Caring
  - Theory 1: Caring Teacher Behaviour Theory
  - Theory 2: Caring Community Theory
  - Theory 3: Caring Difference Theory
  - Shifting Coalitions
  - Case Study: Applying Three Theories to a Case
Theory 4: An Emergent Theory of Care – The Process Theory of Caring

- Part II: The Process Theory of Caring: Identity Formation, Context, and Expressions of Caring
  - Two Studies that Utilize Aspects of the Process Theory of Caring
- Implications for Further Research

**Key insights from McKamey’s literature review.** McKamey’s review is well-researched and well-structured, and she provides a very helpful distillation of four primary theories of caring in education. McKamey asks great questions, and has a solid foundation for addressing the unique challenges involved with defining care. The most important part of her literature review is her exploration of what she identifies as competing definitions of care. She does a fantastic job explaining why conceptualizing care is so significant and challenging, and she provides helpful guidelines for approaching the complexity. Her vision for complexifying care has informed my approach, and I appreciate her honest, clear communication and her willingness to confront issues. Her literature review is the most helpful of the four that I reviewed.

**A critique of McKamey’s literature review.** I had an email dialogue with Corinne McKamey in 2014, and she seemed disappointed with the lack of receptivity to her research and publication, noting that she wished she would have trod more carefully with her critique of Noddings (C. McKamey, personal communication, November 11, 2014). When I reviewed her document, however, I realized a couple of things: she did a great job articulating the complexity of care and the problem of oversimplification. Indeed, she is the source of my use of the word *complexification*. However, she also did not appear to sufficiently understand Noddings and the importance of Noddings’ emphasis on relationality, which could have addressed some of the issues she identified. This became
an obstacle to her analysis and likely alienated her from the educational care community, particularly for those who recognized and valued Noddings’ contributions. As significantly, after making a powerful case for the challenge of complexity and the need for complexification, while organizing her literature, her, “four competing theories of care in education,” ironically oversimplified many of her sources – thereby seeming to overlook the complexity present in their work, which also likely prompted the underwhelming response to her research. She may have unwittingly self-silenced her own voice and contributions to the dialogue in doing so.

McCullum (2014). The final literature review comes from Barbara McCollum’s (2014) dissertation from Georgia Southern University, entitled The Caring Beliefs and Practices of Effective Teachers. Her research focuses on a multi-case study of six effective teachers in Georgia, and is built around two theoretical foundations: Noddings’ care theory and Gay’s culturally responsive teaching. McCollum’s literature review is structured in the following way:

- A Review of Theoretical Frameworks for Studying Teacher-Student Relationships
- The Link Between Affective and Cognitive Dimensions
- Exploring the Definition of Effective Teaching
- Studies Related to Teacher Beliefs, Practices, and Cultural Influences

Key insights from McCollum’s literature review. I discovered McCollum’s (2014) review toward the end of my own review of the literature. In the end, the primary value of her study was an affirmation that I had interacted with most of the critical voices and issues. McCollum’s study focuses on the need to draw on the voices of teachers, an element of the dialogue that she believes had been somewhat overlooked. Given care theory’s focus on the importance of the perceptions of the cared-for – in this case, the students – I could not disagree with her. However, as much as I support teachers and
advocate for them – indeed, this is one of the primary motives of my research – I would still maintain that because of the nature of completion and the need to develop a caring relationship, the voice and perceptions of the student perceptions must remain the focus. McCollum (2014) also provides a very helpful distinction between the language of the technical (focusing on measurable elements of teaching and teaching as being accountable) and the language of the expressive (which focuses on affective and relational dimensions of teaching). She notes that in the then-current (2014) context of educational reform, the focus is often on the technical, and the expressive is often overlooked. As I have noted elsewhere in this document, this is something that is starting to change. While academic achievement remains primary, greater attention is being paid to affective, emotional, and relational dimensions that exercise an impact on student learning. Finally, McCollum provides a helpful identification of what she describes as the three problems of educational care: (1) overlooking the relational dimension; (2) determining whether teaching and caring are compatible; and (3) the paradoxical contrast between the universal need for caring and the expression of care in a diverse context.

A critique of McCollum’s literature review. I actually do not have much to offer in terms of critique. McCollum’s review was solid and, from my vantage point, complete, at least in terms of her theoretical foundations. What was missing was a review of the specific studies of teacher caring behaviours, but given her emphasis on the teacher voice (rather than the student voice), this potential oversight made some sense: the missing studies predominately focused on student perceptions of teacher care. The one glaring omission in her context is McBee’s (2007) study of how educators conceptualize caring, a study that appeared regularly in my own review of the educational care-related
literature. I will note, however, that if I had discovered McCollum’s literature review earlier in my own journey, I would have found it to be quite helpful.

My key concern with her study does not concern her literature review, but her findings section, which I found overwhelming and confusing because it listed so many teacher caring behaviours. This encouraged me to persevere with my own data analysis, drilling down my own data from over 2,500 individual codes describing factors influencing the communication of educational care to 13 sub-categories, and eventually to what I ultimately describe as the 3 primary dimensions of educational care. I believe this will have practical value for supporting teachers in assessing and improving their communication of educational care. One of the strengths of McCollum’s conclusion was her suggestions for educating in-service teachers and preparing pre-service teachers concerning teacher care, so I suspect her findings were ultimately accessible.

**Competing Definitions**

One of the primary outcomes of my review of the care theory literature was a recognition of the lack of conceptual clarity. Collectively, North Americans do not appear to have a clear understanding of what care actually is. As I noted in the previous chapter, two of the three problems I identified concerning care – the misunderstanding and oversimplification of care – directly relate to this issue. The same issue can be seen in the educational care literature. In the educational care literature, it is clear that there are multiple understandings of the concept of care. Indeed, given this lack of conceptual clarity and consensus, it has almost reached the point where each person is required to construct their own conceptual understanding of care, as well as how they communicate it. As seen in the previous chapter, the most obvious consequence of this lack of
conceptual clarity is the failure of many to recognize the difference between the
communication of care and the completion of care, a problem that becomes even more
significant in the context of education. Too many teachers, trusting their good hearts and
good intentions, are confident that they are communicating care, but yet they fail to
discern whether or not their care has been completed. To be fair to these teachers, the
issue very likely never even occurs to them because their perception of care is realized
through their caring intentions and the communication of care that they assume naturally
follows. The problem, however, is that too often, care is not successfully communicated
and completed, even though they believe it is.

Is there a universal definition of care, or are there multiple definitions? One
of the unresolved tensions in the educational care literature concerns how different
individuals perceive and experience the communication of care. Is the communication of
care a universal social process, experienced similarly by all human beings? Or, is the
communication of care experienced differently by different demographics of people?
Phelan et al. (1994) observe that high-achieving and low-achieving students describe
caring teachers in different ways, often based on student perceptions and experiences of
the nature of their teacher’s expectations and support. Bosworth, Smith, Ferreira, and
Smith (1994) also identify differences in urban and suburban students, which are often
linked to socio-economic status. Bosworth’s ensuing article (1995) also focuses on
gender and racial differences in how care is experienced. Subsequent studies have also
focused on the relationship between care and the student’s ethnicity and race (Antrop-
González & De Jesús, 2006; Alder, 2002; Dillon, 1989; Thompson, 1998; Valenzuela,
the individual over the community, abstract versus concrete skills, and nuclear versus extended families, among other things” (p. 20). The educational care literature treats these differences as variations on a theme, which Alder and Moulton (1998) describe as, “general attributes of caring” (para. 1). In her literature review, McKamey (2002) challenges the assumption of a universal definition of care, suggesting that there is a need to instead focus more directly on the different interpretations and meanings of care.

**McKamey’s four competing definitions.** The bulk of McKamey’s (2002) review of the literature focuses on what she describes as *competing definitions* of care. She emphasizes that the way one defines care influences how one perceives both care and the cared-for. The problem, however, is that people who use the word care are not always talking about the same thing – even though they believe they are. Each approach to care has its own conceptual meaning, interpretation, and assumption. Each calls for its own approach to reform, and each has its own understanding of the role of caring. When put this way, it becomes clear that these different approaches are incompatible. But, from the outside looking in – and, sometimes, even the inside looking out! – they are all describing the same thing. McKamey also notes that sometimes, people shift from one approach to another, seamlessly merging from one to another as if they were not doing so.

McKamey (2002) notes that in her review of the literature she focuses on how the different theorists and scholars talked about caring (e.g., words, assumptions, behaviours), rather than focusing on their theoretical foundations. As a result, she was able to distinguish four different theories of care. To be more accurate, she identified three distinctive categories, and then also discerned a fourth category, which she described in 2002 as recent and “emergent” (p. 22). Recognizing that others have also
acknowledged this distinction (e.g., Antrop-González & De Jesús, 2006), I include this as a fourth category identified by McKamey.

Firstly, the teacher caring theory focuses on the behaviours of caring teachers and the impact this could have on student academic outcomes. Secondly, the caring community theory focuses on characteristics of caring schools and caring learning communities that help students to experience successfully communicated care, thereby developing their care capacity and communicating care more effectively. Third, the caring difference theory seeks to define various demographic-rooted constructions of the concept of caring, and to challenge teachers to understand their own cultural assumptions and the way these interact with the cultural expressions and assumptions of their students. And lastly, the process theory of caring focuses on the processes of caring, considering the relationships between identity formation, the school context, acts of caring, and interpretations of caring. The process theory recognizes that the concept of care is shaped by the expressions and interpretations of care, which are, in turn, shaped by a myriad of individual and contextual factors.

Process theory, which McKamey described as emerging in 2002, effectively addresses the complexity she identifies, particularly in recognizing and distinguishing the difference between expressions and interpretations of care. McKamey’s subsequent focus on narratives of care (2011) is even more effective in addressing the unique, contextual, and relational complexity of care.

An important limitation of my study: Under-focusing on demographic differences. One of the limitations of my study is the fact that I did not sufficiently address differences in expressions and interpretations of care arising from the unique
gender, racial, cultural, ethnic, and sexual identities of individual students. This was also partially the result of my participant selection criteria, which focused on participants who had attended schools in Ontario since at least Grade 6. There are differences in how specific cultures and other demographics perceive and experience the communication of care. However, these differences only scratch the surface of complexity of the communication of care, and overemphasizing demographic differences – while helpful and important – runs the risk of misdirecting, potentially further contributing to the misunderstanding and oversimplification. As much as I appreciate McKamey’s distillation of four competing theories of educational care, the key issue in educational care is that everyone perceives and experiences the communication of care uniquely. We do not need multiple definitions: we need to realize that every single caring relationship is unique! It is actually more complex than McKamey suggests, not less – and attempting to identify a quantifiable number of specific definitions is problematic as a result.

The two care needs, to care for others and to be cared for by others, are universal and common to almost all human beings. But, how the communication of care is perceived and experienced is unique to each person, which is why care requires a relationship, and not just caring behaviours and a focus on offering care. It is not enough to know how a specific demographic might experience the communication of care. Instead, it is essential that teachers recognize they need to establish a caring relationship with each student, which requires attending to each student’s perceptions and experiences of the intended communication of care, and demands that teachers determine whether or not their care has been successfully completed. I do not believe this is as impossible as this sounds, because there are common patterns in how the offering of care is perceived
and experienced – in other words, things that work for some students are also likely to work for others. This is why lists of teacher caring behaviours are helpful, but only as touchstones and guidelines, not as recipes and checklists. Completion is still required.

**Aspects of Educational Care**

In the previous chapter, I identified a number of important resources for offering care, reviewing a number of distinctions, resources, and concepts that helped clarify and enhance the intended communication of care. The educational care literature echoes many of these, but also clarifies a number of additional aspects of educational care that will help to both understand the concept and to communicate intended care more effectively. Specifically, this section focuses on four such topics: (1) elaborating on the caring for/caring about distinction in an educational context; (2) the difference between soft care and hard care; (3) the distinction between leaping in and leaping ahead; and (4) Noddings’s four components of education from a care perspective.

**Caring for/caring about in an educational context.** McKamey (2011) draws on the distinction between *caring about* and *caring for* that is identified in the care theory dialogue (e.g., Noddings, 1992; Tronto, 1989). McKamey applies the concepts directly to educational care, which I found very helpful for two reasons. First of all, she specifically identifies related teacher caring behaviours, which provided me with another helpful list to add to my review of the literature. Secondly, she clearly positions *caring for* as being superior to *caring about* when it comes to communicating care successfully.

**Caring for.** McKamey (2011) describes *caring for* as, “the day-to-day interpersonal interactions that attend to a person’s needs at a specific time…These caring for interactions are private, contained within interpersonal relationships, and attend to
specific, individual situations” (p. 79). McKamey (2011) directly links caring for with teacher caring behaviours emerging from empirical studies, such as,

- helping with academic schoolwork (Davidson, 1999; Ferreira & Bosworth, 2001);
- recognizing that the student is unique (Wentzel, 1997); listening to students (Rolón-Dow, 2005; Sickle & Spector, 1996; Streitmatter, 1996; Valenzuela, 1999); asking questions about personal life (Ferreira & Bosworth, 2001; Siddle-Walker, 1996; Phelan et al., 1994; Teven, 2001); supporting students emotionally (Bosworth, 1995); maintaining an orderly classroom atmosphere (Davidson, 1999; Wentzel, 1997); and having high expectations for students (Bosworth, 1995; Davidson, 1999; Wentzel, 1997). (p. 79)

**Caring about.** McKamey (2011) describes caring about as, “an action or interaction that attends to a more general principle, concept, or policy” (p. 79). She draws a direct link to “things and ideas” (p. 79) such as test scores, the curriculum, and financial considerations, by referencing the work of Courtney and Noblit (1994), Danin (1994), Prillaman and Eaker (1994), and Valenzuela (1999). While these are important things to care about in the context of schooling, they can easily distract from the offering of care, and can cause educational leaders and others involved in education – including teachers – from successfully communicating care for students. Indeed, at times, caring about in this context can impede and prevent the successful communication of care, particularly when the students perceive that their teacher cares about more than they care for.

**Soft and hard care.** Antrop-González and De Jesús (2006) describe a continuum of educational care ranging from soft care (e.g., gentle, kind, nice) to hard care, which combines both authentic relationality and high expectations. A teacher who
communicates hard care prioritizes the development of a relationship with each student, yet is also willing to push and challenge their students, which can run the risk of appearing to be uncaring. Trout (2012) notes that hard, “represents relationships in which teachers and students work to fulfill high academic expectations” (p. 27).

Leaping in/leaping ahead. Sandra Wilde (2013) also provides a distinction that is helpful for understanding educational care. She notes that too often, well-intended teachers will *leap in* for their students, using their power and authority to get their students to do what the teacher thinks they should do. By contrast, teachers who *leap ahead* work hard to provide their students with opportunities to make their own choices and decisions. Ensuring student agency and autonomy is an important element of educational care – but it can also be more work.

Noddings’s four components of education from a care perspective. Toward the end of my review of the literature, I discovered an article by Smith (2004) that described Noddings’s contributions to the educational care dialogue. He references a little-known publication in which Noddings (1998) identifies the four components of educational care. I say little-known because despite my painstaking literature review, including a direct focus on Noddings and her writings on educational care, I had not previously discovered this publication – nor, importantly, had the other voices in the dialogue that I had interacted with. This is unfortunate: Noddings is perhaps the most important voice in the care theory dialogue, and her helpful articulation of the four components of education from a care perspective should be easily discoverable. Noddings’s (1998) four components of education from a care perspective are: (1) *modelling*; (2) *dialogue*; (3) *practice*; and (4) *confirmation*.
Modelling. Because the completion of care depends on the offering of care, one of the most obvious and important elements of care in education is *modelling*. Teachers need to embody their caring intentions in caring actions. In doing so, they model the offering of care to their students. Noddings (1998) writes, “we do not merely tell them to care and give them texts to read to read on the subject, we demonstrate our caring in our relations with them” (p. 190). If care matters, teachers should be concerned about the growth of their students as both ones-caring and the cared-fors. While understanding a student’s reasons for offering care matters, it is more important that they communicate care successfully. And, the first way to get them to do this is to show them care in action – not to talk about why caring matters.

Dialogue. Smith (2004) observes that it is important for teachers to talk directly about their offering of care, which echoes the transparency and intentionality I earlier identified as part of the solution to the problems of care. Smith (2004) writes that this can, “help people to critique and better understand their own relationships and practice. In other words, it allows us to evaluate our attempts to care” (p. 4). This is an important insight, particularly if, as implied throughout, care is too easily overlooked and assumed. One way to address this is for teachers to talk to their students about their caring intentions, and to seek student feedback in order to evaluate and develop their intended communication of care. As significantly, dialogue about the offering of care provides opportunities for the students to develop their care capacity and abilities.

Practice. Noddings (1998) reminds us that our experiences shape our behaviour. Students who experience successfully communicated care are more likely to offer care themselves, thus allowing the intended communication of care to become part of their
identity. In this context, Noddings emphasizes the need to ensure that our students have ample opportunity to practice offering care, and that they do so in a caring context where a caring teacher not only provides opportunities, but also guidance and feedback. Smith (2004) elaborates, noting that, “if we want to produce people who will care for another, then it makes sense to give students practice in caring and reflection on that practice” (p. 4). Individuals learn to offer care to others by developing their care capacity and abilities, and the only way people can do this is by receiving feedback, and the only way to obtain feedback is through practice. Importantly, it is only practice (rather than repetitive action) if a person’s practice is reflective and they have access to feedback. This is why the role of the teacher is so important in the process: teachers need to give their students opportunities to practice offering care.

But this is not enough; as Noddings (1998) notes, this produces a mentality. Wasicsko and his colleagues (2009) would call it a teacher disposition. Combs (1997) would call it a perception. And, a shifted perception leads to a change in behaviour. This is the hope and optimism of care theory: people can learn to become more effective at offering care, provided they do not just think good thoughts about caring intentions. They must produce caring actions. And, they can only see care completed when they are sufficiently attentive and receptive and empathetic toward the person they care for, ensuring that the other person perceives and experiences this care. Feedback processes are required if care capacity and related caring actions are to be improved.

**Confirmation.** Smith (2004) observes that it is confirmation, however, that, “sets caring apart from other approaches to moral education” (p. 4). Noddings’s (1998)
understanding of *confirmation* is based on the work of Martin Buber (1947), noting that *confirmation* means that,

we identify a better self and encourage its development. To do this we must know the other reasonably well. Otherwise we cannot see what the other is really striving for, what ideal he or she may long to make real. (p. 192)

Care is set apart from other approaches to moral education because of the emphasis on confirmation. It is not about establishing an ideal for all, nor is it about identifying what people are doing wrong. It is about celebrating the good – but this must be authentic. Confirmation also requires attentive receptivity. Confirmation means that you know the other person, and are positioned to challenge them to become themselves, only more fully. As Buber (1947) suggests, it is about affirming and encouraging the best in others. This means recognizing the best in them, as well as positioning them to both recognize the best in themselves, and to want to pursue it.

Smith also notes that confirmation requires both *trust* and *continuity*, an important elaboration. Smith (2004) writes that, “the latter is needed as we need knowledge of the other and the former as the carer needs to be credible and to be capable of handling explorations and what emerges sensitively” (p. 4). Students need to trust their teachers if they are to recognize and receive the confirmation offered by their teachers. And they need continuity because authentic confirmation requires an ongoing relationship that validates the one-caring’s articulation of what it is that needs to be confirmed. If the students do not know their teacher, the teacher cannot confirm them. And, if the students do not trust their teacher, they will not believe the teacher’s attempts to confirm.
Conclusion

This section has attempted to help clarify the nature of educational care. As noted in the previous chapter, care itself resists clear definition, contributing to the practical failure of care. This is tragic, given the significance of the successful communication of care, particularly in light of the fact that all human beings have two care needs. Perhaps the most significant reason for the apparent failure of care is the failure to distinguish between the offering of care and the completion of care. People believe they have offered care through their intention-rooted actions, but fail to ensure that their intended care has been received by the people they intend to communicate care to, thus successfully communicating care and establishing a caring relationship.

This is particularly relevant for education, where the same problem can be observed: teachers enter the field at least partly motivated by a desire to offer care, and their actions are often directed by caring intentions. Yet, too many students believe that nobody cares (Noddings, 2005), resulting in what Wilde (2013) has described as a loss of care in education. One of the contributing factors may be teacher busyness. Teaching is one of the most cognitively-demanding tasks, and teachers are required to make thousands of decisions each day, all in the context of the constant and ongoing demands of time. In this context, it can be far too easy for teachers to rest on their good hearts, caring intentions, and their assumptions of successfully communicated care.

I will conclude this section by returning to my earlier definition of care: a relationship where the one-caring supports the wellbeing, flourishing, and autonomy of the cared-for, and where both relationship partners recognize and assent to what is happening. Expanding on this in the context of this chapter’s focus, educational care can
therefore be defined as a relationship where the teacher supports the wellbeing, flourishing, and autonomy of each of their students, where both the teacher and each student recognize and assent to what is happening.

**The Outcomes of Educational Care**

For a significant stretch of my teaching career, almost all new reform initiatives have focused on increasing student achievement. Given the nature and purpose of education, this makes sense from a certain vantage point. While the educational care research literature is not prepared to make a direct causal link between successfully communicated care and student achievement, a handful of researchers (such as Bryk et al., 1990; Garza, Alejandro, Blythe, & Fite, 2014; Sanders & Jordan, 2000; Shann, 1999) have suggested that there is a correlation between educational care and academic achievement. There is a growing recognition that successfully communicated care has a marked impact on academic outcomes that are connected to student success in school.

However, western education is also now emerging from a time where educational reforms focused primarily on student achievement, almost to the exclusion of other important considerations. Recent emphases on topics such as teacher-student relationships, social and emotional learning, school belonging and school connectedness, student mental health and wellbeing, and other similar initiatives evidence a shift in the discourse. Education initiatives and reforms are increasingly focused on affective and relational approaches and outcomes. This shift is at least partially motivated by the fact that these approaches have also been associated with improved student learning.

This shift is not a pendulum swing. I do not believe we are moving away from student achievement and toward affective and relational objectives and outcomes. The
meta-analysis work of Hattie (2009, 2011, 2014, etc.) and Cornelius-White (2007) and others have drawn attention to the fact that affective and relational approaches do not only have affective and relational outcomes. Even though outcomes like increased student belonging, improved relationships, and the like would be sufficient grounds for enacting such initiatives, there is now ample evidence that affective and relational outcomes also support student growth, learning, and achievement (Cornelius-White, 2007; Hattie, 2011).

It is in this context that I believe the time is right for a renewed focus on educational care. As I have noted, educational care was a focus in the early 1990s, when empirical research demonstrated the potential power of successfully communicated care in education. This led to a number of initiatives, but, as I have also observed, it did not really seem to work – a problem I have described as *the practical failure of care.* As a result, research exploring affective and relational elements moved in different directions, with very positive results, including the initiatives I have identified: teacher-student relationships, social and emotional learning, school connectedness and belonging, and many, many others. My study, however, suggests that the practical failure of care is a result of a number of significant challenges that center on the misunderstanding and oversimplification of care, particularly the distinction between the offering of care and the completion of care. If these issues can be recognized and addressed, the power of educational care could exert a potent influence.

What happens when educational care is successfully communicated? In this section, I explore a number of the outcomes of educational care. First, I begin with McKamey’s (2002) overview, which draws attention to the outcomes of both quantitative
and qualitative studies of educational care. I then provide a brief overview of Goldstein’s (2002) exploration of the link between Noddings’s care theory and Vygotsky’s *zone of proximal development*, where Goldstein identifies the pedagogical power of caring.

Third, I introduce Sanders and Jordan’s (2000) articulation of *educational investments*, which are outcomes of educational care that influence student achievement. I then provide a list of the outcomes of educational care described in the literature, an impressive description of why successfully communicated care matters. Lastly, I conclude with a focus on the relationship between educational care and developing students into caring people.

At this point, I find these results to be overwhelming. Educational care, when communicated successfully, has the potential to have a significant positive influence on some of the most important outcomes of schooling. In addition, educational care is eminently compatible with most major affective, relational, and achievement-oriented initiatives and reforms. Educational care can enhance and support almost all major developments in education. As Noblit and his colleagues note (1995), care is foundational to effective education. It should also be foundational to living as productive, contributing members of our society. Successfully communicated care transforms relationships and people. It seems clear that it is time for a renewed focus on educational care.

**Quantitative and Qualitative Studies of Educational Care**

McKamey’s (2002) review of the educational care literature resulted in a simple but important starting point. Firstly, quantitative research studies have shown that there are positive relationships between educational care and student outcomes. Secondly, qualitative research studies have focused on the relationships between educational care
and student affective outcomes (e.g., a positive learning environment, developing care in students). And, these outcomes influence student achievement. The successful communication of care in education has affective, relational, and academic impacts.

**The Pedagogical Power of Caring**

Goldstein (2002) developed a fascinating link between Noddings’s *theory of care* (1984, 2013) and Lev Vygotsky’s (1978) articulation of the *zone of proximal development* (ZPD). Goldstein suggests that Noddings’s emphasis on relational development and Vygotsky’s exploration of cognitive development – which both focus on the interaction between a teacher and a student – could combine to play an important and transformational role in education. Goldstein (2002) identifies two different levels or dimensions of learning that are informed by the work of Noddings and Vygotsky, which she describes as the *interpsychological dimension* and the *interrelational dimension*.

First, the *interpsychological dimension* is, “a shared intellectual space created by the adult and child in the ZPD” (Goldstein, 2002, p. 37). Second, the *interrelational dimension* is, “a shared affective space created by the adult and child in the ZPD” (p. 37). In the context of a teacher-student relationship that draws on both care theory and Vygotsky’s focus on social learning, this shared intellectual and affective space creates ideal conditions for learning.

A caring relationship is a necessary and fundamental part of the intersubjective interaction between teacher and student, allowing the relationship to operate at both the interpsychological and interrelational levels, which contributes to cognitive development. Goldstein (2002) refers to this as the *pedagogical power of caring*, noting that, “This is a
conclusion of profound importance. Caring must be reclaimed and made central in our educational environments because of its crucial role in intellectual growth” (p. 54).

Educational Investments and Student Outcomes

In an important study of the link between teacher-student relationships and student achievement, Sanders and Jordan (2000) identify a number of significant outcomes. While their emphasis on teacher-student relationships is only tangentially related to my own study, I found their description of these outcomes to be very helpful. They referred to the various outcomes identified in their study as, “educational investments that are associated with higher student achievement” (Sanders & Jordan, 2000, p. 79). The educational care dialogue does not identify a causal link between successfully communicated care and student achievement. But, there is ample evidence that the successful communication of educational care results in a host of educational investments associated with significant student outcomes, which are a sufficient rationale for a focus on educational care.

Outcomes of Educational Care

Empirical research into educational care and caring teacher student relationships has resulted in some very compelling outcomes. As I have observed, while all of the outcomes are important, the collective power is substantial. The educational care-related literature suggests that the successful communication of care has the potential to profoundly impact some of the most important dimensions of education:

- higher levels of student engagement (Davidson, 1999; Klem & Connell, 2004; Muller et al., 1999; Osterman, 2000, 2010; Wentzel, 1997);
- increased student belonging (Garza et al., 2014);
- increased student motivation (Bernauer et al., 2017; Davidson, 1999; Murdock & Miller, 2003; Phelan et al., 1994; Wentzel, 1997);
improved student school behavior (Sanders & Jordan, 2000);
students claim to work harder (Cothran & Ennis, 2000; Dillon, 1989; Edmonds, 1992);
increased intrinsic valuing of education (Murdock & Miller, 2003);
increased student classroom preparation (Sanders & Jordan, 2000);
improved attending to student physiological and safety needs (Garza et al., 2014);
reduced student engagement with maladaptive behaviors (Sanders & Jordan, 2000);
improved student attendance (Cornelius-White, 2007; Goodenow, 1993; Kojima & Miyakawa, 1993; Sickel & Spector, 1996);
lower drop-out rates (Gill-Lopez, 1995);
more time spent studying (Rosenfeld, Richman, & Bowen, 2000);
enables students to take risks (McDermott, 1977);
helps students develop increased self-esteem (Charney, 1992);
positive pro-social impact on students (Noddings, 1992, 2005; Osterman, 2000, 2010);
increased attentiveness and conscientiousness (Davidson, 1999)
increased cooperation and altruism (Battistich, Solomon, Watson, & Schaps, 1997);
more positive attitudes toward the self and others (Osterman, 2010);
greater moral agency (Strike & Soltis, 1992);

In the context of these outcomes of educational care, I have also identified an important area for future study, focusing on the relationship between educational care, teacher student relationships, student belonging, student engagement, and student achievement.

**Developing Students into Caring People**

As important as the previous section is in terms of a justification for educational care, I wanted to add one final significant outcome. The care theory and educational care discourses suggest that one of the most important outcomes of the successful communication of care is that more people experience care. When care is modeled and care is experienced, those cared-for will be more likely to become ones-caring, seeking to
communicate care to others. Given the overarching purpose of my research, which seeks to support student growth and learning by supporting teachers through my focus on the successful communication of care, even if successfully communicated care did not have significant academic-related outcomes, it would still be worth pursuing. I believe that the potential for the improved intended communication of care and the successfully communicated care that could result is itself sufficient justification to explore and advance care theory. When teachers model and communicate care to students, students become more caring (Agne, 1999; Freeman et al., 1999; Heller, 2002; Howard, 2001; Kohn, 1991; Noblit et al., 1995; Rauner, 2000).

In her study of caring educational communities, however, Larrivee (2000) provides an important qualification. While emphasizing that teachers must act first, communicating care for their students, she stresses that it may not be appropriate to expect students to form caring relationships with all other students. The offering of care is too complicated, students too messy, and students too in-progress to expect all students to care for each other (in the sense of successfully communicating care and establishing a caring relationship). But, Larrivee (2000) clarifies that it is appropriate to expect students to show each other tolerance and acceptance. This is an important distinction for teachers: yes, the offering of educational care is likely to lead to the successful communication of care, but this does not mean teachers should or can expect their students to form caring relationships with all of their classmates. Teachers can, however, expect their students to show tolerance and acceptance to others. And, teachers can also trust the process. Over time, the successful communication of educational care is likely to
enable students to communicate care successfully in the various relationships they form during their lives. Teachers should not expect it to happen right away.

**Conclusion: The Successful Communication of Care Makes a Difference**

I believe the case is compelling, particularly in today’s educational context, where an emerging emphasis on affective and relational dimensions is accompanied by the conviction and recognition that affective and relationship outcomes also exert a powerful impact on student achievement. The educational care literature clearly conveys that when care is successfully communicated, a host of positive outcomes result – outcomes that are at the heart of the nature and purpose of education. I believe this study is well-positioned to step into this conversation. This study identifies a number of significant problems that contribute to the practical failure of educational care. This study also proposes a number of important solutions, which have the potential to overcome the causes of the practical failure of care in education. As a result, this study has the potential to lead to an increase in the successful communication of educational care, as well as in the establishment of caring teacher-student relationships – which could, in turn, open the door to all of the other incredible outcomes described above.

**Communicating Educational Care: Teacher Caring Behaviours**

The previous section focused on the outcomes of successfully communicated educational care. If educational care can attain the lofty results described in the literature, it is worth exploring how this might be possible. The educational care discourse offers at least a partial answer. Empirical research into educational care has generated many different lists of teacher caring behaviours, which are a necessary element for the
successful communication of care. These lists describe very specific teacher actions that are likely to communicate care successfully.

**The Problem with Lists of Teacher Caring Behaviours**

However, as I have noted earlier, these lists of caring behaviours are also problematic. As Noddings notes (2006), there is no recipe for care. Care is not necessarily successfully communicated when a teacher checks the appropriate behaviours off their list of caring actions. Such an assumption has played a significant role in the practical failure of educational care. Care is not simply the offering of care from the one-caring to the cared for; this is insufficient. Yet, too often, teachers, parents, and educational leaders believe that the intended communication of care is sufficient. In my opinion, this mistaken assumption has prevented the successful communication of educational care for countless students, and may have caused many teachers and educational leaders to conclude that educational care does not work.

Educational care is not the automatic result of teacher caring behaviours. But, nevertheless, teacher caring behaviours can play an essential role in the completion of care and the establishment of a caring teacher-student relationship. In this context, the lists of teacher caring behaviours are very important, but as touchstones and guidelines, not as checklists or recipes. This is a critical distinction: one that I fear could again be overlooked. The lists of caring behaviours that have emerged from empirical research into educational care can help teachers understand how to offer educational care. But, it is absolutely essential that teachers recognize that the offering of educational care is not sufficient. Care must be completed, and completion requires a relationship.
I faced a difficult decision when I began preparing for this section of my dissertation. The ‘right way’ to summarize the results of the various empirically-generated lists of teacher caring behaviours would have been to compare them and to develop a nice summary of the teacher caring behaviours, perhaps even producing a single list that was essentially a ‘best of’ compilation. Ironically, one of the outcomes of my study is such a list. I believe that one of the key contributions of my research is that it will advance the dialogue by identifying factors that contribute to both the successful and unsuccessful offering of educational care. But, my study will not stop with the publication of another impressive list, as helpful as it might be. We do not need more lists. Rather, what is needed is a significant perceptual adjustment: how people perceive such lists needs to change. The lists of caring behaviours must be recognized to be helpful, but insufficient. As a result, in this section of my review of the literature, I chose not to compile a ‘best-of’ list that draws on the important insights of various researchers. Instead, I will simply provide an overview of some of the most referenced or most helpful lists of caring teacher behaviours. If I to talk about this with teachers, I might simply say, “Pick one!” because the specific choice of list ultimately does not matter all that much – they all describe potentially effective teacher behaviours. Study participants told me that almost any teacher behaviour can be seen as caring. Unfortunately, the same behaviour could also be perceived as uncaring by a different student with different perceptions, experiences, and care needs.

**Reviewing Empirical Studies of Teacher Caring Behaviours**

In the rest of this section, I provide a brief overview of what I consider to be some of the most significant and helpful lists of teacher caring behaviours that have emerged
from the educational care literature. As I have observed, such lists are helpful. They can provide important touchstones and guidelines for teachers, supporting them in their attempts to communicate educational care. But, they are insufficient on their own, which is why I chose to not attempt to synthesize the different voices.

For each of the lists included below, I provide a simple list of the teacher caring behaviours, as well as some information about how the researcher generated their list. If appropriate, I also make a few additional comments about the study or the results. It is important for the reader to realize my intent: I want them to be able to see, interact with, and consider the important lists that have emerged. There is certainly a great deal of overlap and resonance between the various lists. Some have generated unique and potent insights, while others simply echo and affirm what others have recognized. Collectively, these lists paint a clear picture of what teachers can do to offer care to their students. They are a fantastic and essential starting point for the offering of educational care.

**Student perceptions of teacher caring behaviours.** Somewhat counterintuitively, when the educational care literature began to focus on the intended communication of teacher care, it focused primarily on student perceptions, not teacher perceptions. Knowing the care theory dialogue helps to explain why this was the case. The care theory literature suggests that the offering of care is not sufficient, and that care only occurs when the cared-for recognizes and responds. In other words, care is only successfully communicated care if the cared-for experiences care. In the context of educational care, therefore, focusing on teacher perceptions of the offering of care was not a priority. From a care theory perspective, educational care only occurred if the students perceived and experienced the care offered by their teachers, so it made good
sense to focus on student perceptions. I say this is counterintuitive, however, because people who are unaware of the care theory dialogue and the centrality of completion they are justified in asking why the dialogue focused on students (whose judgement is considered, by some, to be suspect), rather than on the teachers and their actions.

Despite this objection, focusing on student perceptions of teacher care is the correct focus. The completion of care is the definer of the successful communication of care: intended care can only become successfully communicated care when the cared-for recognizes and responds. Focusing on the perceptions and experiences of the cared-for is the only way to assess whether care was successfully communicated. Nonetheless, the objection also needs to be heard and addressed. This is one of the motivating factors for this study, because there are far too many teachers who are unaware of the care theory dialogue, unaware of the nature and centrality of perception, and, therefore, also unaware that their good-hearted caring intentions are may not be translating into successfully communicated care for their students.

In this section, I review a number of empirical studies of student perceptions of teacher care. Such studies are the most important dimension of the dialogue, even though I will also address a handful of studies of teacher perceptions of teacher caring behaviour in the next section. I have tried to be strategic in the sequence of the studies referenced below, beginning with some of the most cited or those with the most potential value for my study (for example, two of the studies have resulted in the creation of assessment resources that I may be able to use in my future work with educational care).

*Perceived pedagogical caring.* When I first began studying educational care, three voices were consistently identified: Wentzel (1997), Bosworth (1995), and
McCroskey and Teven (1997). Wentzel’s (1997) study of perceived pedagogical caring is likely the most cited: partially because of the value of her study, but also partially because Wentzel continues to be an important voice in the educational discourse surrounding affective and relational dimensions of education, and particularly discussions of student motivation (e.g., Wentzel & Brophy, 2014; Wentzel, Muenks, & McNeish, 2017). Wentzel (1997) outlines four facets of perceived pedagogical caring:

- Demonstrating democratic interaction styles;
- Developing expectations for student behaviour on the basis of individual differences;
- Modeling a caring attitude toward their work;
- Providing constructive feedback.

**Teen perceptions of caring teachers.** Bosworth (1995) and her colleagues (Bosworth et al., 1994) completed an empirical study of two middle schools (800 students in an urban school, and 1200 students in a suburban, rural, inner-city school). They observed 300 classrooms and interviewed 100 student participants, focused on student perceptions of caring teachers. Their study, often cited in the literature, identifies nine key teen student perceptions of caring teachers:

- Help with schoolwork;
- Value individuality;
- Show respect;
- Listen to and recognize students;
- Display tolerance;
- Explain class assignments;
- Check for understanding;
- Encourage and motivate;
- Plan fun activities.

**Perceived teacher caring.** McCroskey and Teven’s (1997) study is a bit of an outlier because they focus on the perceived teacher caring at the college level. This well-
developed empirical study focuses on determining if the three dimensions of perceived care from an earlier study (McCroskey, 1992) could be replicated. Their study involved 783 undergraduate students in a large Eastern university. Data was obtained through a questionnaire. I chose to include McCroskey and Teven’s study for a number of reasons. First, the study is so often cited in the literature: McCroskey and Teven have both been regular contributors to the dialogue, and Teven continues to play an active role. Secondly, and, perhaps, most significantly, the two authors developed a perceived teacher care instrument (1997) that I considered using for my study. I may draw on this instrument in my future work with educational care. The authors identify three central elements of perceived teacher care:

- **Empathy**: The teacher’s ability to see and feel alongside of another person;
- **Understanding**: The teacher’s ability to, “comprehend another person’s ideas, feelings, and needs” (p. 2);
- **Responsiveness**: The teacher’s ability to respond quickly to a student’s needs or problems.

In building on this study, Teven (1998) writes,

…it can be concluded that the most important thing college teachers can do to be perceived as caring about their students is to teach effectively, be immediate, be perceived as being tolerant of students’ ideas, be responsive to students’ concerns, avoid using verbally aggressive statements, and help students to do well in class. (pp. 58-59)

One of the challenges I had to work through in my interactions with McCroskey and Teven’s work is that they draw a careful distinction between the offering of care and the perception of caring, noting that, “It is not the caring that counts; it is the perception of caring that is critical” (Teven & McCroskey, 1997, p. 167). Because my focus is on the
successful communication of care, I had to wrestle with this. My understanding of the nature of completion allows me to appreciate their intent: care is defined by the student’s perception, not the teacher’s behaviour. But, I struggle with the fact that it almost sounds like teachers need to worry more about student perceptions than they do about successfully communicating care. I want to see teachers do both. I suspect these authors do, as well, but this statement could be dangerous if taken out of context.

*Student perceptions of caring teachers.* One of the most helpful descriptions of teacher care comes from Davis’s (2009) summary of the care theory literature in an encyclopedia article in *Psychology of Classroom Learning* (Anderman & Anderman, 2009). Davis identifies two primary dimensions of care, which she describes as *feeling understood* and *feeling that their understanding matters.* She also describes three sub-elements for each dimension. Davis’s care-related publications (Davis, 2001, 2003) are often referenced in the research literature. In a later article, Davis (2009) writes that, “Research suggests caring, or supportive, teachers create *qualitatively different classroom environments* [emphasis added] that feel warm, encourage student to behave in social responsible ways, and emphasize learning over performing” (p. 138). Davis’ two dimensions (and their three associated sub-elements) of student perceptions of caring teachers are as follows:

*Feeling Understood:*
- Locus/sense of responsibility;
- Climate/culture/management; orientation
- Cultural synchronization (“in synch” with student behaviour).

*Feeling that their Understanding Matters:*
- Academic content;
- Role of student interest;
- Expectations of success.
High school perceptions of teacher caring. Garza et al.’s (2009) study is one of the first studies I discovered when reviewing the educational care theory literature. Their mixed-methods study involves teacher interviews, classroom observations, and student questionnaires, ultimately involving 977 students from a large suburban high school in the southern United States. Their study initially resulted in a list of 42 teacher caring behaviours, which they eventually reduced to 32 items. Through careful additional procedures and factor analysis, the authors identified three distinct subscales of high school perceptions of teacher caring:

- Validating student worth;
- Individualizing academic success;
- Fostering positive engagement.

Importantly for my purposes, their study also resulted in the Perception of Teacher Care (PTC) instrument (Garza et al., 2009; Garza & Huerta, 2014). I suspect I will draw on this instrument in my future work with teachers and schools. Their instrument focuses on 32 specific teacher caring behaviours, built around the three subscales.

Teacher caring behaviours. McKamey’s list of teacher caring behaviours is valuable because it emerged from her (2002) review of the educational care-related literature, and represents multiple studies. She identifies five teacher caring behaviours:

- Helping with academic work;
- Realizing that the student is unique;
- Listening to students;
- Asking questions about personal life;
- Maintaining an orderly classroom atmosphere.

Caring for teacher behaviours. Drawing on her original review, as well as more recent research voices, McKamey updated her list in a 2011 publication, where she carefully distinguished between caring for and caring about teacher behaviours:
Caring For Teacher Behaviours:
- Helping with academic schoolwork;
- Recognizing that the student is unique;
- Listening to students;
- Asking questions about personal life;
- Supporting students emotionally;
- Maintaining an orderly classroom atmosphere;
- Having high expectations for students.

How students identify care in teachers. Cooper and Miness (2014) surveyed 1,132 students from a large high school in the southern United States, then completed 33 interviews with individual students, focusing on how the students identified care in their teachers. A total of 65 teachers were represented by the study. Cooper and Miness (2014) articulate six ways that students identify care in teachers:
- Respect and encouragement;
- Help with academic work;
- Frequent interactions;
- Equal and fair treatment across students;
- Positive approaches to discipline and classroom management;
- Assistance with personal problems.

Middle school perceptions of caring teachers. This ethnographic study by Hayes et al. (1994) focuses on Grade 6 student perceptions of caring teachers. The researchers drew on 208 surveys from students attending three different schools on the north-east coast of the United States to identify ten middle school perceptions of caring teachers:
- Responded to the individual;
- Helped with academic work;
- Encouraged success and positive feelings;
- Provided fun and humour;
- Provided good subject content;
- Counselling student;
- Interested in all students/fair;
- Avoided harshness;
- Listened;
- Managed class well.

**Teacher perceptions of teacher caring behaviours.** As noted earlier, the bulk of the studies of educational care focus on student perceptions, which make sense given the significance of the completion of care. As the educational care dialogue advanced, however, a number of studies emerged that focus instead on the teacher’s voice. McBee’s (2007) study is likely the most cited of such research, even though studies focusing on teacher perceptions are not referenced as much as those focusing on student perceptions. McCollum (2014) developed her dissertation study in response to this gap, highlighting the missing voice of the teachers in the educational care dialogue.

I have included this section in order to be fair to the educational care dialogue. Studies focusing on teacher perceptions are not as compelling as those that focus on student perceptions, given care theory literature’s emphasis on the *completion* of care, in contrast to the *offering* of care – which often is the focus of these studies. I fear that such publications could be misleading, causing readers to miss the absolute necessity of completion, which clearly contributes to what I have described as the practical failure of care and the five related problems I have identified. Nonetheless, these publications are part of the educational care conversation, and also contribute potentially helpful lists of teacher caring behaviours that could inform the intended communication of care.

**Teacher and student perceptions of caring** Jeffrey, Auger, and Pepperell (2013) provide a unique voice in this dialogue, developing a study that involved both teachers and students. Drawing on focus group interviews of 6 teachers and 17 students (students and teachers were not in the same groups), their study identified three key teacher caring
behaviours common to both students and teachers, as well as two additional clarifications that emerged only from the teacher participants:

**Demonstrating Caring:**
- Meeting physical needs;
- Fostering emotional wellbeing;
- Providing strategic assistance.

**Two Dissimilarities:**
- Keeping children safe;
- Supporting children’s academic work as caring.

**How educators conceptualize caring.** McBee’s (2007) study is clearly the most cited of the studies focusing on teacher perceptions. McBee built her study of educational care around the central question, “How can we give it form?” (p. 35). She drew on open-ended surveys from, “144 teacher candidates, classroom teachers, and college faculty associated with a mid-Atlantic university’s teacher education program” (p. 33). Her analysis resulted in 78 unique codes describing teacher caring behaviours, from which she discerned five primary categories:

- Offering help to learners;
- Making efforts to get to know and show interest in learners;
- Showing compassion;
- Giving time;
- Listening to learners.

**Teacher caring beliefs and practices.** McCollum’s (2014) dissertation research study draws on a multi-case study involving six effective teachers from two schools in the southern United States. Using semi-structured interviews and classroom observations, she identifies a list of 34 teacher caring beliefs and practices, which she then divides into four primary categories:
Students as Unique Individuals Within Social Contexts:
- Individual instruction;
- Individual and social influences;
- Individual influences on the teachers;
- Cultures of students and teachers;
- Diverse backgrounds of students and teachers;
- Socio-economic influences.

Teachers as Caring Mentors:
- Importance of caring;
- Caring as an academic motivator;
- Caring for emotional needs and life skills;
- Caring relationships;
- Reaching hard to reach students;
- Teachers as parental figures;
- Universal caring;
- Caring supports achievement.

Broad View of Effective Teaching:
- Student-centered teaching practices;
- Sense of classroom community;
- Engaging lessons;
- Building student confidence;
- High teacher expectations;
- Active student engagement;
- Positive student relationship strategies;
- Teacher humour;
- Personal sharing;
- Helping students during times of crisis;
- Finding the good in students;
- Getting help for students.

Teacher Efficacy Beliefs:
- All students can learn;
- Success for all students;
- School success;
- Life success;
- Humanistic teacher values;
- Education can empower;
- Responsibility for the whole child;
- Mixed feelings about educational reform.

Caring for students. Building on their earlier study of high school student perceptions of teacher care (Garza et al., 2009), in a 2014 study, Garza et al. focused on teacher perceptions. In their introduction, Garza and his colleagues provide a helpful distinction, noting that caring for others requires both interest and action: the one-caring needs to be interested in the welfare of the cared-for, and needs to take action to pursue their well-being. The authors identify four teacher perceptions of caring for students:

- Fostering a sense of belonging;
- Getting to know students personally;
- Supporting academic success;
- Attending to physiological needs.
Teacher caring behaviours in a caring school community. Bulac et al. (1998) surveyed three groups of pre-service education students (a total 285 students) to describe the behaviours they used to offer care to their students. This resulted in a list of 26 teacher caring behaviours, which they then used to identify five behaviour categories that contribute to developing a caring school community:

- The ability to reduce anxiety;
- The willingness to listen;
- The reward of appropriate behavior;
- The conveyance of friendship;
- The appropriate use of positive and negative criticism.

Teacher conceptions of caring. Gray’s (1986) dissertation study is striking because it appeared so early in the dialogue. She was the first reference I found that focused on teacher conceptions of care. Gray interviewed five elementary school teachers, drawing on in-depth semi-structured interviews to generate data. From the data, she used qualitative analysis in order to discern seven primary themes, which she used to develop a comprehensive model of teacher caring:

- Trust
- Respect
- Knowledge-based (knowledge of learner, subject matter, and self)
- Objective
- Responsive
- Other-directed
- Interconnected

Gray also identified the participants’ position toward caring in the classroom:

1. Caring borders on the sentimental, characterized by the teacher's hugs, smiles, and pats. It is most often non-intellectual, learned through experience and intuition;
2. The teacher is a promoter of each child's self-concept and self-esteem;
3. The caring relationship is, by necessity, role-dominated. Boundaries demarcate the place and responsibilities of the learner and the teacher. The teacher must be both friend and authority figure;
4. The relationship attempts to “fix up” student deficiencies. Thus, the learner is seen as incomplete and in need of being “filled out” by the process of schooling. The learner is not accepted “as is”;
5. The learner is regarded as a basically good and lovable being requiring limits and controls for his or her own protection;
6. The learner is seen as an individual; the classroom is comprised of idiosyncratic personalities. (pp. 134-135)

Conclusion: How My Research Advances the Dialogue

Various lists of teacher caring behaviours are helpful in painting a picture of the dialogue of educational care. There much agreement about what counts as effective teacher caring behaviours. There are also a number of unique insights that emerge from different voices. These lists are helpful insofar as they serve as touchstones and guidelines to support teachers in communicating care. However, lists like this can also be problematic if they are not seen in the context of care theory’s emphasis on completion.

I believe that my research study will advance the dialogue for three reasons. First of all, my study drew on participant data that focused on both the successful and unsuccessful offering of educational care, which resulted in data that describe both successful teacher behaviour, as well as unsuccessful behaviours. The latter insights are a unique contribution. However, I also note that this is not as helpful as one might expect because sometimes, the same teacher behaviours appeared on both lists. As noted earlier, the central issue is not the teacher caring behaviours, but rather, the student’s perception of the teacher’s behaviour. Further exploration is thus warranted.

Secondly, participant data resulted in over 2,500 individual codes, which I condensed to 13 primary elements of the communication of educational care. However,
because I have found that long lists can be confusing, I continued to analyze these 13 primary elements, ultimately identifying three primary dimensions of care: (1) personal care, the teacher cares for the student as a person; (2) pedagogical care, the teacher cares for the student as a learner; and (3) interpersonal care, the teacher cares for the student as a member of the classroom community. The first two dimensions also emerged from my analysis of the educational care literature, while the third – and, potentially, most significant – emerged from the co-produced data. I will say much more about these three dimensions later. However, I will note that the identification of these three dimensions may be the most important aspect of my study. Finally, I also drew on all of the various lists of teacher caring behaviours that emerged in my review of the literature, compiling all of them into a single document, and then performed the same analysis on them that I did with my participant data. This resulted in 235 unique codes describing teacher caring behaviours. As part of my method’s constant comparative approach, I compared these results to the results from my own study. They were very compatible, which I found encouraging. I will describe this in more detail later, as well.

Most importantly, my research study did not stop with my own unique list of teacher caring behaviours that resulted from the co-produced data in my study. I continued my analysis, which resulted in an additional outcome: the discerning of the stages involved in the establishment of a caring teacher-student relationship. This, too, is a significant contribution to the educational care literature.

The Apparent Problem of Educational Care: The Loss of Care

For years, I had a mistaken understanding of the problem of educational care. My mistake was an honest and understandable one. It is also a mistake shared by many
participants in the educational care dialogue. It is a mistake that is still present, active, and dominant in the educational care dialogue. Unfortunately, it is a mistake that compounds the issue, potentially causing people to figuratively throw up their hands in despair, giving up on the possibility of care because of its apparent failure and loss.

My mistake was that I assumed the educational care literature was correct in the conclusion it had drawn – or, at least, the conclusion that appeared to have been drawn. Part of my problem was that this conclusion made sense, at least superficially. Noddings (1988) describes, “a crisis of care in education” (p. 32). A few years later, she describes, “schools and classrooms in which teachers profess to care and work hard, but students still complain, ‘Nobody Cares!’” (2005, p. 2). Comer (1988) describes students as alienated and disconnected from their schoolwork, from their teachers, and from the sometimes baffling and hostile world around them. Bingham and Sidorkin (2010) describe a, “fog of forgetfulness” (p. 5), suggesting that too many teachers appear to have forgotten that education is about relationships. Wilde (2013) decries a, “loss of care in education” (p. 1). Too many times, educational care appears to be absent or lost. In a very practical sense, care appears to have failed.

**The Fourth Problem of Care: Disconnect**

The thing is, care has not been lost. The potential for care remains present, just as it always has. Most teachers want to offer care, and students want to be cared for. Care theory clarifies that teachers need to offer care, and students need to be cared for. But, too often, care is not communicated successfully, and caring relationships fail to develop.

When I was a teacher, already aware of and focused on the offering of educational care (even if I did not have a name for it yet), I spent a lot of time talking with my
students and colleagues, trying to understand why so many students and teachers seemed
to underestimate what students were capable of, and trying to understand the nature and
cause of an undercurrent of tension between students and teachers. This tension did not
make sense to me, given the fact that teachers clearly wanted to help and support their
students, and the students needed their support and instruction.

When I talked with my students, they often described frustrations they had with
their teachers. I was uniquely positioned, however, because the teachers they were
frustrated with were also friends and colleagues of mine, some of whom I knew very
well. There was a disjuncture between what my students described and what I thought I
knew about their teachers. When I listened to both parties describe their perceptions of
their experiences, however, I recognized that at least part of the problem was that their
stories did not line up. Students expressed frustration with the teacher’s behaviour, but at
times, they clearly misunderstood what they had experienced, and often projected
inaccurate motives for the teacher’s behaviours – motives that the students believed were
accurate, but which clearly were not. Similarly, teachers expressed frustration with the
behaviour of their students but, too, often seemed to focus on the students’ behaviour,
rather than seeking to understand the reasons behind the behaviour. They, too, projected
inaccurate motives, complaining about the students’ personality or motivation.

On a few occasions, I received a glimmering of insight when I would hear a story
about a teacher who, in a moment of frustration, lost their cool and said something or did
something that was inappropriate in and of itself – these actions would clearly break
down trust, not only between the teacher and the student involved in the interaction, but
also with some or all of the other students who witnessed the interaction. At times, this
trust was irreparably harmed – the teacher was never able to win back trust with all of the students who were present in the moment, and any hope of an authentic teacher-student relationship was destroyed. The students could not envision trusting the teacher. Trust is foundational to any authentic relationship. So, the relationships that did form were superficial and artificial. I remember being very frustrated with this. Student and teachers seemed to be working at cross-purposes, both needing each other, but both predisposed to misperceive and misinterpret each other’s behaviour. Significantly, the students did not recognize the motives of intended care, concern, and support that, from my vantage point, served as the foundation and motivation for most of the teachers’ behaviours.

But, this happened to me a few times, as well. Students would misunderstand my motives and intentions, and would misperceive my behaviour. In a number of very intense and disappointing instances, a few of my students not only misperceived my behaviour, but misattributed it as well: they believed I did not care for them. Since I knew that I did, and I knew that my actions had been rooted in both my intended care and my determination to support their growth and learning, I was bitterly disappointed with the outcome. For a time, I did not understand what was happening.

Thus, the description of a loss of care in education made some intuitive sense to me as I began to explore the educational care literature. The problem, however, was that I knew my own heart and motives. I was not uncaring, even though a small percentage of my students clearly believed I was. And, I also knew the character and motives of many of my teacher colleagues. In most cases, they were not uncaring people, even though some of their students clearly believed they were. Most importantly, in almost all of these situations, the teachers involved clearly intended to offer care, and were motivated by
caring intentions. And, the students were clearly frustrated by the lack of successfully communicated care, because they clearly recognized the need to be cared for, which made their perception of the lack of successfully communicated care even more poignant and disappointing. The disconnect between these perceptions exacerbated the situation. Students were frustrated because they felt they deserved to be cared for, and they believed they had not experienced care. The teachers, on the other hand, were frustrated because they wanted to offer care for their students, and were certain they had done so—but, some of their students did not believe this to be true. From my vantage point, then, it appeared that a number of teachers and students shifted their perceptions concerning the possibility of successfully communicated care. Students no longer trusted teachers, even teachers they had not interacted with yet. Teachers no longer believed they could communicate intended care, or they watered down their perceptions of care and the offering of care to the point where they were describing mere facsimiles of care (e.g., smile, speak kindly, give feedback) – caring behaviours, but not caring actions that could serve as a gateway to the establishment of a caring relationship.

As I began to interact with the educational care dialogue and, as significantly, the voices of my former students and of the participants in my study, I began to recognize that the perception of a loss of care in education, the common student perception that ‘nobody cares’ was not correct. Noddings (1988) was right: there is a crisis of care in education. But, the problem is not that care has been lost, or that care is not happening.

The central problem of educational care is, instead, a disconnect between the caring intentions of teachers and the perceptions and experiences of too many students. The teachers intend to offer care, and they take actions that are intended to communicate
care. In many cases, their actions parallel the teacher caring behaviours identified in the studies I reviewed. In other words, they believe they are doing the right and caring thing. And, to objective third-party observers (e.g., other teachers, administrators, supervisors, parents, and even other students), they look like they are offering care. But, to many of their students, particularly in moments of interpersonal tension, their behaviours are not perceived or received as offering care. Instead, these behaviours – which are intended to communicate care and potentially even appearing to successfully communicate care – are experienced as uncaring. Not only is care not successfully communicated, in such moments, the student is certain that the teacher has actually demonstrated that they do not care. This disconnect has real consequences. As Kitano and Lewis (2005) note, “if students perceive the teacher to be unresponsive to their needs, disengagement may occur, which in turn may lead to underachievement or dropping out of school” (p. 13-14).

Despite the fact that the research identifies what teachers should be doing in order to offer care to their students, care, too often, fails to be communicated successfully. The problem is that care is not a checklist or a recipe of caring communication behaviours. Care is a relationship. As long as people fail to recognize that care requires completion and the formation of a relationship, and as long as people believe care is simply unidirectional caring behaviours, care will continue to appear to fail, and care will fail to be successfully communicated. This study, therefore, advances the dialogue by re-articulating the problem of educational care. It is not a loss of care, but a disconnect between teacher caring intentions and the perceptions and experiences of students.
Addressing the Problem of the Disconnect: Relational Reconnection

In the previous chapter, I identified three specific problems that emerged from the care theory literature. For each problem, I proposed a specific solution: (1) for the problem of the misunderstanding of care, I identified the importance of clarifying the definition of care; (2) for the problem of the oversimplification of care, I identified the need for complexification, for recognizing how complicated care is, even if it seems simple; and (3) for the problem of human brokenness, which guarantees that care will never be perfect, I advocated for authenticity, transparency, and intentionality (which includes not only telling others that you are not perfect, but also seeking forgiveness when mistakes are made, and explaining one’s intentions and goals when taking actions that could be misperceived, particularly in moments of interpersonal tension).

Each of these is equally relevant in the context of educational care. Students and teachers often misunderstand and oversimplify care, which plays a large role in the teacher’s offering of care. As significantly, because teachers are not perfect – sometimes, saying and doing things they should not say and do, or saying and doing them in ways that are not consistent with their beliefs about students and student learning – this makes it more difficult for students to recognize the caring intentions behind the words and actions. And, because students are not perfect, either, they may misunderstand or misperceive teacher motives and actions, and may also act in ways that make it difficult for teachers to seek to offer care to them.

However, the educational care dialogue identifies a fourth problem, one which I believe is also present in the care theory dialogue as well. As noted in the previous section, (4) the fourth problem identified by my review of the literature is the disconnect
between teacher caring intentions and student perception and experiences of care. And, the solution to this problem is relational reconnection. In order to address the disconnect, teachers need to find ways to reconnect to their students. Even if the teachers do not realize it, in order for their intended care to be communicated successfully, they need to establish a caring relationship. Simply offering care is not enough.

This is one of the most important insights emerging from my study, including my review of the care theory-related literature, the educational care-related literature, my own personal and professional experience, and my interactions with my participants. Collectively, we need to find ways to reconnect teachers with students, ensuring that caring teacher-student relationships form. This requires recognizing that care is a relationship, and that forming a caring relationship must be a priority.

**Addressing the Problem of Disengagement: Relational Engagement**

The educational care dialogue also implies a fifth problem, which I describe as (5) the disengagement of those who do not attempt to offer the care that they are obligated to provide. In my own experiences as a student, teacher, and educational leader, I have known teachers who did not appear to seek to offer care to their students. This same pattern was described by a few of the participants in this study. Part of the reason some students believe ‘nobody cares’ may be because some teachers do not engage in the care communication they are obligated to provide. Such teachers do not prioritize care, nor do they act in ways that are intentionally intended to offer care. Addressing this problem is complex because there are a variety of reasons why some teachers are disengaged from their students. However, this study advocates for the need for *relational engagement*, a
recognition that care and the offering of care is needed, hopefully followed by teacher
caring intentions and teacher caring behaviours that initiate the care process.

**Defining Educational Care**

In this section, I review some of the central elements required in order to clarify a
definition of *educational care*, one of the primary outcomes of my research study. I begin
with two primary theoretical foundations. I then explore the primary dimensions of
educational care, an important topic that initially had partially emerged in my review of
the literature, but was then revised and clarified by participant interviews. Indeed, the
identification of a central dimension of educational care that was not already present in
the educational care literature may be one of this study’s most unique contributions.
Finally, I reflect on the importance of the co-construction of care, which involves both
the one-caring and the cared-for.

**Theoretical Foundations to Educational Care**

The two primary theoretical foundations for this study are care theory and
perceptual theory. Earlier in this document, I described these foundations and the
important role they play in my study. While this may already be obvious to my readers, I
would like to briefly draw attention to the most significant contribution each theory
makes, which I will describe in detail in the next chapter.

The most important contribution care theory makes to this study is the notion of
*completion*. According to care theory, care is not successfully communicated if it is not
completed. Care is not recognized as care if the cared-for does not believe care is both
intended and successfully communicated, regardless of the one-caring’s intentions and
actions. I believe this is an essential element related to the practical failure of care, which
is often manifested and perceived as a loss of care in education. Often, teachers believe they have completed care because they have offered it. Often, students do not believe that care has been completed because they have not recognized and experienced it.

The most important contribution that perceptual theory makes to my study is the notion of perception. Perceptual theory suggests that all behaviour is a symptom of perception. In the context of this study, perception and misperception play central roles. Too often, teachers perceive self-as-caring and care-as-communicated. They do not pay close enough attention to the perceptions and experiences of their students, and rarely recognize the need to do so. As significantly, student perceptions are the most important factor in the completion of care. Care is defined by the perceptions of the student. Even though student perceptions are the most important dynamic, they are not always accurate. We can bemoan this, or we can recognize it and respond accordingly. As the professional and the adult in the room, this starts with a change in teacher perceptions, which will then lead to a change in student perceptions. And, according to perceptual theory, if student perceptions change, their behaviour will likely change, as well. Teacher perceptions are foundational to the successful communication of care, but student perceptions are central.

The Three Dimensions of Educational Care

Earlier in my research journey, I discerned an important pattern in the educational care dialogue. Although no one had specifically named what I was observing, it seemed clear that many of the voices in the dialogue had identified two important dimensions of educational care. These two dimensions are intertwined, but also appear to be distinct and differentiated. For a time, I considered making this the focus of my study. I also developed the outline of a paper on the topic which I intended to publish. At the time, I
described this pattern as, the two dimensions of educational care: the first dimension I labelled personal care, referring to teacher behaviours that communicated the teacher’s care for the student as a person; and the second dimension I labelled pedagogical care, referring to teacher behaviours that communicated the teacher’s care for the student as a learner. While these dimensions are interrelated, they are also perceptually distinct. Both dimensions must be addressed in order for care to be communicated successfully.

These two dimensions are clearly present in the literature. Davis (2009), in describing student perceptions of teacher care, distinguished between (1) students feeling understood or known, and (2) students feeling that their understanding mattered to the teacher. Similarly, Goldstein (2002), drawing on Noddings and Vygotsky, identifies the interpsychological (cognitive) dimension and the interrelational (affective) dimensions of care. Cornelius-White (2007) differentiates between person-centered teacher variables and instructional variables of care, as well. In describing effective teacher styles, Brekelmans, Wubbels, and Levy (1993) identify two primary styles: directing, which has greater cognitive outcomes, and helping, which has greater attitudinal outcomes. In passing, I will observe that educational care suggests a balance between the two.

Murdock and Miller (2003) conceptualize caring as, “both interpersonal support and respect, as well as behaviours that demonstrate a commitment to student learning [emphases added]” (p. 385). Wentzel (1997), who plays a foundational role in the educational care dialogue, draws a clear distinction between the student as a person and the student as a learner. Cooper and Miness (2014) also distinguish between students as people and students as learners, noting that, “we found that in the more personal, caring-as-relation relationships, students more often perceived the content of those relationships
to be both academic and personal” (p. 278). Schussler and Collins (2006) differentiate between academic care and personal care. Importantly, the participants in this study often made the same two distinctions.

However, participants also described a third dimension, one not indicated in the literature. I did not recognize this until I began to analyze the data, when it became clear that the participants were describing relational and pedagogical care, which encouraged me to start categorizing the emerging codes. But, not all of the codes fit in these two categories. I created a then-unnamed category for the remaining codes, eventually recognizing a distinguishable third dimension, which I ultimately labelled *interpersonal care*, referring to teacher behaviours that communicated the teacher’s care for the student as a member of the classroom community. This is an essential dimension, because it involves the teacher ensuring the establishment of a safe learning community, and clearly communicates that issues of marginalization (e.g., bullying, racism, bigotry, misogyny), power and control games, and manipulation have no place in the classroom. All three dimensions are needed in order for educational care to be successfully communicated.

**The Co-Construction of Care**

I define *educational care* as a relationship where the teacher supports the wellbeing, flourishing, and autonomy of each of their students, where both the teacher and each student recognize and assent to what is happening. This definition extends beyond the offering of care, addressing the issue of completion. Care is not completed until a relationship is established, and a relationship is not established until the student responds. Noblit (1993) stresses that care is, “constructed in the relationship between the parties to that relationship” (p. 37). Care is co-constructed. McKamey’s (2002)
distinction between interpretations and expressions of care are helpful in this context. Both parties must be aware of the potential differences between the two. McKamey (2011) elaborates on this when she distinguishes between enacting and participating, suggesting that it is important to recognize that there are multiple ways to engage in the communication of care. These different ways must be recognized and affirmed in order to establish a caring relationship, which demands mutual commitment and ongoing dialogue. Establishing a relationship requires hard work and clear communication.

I discerned a number of concepts that play a role in the co-construction of care and the dialogical context in which the relationship is formed. First, definition is how one defines care shapes how care is communicated and experienced. The co-construction of care requires a shared definition. Second, expression emerges since care communication is an expression of care; simply put, each person has their own way of communicating care, and how they communicate care shapes how other people receive their care. Third, similar to the perception of care is an interpretation of care. In order for care to be successfully communicated, the expression of care must result in a matching interpretation of care. This is part of the transparency and intentionality, as well. Relational partners need to recognize each other’s expression and interpretation patterns. Fourth is identity: a person’s identity and self-concept influences their experiences of care, as well as their expression and interpretation. Finally, context emerges: a person’s context shapes their care experiences, expression, and interpretation, too. The role played by context is easy to overlook, however. It, too, needs to be named.
A Caring Teacher-Student Relationship

There is an irony to the fact that the bulk of my data collection and analysis resulted in the identification of 13 primary elements and 3 dimensions of the offering of care. The results of this process affirm much that is already present in the literature, particularly when it comes to describing teacher caring behaviours. But, this process also extends the literature in two important ways. Firstly, this study considers factors that relate to the unsuccessful communication of care, an element of the dialogue that is rarely addressed, primarily because it is difficult to pursue such data. Secondly, this study identifies three dimensions of care, which provides potentially important insights into care, as well as providing a simple, easy-to-remember rubric for assessing the communication of care. Rather than needing to work with a lengthy list of caring behaviours, the three dimensions focus attention on three significant intertwined elements of the communication of care. Conclusively, the various lists of caring behaviours in the literature fit the three dimensions.

The irony that this study has resulted in the generation of a helpful list of teacher caring behaviours is not lost on me, of course. There are many such lists; fortunately, this is not the only contribution made by my study. Drawing on the educational care-related literature, as well as the participant interviews and co-produced data, this study also developed a theory of the successful establishment of a caring teacher-student relationship, identifying key stages in the process. This aspect addresses the dilemma inherent in the contrast between the offering of care and the completion of care. This is a unique contribution, and one that could prove to be valuable.
As noted earlier, the teacher-student relationships research is very compelling. Student cognitive and affective outcomes are related to the quality of teacher student relationships (Cornelius-White, 2007; Roorda et al., 2011). Unhealthy teacher-student relationships can result in both low student engagement and student achievement (Fine & Zane, 1989; Irvine, 1990; Kelly, 1991; Sanders & Jordan, 2000). Positive teacher-student relationships impact student school behaviour (Roorda et al., 2011; Sanders & Jordan, 2000), student preparation (Sanders & Jordan, 2000), student motivation (Bernauer et al., 2017; Clark, 1995), student engagement (Osterman, 2000, 2010), and a reduction in maladaptive behaviours (Sanders & Jordan, 2000). A teacher-student relationship shaped by educational care is very likely to support and enhance these outcomes.

**Relational reciprocity.** As noted in a previous section, the educational care literature provides ample evidence of the significant positive outcomes for students when care is successfully communicated. However, if care is a relationship, both sides need to benefit. The outcomes for students are often obvious. The outcomes for teachers, however, may be less evident. But, they are no less significant. Care, and the outcomes of care, can be their own reward, and for teachers whose actions are motivated by caring intentions, the successful communication of care – predicated on the completion of care as indicated by the response of the student – can be sufficiently rewarding and affirming.

Goldstein (2002) suggests that teaching-learning interactions between a teacher and an individual student are the focal point of a teacher’s professional growth. It is through such interactions that teachers transition from novice to veteran, developing effective strategies and practices on the basis of their interactions with students. In the context of a single caring interaction, the teacher benefits from noting the strategies used
by the student that are effective, then better understanding the student as a result. The teacher gains knowledge about the specific student and their unique learning profile. Both the teacher and the student recognize that care was completed, strengthening their relational ties. A single successful caring interaction, however, can also have implications for the teacher’s future actions. Such an interaction can highlight the teacher’s ability to provide appropriate, individually-focused support. Their actions can make a difference.

In the context of the teacher’s development, the teacher’s understanding of student learning and the factors and strategies that impact student learning are developed through each interaction. Finally, the experience can confirm and encourage the teacher’s ethical ideal, energizing and affirming their commitment to care, upholding their perception of self-as-caring through direct and specific evidence. In sum, the completion of care can have a profound impact on both parties in the caring teacher-student relationship.

**Conclusion**

Toward the end of my review of the educational care-related literature, I discovered a reference to a quote from Froebel (1844), bemoaning the lack of care in education. I found this quote striking, not only because it sounds so familiar, but because Froebel identifies the lack of care as an issue already back in 1844. It is still an issue, over 150 years later. Froebel (1844) writes,

> The longer we consider and examine the present day methods of education, the more clearly we recognize that children lack the care and consideration which would be in accord with their present and future needs, a care which considers equally the child's mental and physical needs and capacities. We notice that if children are not given the care which takes their stage of human development into
consideration, they will lack the foundation for the task ahead in school and for
their later lives in general. (as cited in Moore, 2002)

Already in the 19th century, it was recognized that the intended communication of care
played an important role in student growth and learning, and that the communication of
care impacted students mentally and physically. Froebel suggests that this lack of
successfully communicated care would not only shape the students’ foundations for
schooling, but also their lives beyond their education. This is an important clarion call
that predates the educational care dialogue. Strikingly, educators face the same
challenges today. I believe that one of the main reasons this has not been addressed
sufficiently is because of the failure to distinguish between the offering of care and the
completion of care.

Chapter Summary

In this lengthy chapter, I reviewed the educational care literature. Chapters Two
and Three play a central role in establishing a context for my research study, identifying a
number of important entry points that my research will respond to. Chapter Three began
with a focus on foundational issues, and then reviewed a number of research-based
outcomes of the successful communication of care and empirically-developed lists of
teacher caring behaviours. Then, I transitioned to positioning my own study in response
to the primary problem of educational care, which the literature suggests is a loss of care,
but which I suggested is better understood as a disconnect between teacher caring
intentions and the perceptions and experiences of their students. I concluded by reflecting
on the definition of educational care and the nature of a caring teacher-student
relationship.
In Chapter Four, I shift gears, focusing directly on my research study. This chapter focuses on the specific details and steps involved in completing my constructivist grounded theory (Charmaz, 2006, 2014). The reader will see how the foundation established in the last two chapters created a context and direction for my research, leading directly to interactions with participants, the co-production of data, and my careful analytical and conceptual work.
CHAPTER FOUR: METHODOLOGY

Anfara and Mertz (2006) observe that, in contrast to the natural sciences, social sciences, “will always be characterized by multiple theoretical orientations and will never achieve the degree of consensus about empirical referents or explanatory schemes characteristic of the natural sciences” (pp. xvii-xviii). A research project will never tell the whole story. There is always more to learn and discover, and this is the way it should be. We must remain open to learning more.

Nonetheless, developing a research study is a worthwhile endeavour because it can contribute to the knowledge in a field or topic. Because social science fields involve people, any contribution that advances knowledge and understanding has potential value because it may impact human lives. In addition, all qualitative research is exploratory. While my study will not lead to a “consensus,” it may contribute to a greater emerging sense of clarification about educational care, and it may influence the care capacity and care communication of pre-service and in-service teachers, which may, in turn, impact their students.

Research Design Continuity

Creswell (2009) distinguishes between three primary empirical research design approaches: quantitative, qualitative, and mixed methods. Newman and Benz (1998) stress that qualitative and quantitative approaches should not be seen as polar opposites, but as different ends of a continuum. Both have their own unique role and value in the research process, and both provide unique opportunities for new knowledge and understanding. A mixed methods approach incorporates elements of both of these approaches. My research project falls within the qualitative study paradigm.
Ensuring Epistemological Integrity and Continuity

It is important to carefully position my research within its epistemological context, with the goal of pursuing integrity and continuity in the relationships between my epistemology, theoretical framework, methodology, and methods (see Figure 4.1). I seek to ensure that my study – from start to finish, and from epistemology to methods – fits together. Crotty (1998) provides a clear definition for each of these elements:

*Epistemology:* The theory of knowledge embedded in the theoretical perspective and thereby in the methodology;

*Theoretical Perspective:* The philosophical stance informing the methodology and thus providing a context for the process and grounding its logic and criteria;

*Methodology:* The strategy, plan of action, process or design lying behind the choice and use of particular methods and linking the choice and use of methods to the desired outcomes;

*Methods:* The techniques or procedures used to gather and analyze data related to some research question or hypothesis. (p. 4 – order of elements reversed)

**Epistemology: Constructivism.** A researcher’s epistemology impacts their research design – even if they do not realize it. It must, because their epistemology embodies their beliefs, and shapes both perception and behaviour. Hamlyn (1995) observes that epistemology addresses, “the nature of knowledge, its possibility, scope, and general basis” (p. 242). Maynard (1994) notes that epistemology, “is concerned with providing a philosophical grounding for deciding what kinds of knowledge are possible and how we can ensure that they are both adequate and legitimate” (p. 10). Creswell (2009) describes the same concept as a worldview, building on Guba (1990), who
Figure 4.1. Research design continuity: From epistemology to methods.
defines a worldview as, “a basic set of beliefs that guide action” (p. 17). Creswell (2009) identifies four primary worldviews: post-positivism, constructivism, advocacy/participatory, and pragmatism. Similarly, Denzin and Lincoln (2005) refer to four “interpretive paradigms” (p. 22): positivist and post-positivist, constructivist-interpretive, critical, and feminist post-structural. This study emerges from within the constructivist-interpretive, or constructivist paradigm. I explore this in more detail below.

Radical constructivism suggests that, by definition, all knowledge is constructed: “Knowledge does not reflect an objective, ontological reality but is exclusively an ordering and organization of a world constituted by our experience” (von Glasersfeld, 1984, p. 24). By contrast, epistemological constructivism, the approach that undergirds my own research study, suggests, “an external world independent of human constructions” (Raskin, 2006, p. 213). Raskin (2006) also adds an essential clarification, observing that epistemological constructivists, “contend that human perception does not provide direct access to it” (p. 213). People come to know the external world through their perceptions and experiences. In this sense, all knowledge is constructed because each human being develops their own understanding through their perceptions and experiences. Importantly, as Schawndt (1998) observes, “One can reasonably hold that concepts and ideas are invented (rather than discovered) yet maintain that these inventions correspond to something in the real world” (p. 273). Crotty (1998) points out that, “different people may construct meaning in different ways, even in relation to the same phenomenon” (p. 24).

Specifically, social constructivism suggests that all knowledge is constructed within a specific social context or setting. Social constructivism, “sees consensus
between different subjects as the ultimate criterion to judge knowledge. ‘Truth’ or ‘reality’ will be accorded only to those constructions on which most people of a social group agree” (Heylighen, 1993, para. 8). This has important ramifications for my desire to contribute to an understanding of educational care. The concept of care is individually constructed, but is informed and shaped by social context and setting. An individual’s construction of care can exert a powerful influence on their context and setting. Their construction of care is also formed by their interactions with others.

Creswell (2008) provides important insight into the implications the constructivist paradigm has for researchers, pointing out that,

Individuals develop subjective meanings of their experiences – meanings directed toward certain objects or things. These meanings are varied and multiple, leading the researcher to look for the complexity of views rather than narrowing meanings into a few categories or ideas. The goal of the research is to rely as much as possible on the participants’ views of the situation being studied [emphasis added]. The questions become broad and general so that the participants can construct the meaning of a situation, typically forged in discussions or interactions with other persons. The more open-ended the questioning, the better, as the researcher listens carefully to what people say or do in their life settings. Often these subjective meanings are negotiated socially and historically. They are not simply imprinted on individuals but are formed through interaction with others [emphasis added] (hence social constructivism) and through historical and cultural norms that operate in individuals’ lives. (p. 8)
The epistemological and social constructivist approaches are important for my research into the offering of care. The epistemological constructivist approach suggests that the concept of care is a constructed phenomenon. Each person, on the basis of their individual perceptions and experiences, constructs their own unique conceptualization of care. Care means different things to different people, and recognizing this inherent complexity is essential for the intended communication of care. Nonetheless, as social constructivists point out, a degree of consensus can be approached on the basis of shared social perceptions and experiences of the offering of care. In other words, even though the concept of care is individually constructed, it is shaped by social interactions and experiences, and it is possible, therefore, to contribute to a potential emerging clarification concerning the nature of the offering of care. It is my hope that this study, by focusing on student perceptions and experiences of educational care, will provide additional insights into the conceptualization and offering of care in education. And, I hope that my research might lead to more successfully communicated care.

**Theoretical perspective: Symbolic interactionism.** As noted, Crotty (1998) defines a *theoretical perspective* as, “the philosophical stance informing the methodology and thus providing a context for the process and grounding its logic and criteria” (p. 4). Constructivism serves as the foundational epistemology informing this study. Knowledge must be constructed by the individual on the basis of their perceptions and experiences. The symbolic interactionist perspective focuses on understanding what individuals know about their world and what they believe is important (Benzies & Allen, 2001). Ford (2010) states that, “Questions from a symbolic interactionist perspective focus on how
individuals interpret meanings and act in specific contexts” (p. 76). Herbert Blumer (1969) articulates the three basic principles of symbolic interactionism:

i. Human beings act toward things on the basis of the meanings that these things have for them;

ii. The meaning of such things is derived from, and arises out of, the social interaction that one has with one’s fellows; and

iii. These meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he encounters [seriation added].

Symbolic interactionism, therefore, focuses on how people create meaning and how they act in relation to their beliefs (Chenitz & Swanson, 1986). In symbolic interactionism, “human beings are viewed as active participants and creators of the world in which they live” (MacDonald 2001, p. 117). Because knowledge is constructed and context-dependent, truth is not absolute, but perceptual. Ford (2010) notes that, “coming to know entails searching for ways to understand the meaning of a situation from the perspective of the individual and societal groups” (pp. 77-78). This perspective is foundational to this study. Understanding the intended communication of care requires a focus on the perception of both the individual and their social context. Understanding educational care, therefore, requires attending to the perceptions and experiences of the students.

**Methodology: Constructivist grounded theory (CGT).** Crotty (1998) defines methodology as “the strategy, plan of action, process or design lying behind the choice and use of particular methods and linking the choice and use of methods to the desired outcomes” (p. 4). This study is a *constructivist grounded theory* study (Charmaz, 2006,
2014). This has a direct impact on data collection and data analysis processes. It also influences the intended outcome: the development of a theory of the offering of educational care that is grounded in the data and rooted in the perceptions and experiences of the participants.

The grounded theory method turns traditional research upside down. Rather than starting with a problem or question, generating a hypothesis, and developing a method to test it, grounded theory takes a very different approach. A grounded theory researcher begins with a question about a social process, pattern, or problem, but does not begin with a hypothesis. Instead, the grounded theorist identifies appropriate participants from within the substantive field of study and begins to gather data. The grounded theorist can collect data in many different ways, but typically focuses on participant observations and interviews (Charmaz, 2006).

CGT, more specifically, shifts the focus of the method, emphasizing the impact of perception and constructivism on both the participants and the researcher. The key contribution of CGT is its focus on the constructed nature of the theory: researchers are actively involved in the development of their own theory as a result of their interactions with the data and their participants. As Charmaz (2006) notes, researchers, “construct our grounded theories through our past and present involvement and interactions with people, perspectives, and research practices … Research participants’ implicit meanings, experiential views – and researchers’ finished grounded theories – are constructions of reality” (p. 10). Charmaz (2006) also provides an important clarification, noting that as researchers, “our actions shape the analytic process. Rather than discovering order within
the data, we create an explication, organization, and presentation of the data” (p. 140). A constructivist grounded theorist is actively involved in the construction of their theory.

**Method: Unstructured interviews.** Crotty (1998) defines *methods* as, “the techniques or procedures used to gather and analyze data related to some research question or hypothesis” (p. 4). For this study, participant data was generated through *unstructured interviews* (Creswell, 2012; Firmin, 2008). The strength of an unstructured interview is that it accesses the respondent’s point of view on a topic from the frame of reference of the participant, rather than the researcher’s pre-structured frame (Harvey, 2012-2016, para. 2). However, interviewers do have a particular topic in mind, “and are likely to steer conversations towards topics of interest to them” (Roulston, 2010, p. 15). Gray (2009) refers to this as a “controlled conversation” (p. 233): here, the researcher uses simple prompts to encourage the participant to keep talking, not directing conversation, but clarifying or expanding on the emerging participant narrative. The researcher will not generate a specific set of questions prior to the interview, but will develop a number of initial questions built around the focal topic (Houser, 2015). The interview protocol used for this study is included (see Appendix B).

**Constructivist Grounded Theory Basics**

The choice of CGT implies a specific approach for this study. Understanding grounded theory requires an awareness of a number of foundational terms – some of which are variations of familiar research concepts, and others which are unique to the method. Basic familiarity with these key terms will enable the reader to better understand the nature and sequence of the stages identified and explained in the rest of the chapter.
Data

Merriam-Webster defines *data* as, “factual information … used as a basis for reasoning, discussion, or calculation” (2018, para. 3). The term is a familiar one for those involved in quantitative and qualitative research. The nature of data in a grounded theory, however, is unique, particularly when compared to other qualitative methods. Barney Glaser (1998) often claims that, “all is data” (p. 8). While grounded theory is typically based on data from observations and interviews, data can also be obtained from other sources, including extant literature, focus groups, etc. Whether or not the data will inform the results of the study will depend on whether they fit and stand up to the *constant comparison* emphasis of the method. In this study, I primarily drew on two sources of data: participant interviews and the extant literature. I also drew on my own theoretical sensitivity and experiences with the intended communication of care in education.

Codes

Lempert (2007) writes that, “codes capture patterns and themes and cluster them under a ‘title’ that evokes a constellation of impressions and analyses for the researcher” (p. 253). A grounded theorist reviews their data word-by-word, line-by-line, and incident-by-incident, fragmenting the data by assigning specific codes to key themes and patterns that emerge in the process. Coding also takes place at three different levels in the grounded theory process: (1) *initial coding* occurs near the beginning of the study, when the researcher first interacts with emerging data; (2) *focused coding*, “uses the most significant or frequent initial codes to sort, synthesize, integrate, and organize large amounts of data” (Charmaz, 2006, p. 46); and (3) *theoretical coding* begins to identify and explore potential relationships between codes, concepts, and categories. In the co-
production of the data for my study, I drew on the words of the participants, working through the interview transcripts line-by-line and incident-by-incident in order to discern and label individual codes that described teacher actions that contributed to either the successful or unsuccessful offering of care.

**In vivo codes.** In vivo codes are codes that emerge directly from the words of the participants. These codes often effectively capture the “gist” of a data pattern, and are either familiar terms or unique and contextual terms within the participants’ field of study. Charmaz (2006) points out that, “in vivo codes reflect assumptions, actions, and imperatives that frame action. Studying these codes and exploring leads in them allows the researcher to develop a deeper understanding of what is happening and what it means” (p. 57). In vivo codes are often used at the initial and focused coding levels, but not so much at the theoretical level, where the researcher attempts to articulate an emerging theory using language that transcends the immediate participant context. This study used a number of in vivo codes for specific teacher actions that influenced the offering of care. More often, however, I simply labelled a code that used a word or phrase that captured the gist of the data patterns based on the participants’ words.

**Concepts.** Glaser (1978) notes that, “The goal of the analyst is to generate an emergent set of categories and their properties which fit, work, and are relevant for integrating into a theory” (p. 56). As the researcher begins to notice patterns and similarities emerging in the codes they are generating, they begin to identify specific concepts. Further emerging data are then compared with existing codes and concepts. This was one of the most fascinating aspects of this study: seeing the way the various
ADOLESCENT EXPERIENCES OF EDUCATIONAL CARE

Codes began to coalesce into natural concepts as I applied grounded theory analysis tools and processes.

**Categories.** Glaser and Strauss (1967) first defined categories as, “conceptual elements in a theory” (p. 37). Charmaz (2006) clarifies, writing, “What do categories do? Categories explicate ideas, events, or processes in your data – and also in telling words. A category may subsume common themes and patterns in several codes” (p. 91). As codes contribute to the formation of concepts, emerging concepts point to the existence of specific categories. Strauss and Corbin (1990) write,

> Categories are higher in level and more abstract than the concepts they represent. They are generated through the same analytic process of making comparisons to highlight similarities and differences that is used to produce lower level concepts. Categories are the “cornerstones” of developing theory. They provide the means by which the theory can be integrated. (p. 7)

As the grounded theory process continues, emerging data are constantly compared to codes, concepts, and categories. Eventually, a core category emerges, which serves as the foundation of the grounded theory. The transition from concepts to categories in my study was a powerful experience. Initial analysis fragmented the interview details into individual codes describing actions. The discerning of concepts began to suggest patterns in the co-produced codes. Further analysis indicated the presence of primary categories, which helped to establish a narrative that pulled the disparate codes and concepts in a way that made sense, explaining how educational care was offered.

**Sorting.** The coding process fragments data into individual data-bit-based codes. The constant comparison of codes, concepts, and categories advances the grounded
theory process. **Sorting** focuses on beginning to put the fractured data back together again, eventually resulting in a grounded theory. Much of the sorting occurs in the form of memos. As the process continues, codes, concepts, categories, and memos are all sorted, explored, expanded, and refined. Glaser (1978) stresses that, “while ideational memos are the fund of grounded theory, the theoretical sorting of memos is key to formulating the theory for presentation to others whether in words or writing” (p. 116).

**Memoing**

*Memoing* is the label given to the researcher’s generation of the written notes which summarize emerging insights and thought processes. According to Speziale and Carpenter (2007), “*Memoing* preserves emerging hypotheses, analytical schemes, hunches, and abstractions” (p. 148). Memos play a critical role in providing an avenue for the researcher’s reflection and creativity as they explore their learning, questions, and developing insights. Memoing takes place throughout the grounded theory process, and can range in length from a single paragraph to multiple pages. It is important for the researcher to memo whenever a unique or important thought emerges, thereby assuring that it is part of the methodological process. As I transitioned from coding to developing concepts and categories, the conceptual and theoretical power of the memos allowed me to shift from description to conceptualization. I developed hundreds of memos, exercising the strategy any time I encountered something new, surprising, confusing, or potentially important. I referenced and cross-referenced memos throughout the process, often copying and pasting sections or developing new memos from segments of other memos.
Sampling

Sampling focuses on identifying a subset of participants. Clearly, researchers cannot study everyone in order to generate theory and conclusions. Qualitative research uses an approach called *theory-informed purposeful sampling*, which means that, “the inquirer selects individuals and sites for study because they can purposefully inform an understanding of the research problem and the central phenomenon in the study” (Creswell, 2007, p. 125). Sampling in grounded theory is often a source of controversy. Part of the controversy is rooted in a tendency to misunderstand sampling in qualitative research in general. The goal is not to identify a generic sample that is completely representative of the general population, resulting in *generalizable* conclusions; instead, the purpose is to contribute to emerging consensus and to develop insights and conclusions that could potentially lead to *transferability* – where the reader might be able to transfer the results to other contexts.

But, a more significant cause for the controversy is the fact that grounded theory uses two different approaches to sampling, and the method has necessitated the development of a unique sampling approach that is itself often misunderstood. Grounded theory emerges from the researcher’s interest in a particular social process, rooted in a specific substantive field. The researcher begins their research through *initial sampling*, identifying an individual or individuals from within the substantive field who the researcher believes will provide insights into the particular social process. However, as the grounded theory process unfolds, codes, concepts, and categories emerge. Over time, some of the categories will saturate, which means that they are basically ‘filled’ by the data, and new data do not generate additional contributions to the category. However,
other categories may be ‘thin,’ and still need to be fleshed out. At this point, a grounded theorist will need to re-enter the substantive field in order to participate in theoretical sampling. Charmaz (2006) clarifies, noting that,

The purpose of theoretical sampling is to obtain data to help you explicate your categories. When your categories are full, they reflect qualities of your respondents’ experiences and provide a useful analytic handle for understanding them. In short, theoretical sampling pertains only to conceptual and theoretical development; it is not about representing a population or increasing the statistical generalizability of your results. (p. 100)

**Theoretical Sensitivity**

Barney Glaser (1978) begins his monograph, *Theoretical Sensitivity*, by noting that grounded theorists contain within themselves, “a long term biographical and conceptual build up that makes him quite ‘wise’ about the data – and how to detail its main problems and processes and how to interpret and explain them theoretically” (p. 2). Anselm Strauss (1987) defines theoretical sensitivity as a characteristic of a researcher who is, “sensitive to thinking about data in theoretical terms” (p. 21). Theoretical sensitivity provides the researcher – based on their personality, experience, and emerging familiarity with their research data – a certain degree of insight and sensitivity into their substantive area. Charmaz (2006) provides a critical clarification for CGT, noting that, “Our actions shape the analytic process. Rather than discovering order within the data, we create an explication, organization, and presentation of the data” (p. 140). I had to grow into an understanding of the nature and power of theoretical sensitivity in my study. I knew that I had an intuitive affinity for the offering of care in education, and my
experiences as a student, teacher, and educational leader informed and drew on this. But, as I participated in the interviews and the co-production of the data, my theoretical sensitivity was affirmed. I began to trust it more, which played a valuable role in the co-production of the data and the subsequent conceptual analysis.

**Stages in a Constructivist Grounded Theory Study**

Charmaz (2006, 2014) identifies a number of stages in the constructivist grounded theory process. While the stages are presented in sequence, it is important to reiterate that grounded theory is not a linear process. One of the significant issues that emerged early in the history of grounded theory was that Glaser and Strauss (who pioneered the approach) had not been sufficiently clear in outlining the steps of their method, and non-linearity quickly emerged as an important criticism. Novice researchers wanted to know how to do a grounded theory, and they wanted a simple step-by-step process to follow. However, this simply does not exist in the grounded theory methodology. The grounded theory process, rooted in a constant comparison vision, is recursive, overlapping, and ongoing. The researcher simply, ‘moves forward’ as needed in response to the emerging data and concept development in their study. One of the best known quotes from Glaser (1998) addresses this issue directly, where he identifies what he refers to as the *Five S’s*:

Doing grounded theory is subsequent, sequential, simultaneous, serendipitous, and scheduled and not in this or any other predetermined order. *Sequential* is what must be done next. *Subsequent* is what is to be done later as part of current activity. *Simultaneous* is doing many things at once, as collecting coding, analyzing, memoing, sorting and writing – keeping in mind that the relative emphasis keeps changing while proceeding toward the finished product.
Serendipitous is being constantly open to new emergents in and from the data and analysis which come as surprise realization. Lastly, scheduled means, of course, the project should have an overall rough schedule with periods set out for collecting data, analyzing it, sorting memos, and writing the product [emphases added]. (p. 15)

Rather than numbering the steps, which implies sequentiality, I simply list the main stages (adapted from Charmaz, 2006, p. 11) and detail a number of related elements in a logical sequence, honoring Glaser’s reminder that a rough schedule is needed, even if the specific order will not be followed religiously.

Building on Charmaz (2006), I identified five primary stages (see Figure 4.2) for this constructivist grounded theory study: (1) planning and preparation; (2) initial research; (3) focused research; (4) theoretical research; and (5) publication development.

Research Study Overview

My research study has a clear structure and format (see Figure 4.3), focusing on adolescent student perceptions and experiences of communicated care. The study draws on interview data in order to contribute to the development of a theory that explains how educational care is successfully communicated to adolescent students.

The Role of the Researcher

As a student, classroom teacher, and educational leader, I have wrestled for years with the nature, impact, and importance of the communication of care and the potential impact it can have on teacher-student relationships, student well-being and flourishing, and the development of student potential and capacity. I have seen care thrive and grow. I
**Stage 1: Planning and Preparation**
- Identification of a research problem or question and an area of study
- Development of resources and tools
- Initiating the study: The initial plan

**Stage 2: Initial Research Stage**
- Initial sampling and initial data collection
- Initial coding
- Initial memoing

**Stage 3: Focused Research**
- Further data collection
- Focused coding
- Advanced memoing

**Stage 4: Theoretical Research Stage**
- Theoretical sampling
- Theoretical memoing
- Theoretical conceptualization
- Memo sorting and Integration
- Conceptual diagrams

**Stage 5: Publication Development Stage**
- Initial draft manuscript
- Evaluation

*Figure 4.2. Stages of a constructivist grounded theory study.*
Research Focus

- Exploring adolescent student experiences of educational care and identifying factors that facilitate and constrain how students perceive and experience the educational care communicated to them by their teachers
- Developing a theory of 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?

Participants

- Young Adult Participants: Young adults between the ages of 18-24 who have completed high school and are positioned to provide relevant data perceptions and experiences of educational care.
- The participants must have attended schools in Ontario from grades 6 to 12.

Data Methods

- Unstructured Interviews

Data Analysis

- Constructivist Grounded Theory data analysis methods

Figure 4.3. Study overview.
have also seen it fail, sometimes miserably. I have recognized its complexity. And, I have interacted with my own students about educational care and care-related issues and implications. In my own professional experiences, I have often been perceived as a caring teacher. Yet, at times, I have also been perceived as an uncaring teacher, despite my good intentions and my own earnest desire to support student well-being and flourishing. I have personally experienced the disconnect between my intentions and the perceptions and experiences of my own students. And, I have contributed to the successful communication of care in the classroom, only to see it fail to grow and flourish after students left my classroom. I have interacted with teachers who stubbornly refused to recognize that their students might consider the teacher’s caring-intentioned behaviours to be uncaring. And, I have seen incredibly empathetic, caring teachers in action – in my own experiences as a student, in my colleagues in various schools, and in the lives of my own children. I am convinced that educational care makes a difference.

The Researcher and Their Research

When I first began to consider research approaches, I assumed that quantitative research was objective, while qualitative research was, quite clearly, subjective. As my knowledge has grown, I have come to recognize that all research tells a story, and that all research is impacted by both the researcher and the researched. As Denzin and Lincoln (2005) write, “All research is interpretive; it is guided by the researcher’s set of beliefs and feelings about the world and how it should be understood and studied” (p. 22).

Recognizing that the researcher is part of the research process is foundational to research honesty and authenticity. As Corbin and Strauss (2015) write, “Qualitative research is a form of research in which the researcher or a designated co-researcher collects and
interprets data, making the researcher as much a part of the research process as the participants and the data they provide” (p. 4). I recognize that my grounded theory study is shaped by the voices and experiences of my participants, as well as my own experiences and insights. At this point in the process, I now realize that this is how it should be, if a constructivist grounded theory is to emerge and have the potential to inform and transfer. In the end, my study drew on both a review of the care theory and educational care literature, as well as a constructivist grounded theory analysis of the co-produced data. This study describes student perceptions and experiences of the educational care communicated by their teachers. Focusing on this narrative provides important insights into how care is offered, which could play an important role in helping teachers to communicate care more successfully.

Theoretical Sensitivity

In her introduction to her own grounded theory study, Holtslander (2007) observes that, “Charmaz (2006) suggests we construct our grounded theories through our past and present involvements and our interactions and interpretations throughout the study” (p. 4). Charmaz and other qualitative researchers emphasize the importance of recognizing that there is no such thing as an objective researcher, noting that all theorists will have their own preconceptions, insights, and theoretical sensitivity to the subject they choose to explore. Indeed, a significant contributing factor in the development of a grounded theory is the researcher’s interest in and commitment to their topic. According to Glaser (1978) and other grounded theorists, my own interest in and affinity for educational care are shaped by what is referred to as theoretical sensitivity. As Strauss and Corbin (1998) write,
Theoretical sensitivity refers to a personal quality of the researcher. It indicates an awareness of the subtleties of meaning of data. One can come to the research situation with varying degrees of sensitivity depending upon previous reading and experience with or relevant to an area. It can also be developed further during the research process. *Theoretical sensitivity refers to the attribute of having insight, the ability to give meaning to data, the capacity to understand, and capability to separate the pertinent from that which isn’t* [emphasis added]. All this is done in conceptual rather than concrete terms. It is theoretical sensitivity that allows one to develop a theory that is grounded, conceptually dense, and well integrated—and to do this more quickly than if this sensitivity were lacking. (pp. 41-42)

My experiences, my personality, and my professional expertise have thus positioned me to be theoretically sensitive to issues of the offering of care and care-related dimensions of education – and, indeed, beyond educational contexts. My intuitive nature, my commitment to my own former students, and my emerging theoretical expertise authorize and obligate me to contribute to the educational care dialogue, and to potentially contribute to the ongoing development of teacher care capacity and the offering of care. As importantly, my obligation to my participants requires that I develop a theory that honours their stories and experiences. I am ethically obligated to serve as their voice, and the voice of the other students and teachers they represented in their narratives.

**Self-Location and Reflexivity**

I believe that it is my responsibility and obligation to ensure that my research tells the stories of my participants, that the theory that is constructed is firmly grounded in the data that emerge from my interactions with the 13 young adults who participated in my
study. I also recognize that my own experiences and expertise authorize me to participate in my research and in the construction of the grounded theory that emerges. I recognize the complexity inherent in these two objectives, seeking both to be grounded in participant data and to be shaped and directed by my own theoretical sensitivity.

Qualitative research demands self-location. Because the researcher is the measurement tool in their research (Chilisa, 2012), and because insights emerging from research are always mediated by the researcher, there is a clear consensus within the qualitative tradition that self-location is necessary. Indeed, it would not be appropriate to do otherwise. Absolon and Willet (2005) write that self-location, “is a reclaiming of your personal space and territory in the context of research and writing. Claiming your personal space within your research and writing counters objectivity and neutrality with subjectivity, credibility, accountability, and humanity” (p. 113).

Finlay (2002a) provides a compelling argument for the potential power and impact of reflexivity, noting that it has the potential to be a valuable tool to:

- examine the impact of the position, perspective and presence of the researcher;
- promote rich insight through examining personal responses and interpersonal dynamics;
- open up unconscious motivations and implicit biases in the researcher’s approach;
- empower others by opening up a more radical consciousness;
- evaluate the research process, method and outcomes;
enable public scrutiny of the integrity of the research through offering a methodological log of research decisions. (p. 225)

There is some debate, however, about the way a researcher should approach self-location. Fine (1994) writes, “The problem is not that we tailor but that so few qualitative researchers reveal that we do this work, much less how we do this work” (p. 22). One of the key distinctions in qualitative work is drawn between bracketing and reflexivity. Bracketing challenges the researcher to identify their own, “personal preconceptions, values, and beliefs and then hold them in abeyance” (Cutcliffe, 2000, p. 1479). The researcher needs to take pains to carefully identify and separate their subjectivity from their research. Reflexivity, on the other hand, recognizes that one’s stance and beliefs about a topic are integral to the process. Indeed, it is precisely these unique dimensions that position a researcher to speak to a topic. It is important for the researcher to have a clear understanding of their underlying paradigm and the nature of their methodological approach, because these will clearly inform the choice between bracketing and reflexivity. Mruck and Mey (2007) remind us that, “how and why this should be done almost always differs and depends on the epistemological, theoretical, and disciplinary background and on the issues addressed and methods applied” (p. 157). Reflexivity, not bracketing, is appropriate for a constructivist grounded theory study.

My chosen method required me to be reflexive, but demanded that I not bracket myself or my insights and experiences. There is both an onus and expectation that the researcher will not allow their own voice to predominate the data or the theory. Fortunately, the CGT method recognizes this. The method’s processes and tools served as a natural check and balance. Insights from the researcher were simply elements of the
data, and all elements of the data were scrutinized through the constant comparative method. Anything that did not fit did not advance in the data analysis.

**Self-Location and Grounded Theory**

The relationship between self-location and grounded theory depends, to a certain extent, on the type of grounded theory approach the researcher takes. Glaser (1967, 1978, 1992) and Strauss and Corbin (1990, 1998) developed their distinct approaches from a post-positivist paradigm, while Charmaz (2006) is firmly rooted in the constructivist tradition. The role of reflexivity is a key element of separation between these approaches. The issue is a significant one, for as Hutchinson (2001) reminds us, “Because grounded-theory research requires interpersonal interaction, the researcher is inevitably part of his or her daily observations” (p. 216). Researchers seeking to root their work in the traditions of Glaser or Strauss and Corbin will need to take careful steps to bracket their personal insights and values and preconceptions. Researchers building on Charmaz’s constructivist approach will certainly need to be reflexive, but are also able to incorporate their own subjectivity into their research methods and results. Hall and Callery (2001) go so far as to suggest that, “incorporating reflexivity will enhance the rigour associated with grounded theory studies” (p. 263). Finlay (2002b) reminds the researcher that, “reflexive analysis is precisely the route to ensuring an adequate balance between purposeful, as opposed to defensive or self-indulgent, personal analysis” (p. 542). Reflexivity can be dangerous if it leads the researcher away from the data, off into their own thoughts and insights. But, it can be essential if it is done intentionally and on an ongoing basis, ensuring a balance throughout. Regardless of one’s grounded theory approach, it is clear
that reflexivity must be considered part of the process. Hall and Callery (2001) capture this well, suggesting that,

Reflexivity that does not involve endless navel gazing contributes to the readers’ understanding of researcher-participant interaction. Study reports that include details of the collection of data and a reflexive discussion of process enable readers to judge the quality of the data. (p. 263)

It is essential for grounded theory researchers to root their approach firmly in one of the existing grounded theory traditions. Mruck and Mey (2007) stress that, “consensus is difficult to achieve when what one researcher or methods writer regards as a ‘core element’ is considered by others to be an unpardonable misunderstanding, especially with regard to different epistemological positions” (p. 516). Mruck and Mey also stress that this tension plays itself out in the entire grounded theory process, noting that they,

have tried to show how using GTM [grounded theory method] (independently from a specific variant used and from the epistemology one is relying on), from posing a question and choosing the concrete design, to sampling, collecting, and analyzing data, to its final integration in a grounded theory and the writing and publishing of the research results is exposed to complex and unavoidable interactions. (p. 529)

When Glaser and Strauss first developed grounded theory, they were working from within a post-positivist tradition, and they were focused on objective analytic procedures (Hall & Callery, 2001). As the original theory continued to emerge, the authors began to develop a more specific methods and tools. Hall and Callery (2001) point out that,
the emphasis placed by grounded theory on control, prediction, and the investigator’s theoretical sensitivity requires strategies that account for the effects of subjectivity… Strauss and Corbin (1998) have stated that the researcher must take appropriate measures to minimize the intrusion of subjectivity into analysis; our proposals acknowledge the intersubjective construction of the data. (p. 258)

Glaser (1992) argues against the need for reflexivity in grounded theory. Yet, he also constantly reminds readers that, ultimately, “everything is data,” writing, “It is all just data to be conceptualized for theory however the data comes” (Glaser, 2001, p. 158). Strauss and Corbin’s method seems to be more open to the need for and value of reflexivity in grounded theory. Walker, Reid, and Priest (2013) note that, “Grounded theory lends itself to the exploration of emerging research ideas that may surface at any stage in the research, and the constant comparison method encourages dynamic interaction between data collection and analysis (Strauss & Corbin, 1990)” (p. 41). In an interview with Cisneros-Puebla (2004), Corbin clearly communicates openness to the practice of reflexivity. She observes that we know,

that our perspectives and belief systems influence how we view and work with data. We want our readers to understand why it is important to look at experiences, feelings, action/interaction, to denote the structure or context in which these are located. (p. 21)

While the originators of grounded theory certainly seem to allow for the potential value of reflexivity, their emphasis is clearly on distinguishing between the researcher’s own values, insights, and preconceptions and the data that emerge from the application of grounded theory methods.
CGT, however, approaches the issue in a very different manner. Constructivist grounded theory openly values reflexivity as part of the process of the construction of a grounded theory. Hall and Callery (2001), writing prior to the emergence of Charmaz’s constructivist approach, note,

attention to making the effects of interactions among investigators and participants more transparent during data collection and analysis would attend to the social construction of knowledge, which has been neglected in grounded theory. Therefore, we propose that combining theoretical sensitivity with reflexivity and relationality creates a more rigorous form of grounded theory. (p. 270)

This is precisely what Charmaz (2006) did, developing a methodology, “that explicitly demands a reflexive stance that informs readers how researchers conducted their research, related to the participants and represented them in reports” (p. 189). Clearly, CGT is rooted in a different foundational paradigm, and there is certainly a social constructivist element to grounded theory that is both legitimate, and yet is also characterized by authentic rigour.

In fact, a strong case can be made that the use of reflexivity in grounded theory provides well-grounded opportunities for the researcher’s unique insights and creativity to play a key role in the emerging theory. Turner (1981) emphasizes the importance of the relationship between the intellect and the imagination, noting that,

an advantage of grounded theory is that it directs the researcher immediately to the creative core of the research process, and facilitates the direct application of
both the intellect and the imagination to the demanding process of interpreting research data. (p. 227)

Stern (1994) celebrates the potential role of creativity in the process, writing that it, “is the creativity in the act that brings the real truth of a social situation into being, and following grounded theory techniques is one way to approach this creative process” (p. 217). Indeed, the researcher’s tacit knowledge and intuitive sensitivity to their topic may, in fact, allow insights to emerge that would not otherwise be perceived. Turner (1981) also states that, “competent development of grounded theory rests in part upon a sensitivity to these often tacit processes of perceiving and understanding, and upon a willingness and an ability to bring them into the open for discussion” (p. 228). Lincoln and Guba (1985) suggest that, “admitting tacit knowledge not only widens the investigator's ability to apprehend and adjust to phenomenon in context, it also enables the emergence of theory that could not otherwise have been articulated” (p. 208). Cutcliffe (2000) provides a healthy caution and encouragement, noting,

That is not to say that the grounded theorist has license to invent concepts, categories and posit these as a theory that represents the meanings that a group of individuals ascribe to their shared interactions and social world. However, what it does is legitimize the researcher's creativity as an integral part of the grounded theory inductive process; liberating the restrictions on the researcher's tacit knowledge that discounting such knowledge creates. (p. 1479)

Significantly, grounded theory has inherent checks and balances built into the method itself, which work to ensure that the unique and creative insights that come from
the researcher himself or herself will only impact the emerging theory if they are consistent with the rest of the research data. Cutcliffe (2000) writes,

the mechanism for checking the authenticity or representativeness of such knowledge and insight exists within the grounded theory method, whereby such trustworthiness is achieved by exploring the possible or emerging concepts/categories in further interviews. If the hunch belongs solely to the researcher, and is not a part of the world being investigated, this will have no meaning for the interviewees and can be discarded in due course. (p. 1480)

This is an important clarification, and a powerful rationale for the transparent and intentional use of reflexivity in the research process. If an author’s insights do not fit their research, they will be discarded. Grounded theory has mechanisms in place to make precisely this distinction. Grounded theory researchers need to trust the process. This is something I experienced firsthand. My confidence in the method and my recognition that something important was emerging grew as the study developed. Cutcliffe (2000) reminds us that the researcher needs this degree of trust and confidence in grounded theory methods because it will provide them with confidence and clarity as they progress. As Cutcliffe states,

to deny a researcher who is using grounded theory access to this knowledge and to restrict the creativity necessary to utilize it, is likely to limit the depth of understanding of the phenomenon and impose unnecessary, rigid structures. As a consequence, the researcher would be left questioning themselves each time they draw upon their tacit knowledge, or when they experience a moment of insight into the world they are investigating. The researcher would be left asking
themselves: Does that thought originate from my knowledge, experience or beliefs or does it belong to the interviewees? (p. 1480)

Reflexivity can be dangerous if it leads the researcher off track, caught up in their own thoughts and insights. However, it can be essential if it is done intentionally and on an ongoing basis, thus ensuring reflective balance throughout. This, too, is part of the constructivist grounded theory process. As this study advanced, constructivist grounded theory methods ensured that the results were grounded in the co-produced data, but also allowed my own experiences and insights to be part of the process. The results of this study drew on the experiences and perceptions of both the participants and the researcher, providing important insights into how educational care is perceived and offered.

The Self-Interview and Constructivist Grounded Theory

In my review of the grounded theory literature, I discovered occasional references to the concept of a self-interview (e.g., Breckenridge, Jones, Elliot, & Nicol, 2012; Glaser, 1998). I found this concept fascinating, because the theorists advocated for the use of a self-interview as a way of allowing the researcher to completely engage with participant voices, drawing on their theoretical sensitivity to the topic, but holding their own direct personal experiences in abeyance, knowing they would have an opportunity to draw on them later in the process. At the appropriate moment in the study, the researcher would complete a self-interview, drawing on the same interview protocol and emphases they used with the participants. This would allow the researcher’s personal experiences, which likely informed their theoretical sensitivity, to enter the study as an additional source of data. Again, the method’s emphasis on constant comparison serves as a check and balance, assuring that any data that did not fit would not advance in the analysis. This
also ensured that the researcher’s experience did not predominate, but simply became one more data source. As Breckenridge and her colleagues (2012) observe, “as only one slice of the data, the researcher’s perspective is not privileged or considered different to the other multiple slices of data that inform theory development” (p. 66).

For my study, this made a lot of sense. I am certainly aware that my perceptions of educational care were shaped by my experiences as both a student and a teacher. I decided that when I had completed my initial analysis of the data emerging from my participant interviews, I would do a self-interview, treating it just like the other completed interviews. I had considered doing this earlier in the process, but did not do so because I did not want to bring any internal closure to the intentionally open-ended questions that framed the interviews. Thus, after the last interview was transcribed and I had done some initial analytic work with the 13 transcripts, I completed a self-interview. This interview occurred on July 11, 2017. I found the process to be quite interesting, particularly when I coded the teacher actions. The data that resulted fit with what had already emerged from the participant data.

**Setting**

Participant recruitment for this study involved displaying posters describing the proposed research at two universities in Southern Ontario, soliciting applicants interested in participating. The first university was a large public university in a large urban city. This university has approximately 18,000 students. The second university was a small private Christian university, also located in a large urban city. This university has approximately 700 students. My initial ethics clearance had also approved a third
educational institution: a large public college in a large urban city in Ontario. But, due to a number of minor obstacles, posters were not displayed at this site.

Later in my study, I received clearance to display recruitment posters in a number of public locations in a nearby large urban city, soliciting participants who did not attend post-secondary education. I displayed posters in a branch of the local library, at two local athletics centers, and on community bulletin boards at a handful of local businesses.

**Participants**

When I developed my initial research plan, participant identification seemed quite obvious: I needed to talk to teachers who successfully communicated educational care, and I needed to connect with their students in order to directly address student perceptions of a teacher’s offering of care. I began developing a plan to prepare to enter classrooms to observe these teachers in action, and to develop interview protocols for both caring teachers and their students.

Things became a bit more complicated, however, when I refined my focus: developing a grounded theory of educational care and identifying the factors that facilitate and constrain student perceptions and experiences of educational care. I did not just need to talk to caring teachers, but also needed to focus on what happened when care was not successfully communicated. However, I could not simply approach Principals and Superintendents seeking permission to study teachers who were failing to successfully communicate care. The optics were terrible: it might appear that I was seeking to observe uncaring teachers and uncaring teaching! Similarly, I felt I could not simply interview and interact with adolescent students about their teacher’s failure to successfully communicate care. For one thing, such students would not necessarily be
able to recognize and articulate the teacher’s caring intentions, given their frustrations with the lack of experienced care. Indeed, in such situations, their perceptions would likely position them to perceive their teachers as uncaring, and they would likely be unable to recognize the potential for good intentions. Secondly, and perhaps more significantly, it was quite possible that such interactions could lead to discord and tension in the classroom. If I were to talk to a group of students about the care communicated by their teachers, with a particular focus on the teacher’s failure to communicate intended care, it is quite possible that the net result would be that I would draw attention to (1) the failure of their teachers to offer care and (2) to the fact that their teachers should be offering more care. Such attention could lead to student frustration and, potentially, even to an increased critical student collective voice, heightened tensions, and a soured classroom culture – and, to a certain extent, this would be my fault. I was not comfortable with the ethics of such an approach. So, I needed to find another way.

My review of the literature suggested that it is student perceptions that ultimately define the presence or absence of educational care, and that most teachers do intend to be caring and to offer educational care. In order to elicit relevant data, I recognized that I needed to talk to people about their past experiences as adolescent students. This could potentially lead to powerful data, introducing retrospective stories from participants who were engaged by the topic and were able to reflect back on their own relatively recent experiences. Because grounded theory does not require a large number of participants, and the primary criteria for inclusion was potential relevance to the study’s social process, I believe this approach to participant selection has merit and significant potential.
Study Participants

My study’s theory-based purposeful convenience sample ultimately included 13 young adult participants. Participants were required to be between the ages of 18 to 24 at the time of their application, and needed to have attended an Ontario school from Grades 6 to 12. The interviews focused on the educational care offered by their teachers when the participants were students in Grades 6 to 12.

Demographic Details. A high-level overview of the demographics of the 13 participants is detailed below:

- 8 females, 5 males;
- 1 Asian participant, 1 Black participant, and 11 White participants;
- 7 participants attended a large public university in Southern Ontario; 4 attended a small private Christian university in Southern Ontario; 1 attended a large public university in South-Eastern Ontario; and 1 came from the workforce in Southern Ontario;
- 6 of the participants had attended an Ontario public school; 5 had attended an Ontario Catholic/separate school; and 4 had attended an Ontario private Christian school; 2 of the participants had attended two different types of schools.

Specific Details for Each Participant. Below is a more detailed overview of each participant who took part in the study:

- Participant 1 was a 23 year-old White female from a large urban city in Southern Ontario. At the time of the study, she was a student at a large public
university. She attended both a private Christian elementary school and
secondary school.

- **Participant 2** was a 19 year-old White female from a town in the Muskoka
region of Ontario. At the time of the study, she was a student at a small private
Christian university. She attended public school from Grades 6 to 12.

- **Participant 3** was a 19 year-old White male from a city in Southern Ontario
that is a suburb of a large urban metropolis. At the time of the study, he was a
student at a small private Christian university. He attended public school from
Grades 6 to 12.

- **Participant 4** was a 19 year-old White female from a large urban city in
Southern Ontario. At the time of the study, she was a student at a large public
university. She attended Catholic schools from Grades 6 to 12.

- **Participant 5** was a 21 year-old White female from city in Southern Ontario.
At the time of the study, she was a student at a small private Christian
university. She attended both a private Christian elementary school and
secondary school.

- **Participant 6** was a 20 year-old Black female from a suburban district in a
large urban metropolis in Southern Ontario. At the time of the study, she was
a student at a large public university. She attended public school from Grades
6 to 12.

- **Participant 7** was a 21 year-old White female from a city in Southwestern
Ontario. When she was in elementary school, she lived in a small rural
community just outside of the larger city. At the time of the study, she was a
student at a large public university. She attended a public elementary school in
the rural community, and a Catholic secondary school in the larger city.

- **Participant 8** was a 21 year-old White female from a small city in Southern
  Ontario. At the time of the study, she was a student at a large public
  university. She attended a Catholic elementary school and secondary school.

- **Participant 9** was a 23 year-old White male from a city in Southwestern
  Ontario. When he was in elementary school, he lived in a small rural
  community just outside of the larger city. At the time of the study, he was a
  student at a large public university. He attended a Catholic elementary school
  and secondary school.

- **Participant 10** was an 18 year-old White male from a suburban town in
  Southern Ontario. At the time of the study, he was a student at a small private
  Christian university. He attended a private Christian elementary school and
  secondary school.

- **Participant 11** was a 20 year-old Asian female from a suburban district in a
  large urban metropolis in Southern Ontario. At the time of the study, she was
  a student at a large public university. She attended public school from Grades
  6 to 12.

- **Participant 12** was a 23 year-old White male from an urban city in Southern
  Ontario. At the time of the study, he was a student at a large public university
  in Southeastern Ontario. He attended both a private Christian elementary
  school and secondary school.
- **Participant 13** was a 19 year-old White male from a suburban district in a large urban metropolis in Southern Ontario. At the time of the study, he was in the workforce in Southern Ontario. He attended public school from Grades 6 to 12. He was home-schooled until Grade 5.

**Ethical Considerations**

Any research involving human participants involves important ethical considerations for a researcher. The researcher must ensure that their research plan provides for the safety and privacy of those who participate. In order to ensure that I addressed ethical concerns appropriately, I completed a *Panel on Research Ethics* training module, and also applied for research ethics clearance from Brock’s Research Ethics Board (REB). The section below details the various stages and elements of my efforts to ensure that my research plan ensured the safety and privacy of my participants.

**A Central Ethical Challenge: Exploring the Disconnect**

The central ethical challenge of my research is that it seeks to develop a theory of educational care and to identify factors that facilitate and constrain adolescent student experiences of educational care. In other words, it will also explore examples of the unsuccessful communication of care in order to contribute to the development and improvement of teacher care capacity and the offering of care. There is an inherent ethical risk that teachers and teacher-student relations may be damaged by the work I do. I needed to tread carefully in order to explore the disconnect. As noted earlier in this document, I could not simply go into classrooms and investigate examples of the unsuccessful communication of care in education. This would be unethical, even if it was well-intended, because a likely outcome could be increased tensions between students
and teachers as I drew attention to the nature and value of educational care by also focusing on what happens when it does not occur. So, I had to move my research outside of the classroom, despite the fact that this is where the focal social process occurs.

Thus, my research focused on young adult participants who had recently experienced both the successful and unsuccessful offering of educational care. There was still a risk that my research could disturb relationships between students and the teachers. However, since I did not focus on a collective student voice within a single classroom, this risk was mitigated somewhat. And, because my research focused attention on teacher caring intentions, I believe that this risk was further minimized. I was willing to take this risk because of the potential upside: my research may support improved teacher care capacity and their offering of care.

**Ethics Review Processes**

I submitted my *Ethics Review Application* to Brock’s REB on June 23, 2016. The REB identified a number of concerns that needed to be addressed, including:

- Communicating what I intended concerning follow-up questions;
- More clearly describing my member-checking plans;
- Providing a rationale for interviewing young adult participants rather than adolescents;
- More clearly describing the transition from applicant to participant, including more detail concerning the recruitment process;
- Providing a clearer description of my secondary *snowball sampling plan* (Goodman, 1961) for recruiting participants who had not attended a post-secondary institution;
• Clarifying my plans for providing access to counselling resources for all participants; and

• Describing how I would protect participant identity.

I addressed the concerns raised by the REB and received approval to begin my research on August 10, 2016 (file number 15-330). I did not begin my interviews until October, however. I had to get permission from the institutions I planned to recruit from, then had to wait until my participants were back in school and had the opportunity to see the posters and respond. The first interview took place on October 1, 2016; the final interview occurred on April 5, 2017.

**Mid-study revisions.** During the data collection stage, I made a number of changes to my initial plan that required REB input and approval. As the study unfolded, the insights of participants and my own reflection on the process indicated a need to make changes. These changes included:

• Modifying the interview protocol after the second interview (streamlining the questions and adding the “Is there anything else?” topic);

• Clarifying a process for potential applicants from other sites who might be recruited by participants in my study;

• Identifying a proper process for recruiting possible participants from undergraduate education students;

• Modifying the protocol again after Interview 6 (to include a section on the role of the student in the development of a teacher-student relationship);

• Acquiring permission to display recruitment posters in community locations; and
• Receiving permission to complete an email interview with an applicant from out of town.

The REB helped me to address each challenge.

**Data Collection**

Data collection continued until April of 2017. Data analysis occurred sporadically throughout this process, usually after the member-checking transcription review process for each interview. Data collection and analysis in grounded theory are often a recursive processes. In my study, they were somewhat sequential, but also somewhat simultaneous.

In this section, I review the data collection process. I begin by explaining the interview and transcription processes. I then provide an overview of my actions during each of the phases: initial sampling, and both stages of theoretical sampling.

**The Interview Process**

Data collection occurred through face-to-face interviews, using the interview protocol to guide the dialogue. Prior to the interview, each participant completed an application form, typically transitioning quickly from applicant to participant. In addition, they received a copy of the Letter of Invitation and the Informed Consent Form. Finally, each participant was encouraged to think about the topic of educational care in advance of the interview, considering what they felt they might be positioned to contribute to this study. They were invited to make brief notes to bring with them, if they wished.

Each interview took place in a secure, public location. Most of the interviews occurred in a university library study room. One interview took place at a school, in the Principal’s office. Another occurred in an out-of-the-way corner of a local public library (designated and set aside for us by the library staff). Lastly, one interview took place via
email. Interviews ranged in length from 30 to 120 minutes. The first 6 interviews were all less than 90 minutes, but once the section focusing on the student’s role was added, the remaining interviews were all at least 90 minutes in length. All interviews were recorded twice, using a portable recorder and a tablet.

**Initial Sampling (Participant 1 & 2)**

Initial sampling involved the first two participants, both occurring in early October of 2016. After the two transcripts were finalized, I began the process of initial data collection. Initial sampling provided me with initial data, which I coded in Microsoft Word. I went through each document, highlighting every single possible teacher action that impacted the successful or unsuccessful offering of care. Drawing on grounded theory methods, I then went through each highlighted action and identified a 2 to 10 word *gerund-based code phrase*, either using the in vivo words of the participant or my own words to capture the gist of the action (e.g., giving time, listening to students, talking with students outside of class, accommodating student learning differences, etc.).

I then went through the document again, copying each gerund phrase and inserting it in a separate word document. From Participant 1, I identified 80 individual codes for teacher actions related to the *successful communication of care* (SCC), and 73 codes related to the *unsuccessful communication of care* (UCC). From Participant 2, I identified 37 SCC codes and 3 UCC codes. I compared the individual codes, seeking to determine if any of them needed to be revised or renamed. I also began to consider possible patterns and themes, attempting to discern possible categories and concepts. I developed memos after each interview.
Theoretical Sampling I (Participants 3 to 6)

In my first theoretical sampling phase, I focused on the three main topics: (1) the participant’s understanding of educational care; (2) the participant’s experience of the successful communication of educational care; and (3) the participant’s experience of the unsuccessful communication of educational care. I noted that the decision to remove the leading questions (e.g., focused on offering care for the student as a person and as a learner) was a good one. Most of the participants provided a similar distinction without my prompting, although they usually used different words to describe the pattern.

I followed the pattern I had used earlier, starting with initial coding, moving on to key phrases, and concluding with memos about emerging patterns and possible concepts and categories. I spent time grouping and comparing the codes, considering patterns and possible categories. The content from a number of memos at this point indicated an important transition to conceptual memoing, where I began to discern patterns and categories, which I explored in more detail.

Theoretical Sampling II (Participants 7 to 13)

The final round of sampling unfolded sporadically, as additional participants slowly trickled in. I encountered a diverse range of educational experience in the group of 13 participants. Although I recruited from a large public university and a small private Christian university, the school experiences of the participants varied, with some of the private Christian university participants experiencing public school education, and a number of the public university participants experiencing education in the Catholic/separate school system, as well as the private Christian school system. All told,
my study represented 68 different teachers, 38 who successfully communicated educational care and 30 who did not successfully communicate educational care.

I followed the same pattern I had used earlier: initial coding, key phrases, interview-specific memos, and additional reflective memos. I used NVivo 11 to code each of the transcripts. I also went back to the first two transcripts, completing the same process. The pattern was identical for all 13 transcripts: I highlighted actions, identified gerunds, and developed an individual code for every possible teacher action related to the communication of educational care. I then exported the codes to Microsoft Excel, where I divided each code into three columns. I isolated the gerund in the first column, placed the object of the gerund in the second column (the rest of the gerund phrase), and left a third column for possible categories. I compared the lists of codes, grouping, revising, and renaming in order to ensure that the same actions had the same name – a process that took a fair bit of time. I saw the benefit of the constant comparative approach, because not only did I begin to discern patterns and potentially similar codes, I also identified possible categories and potential relationships between them. Finally, I spent time comparing possible categories, used the third column of the Excel document to record possibilities, then used the sort feature to move individual codes around as appropriate.

**Data Analysis**

Although data analysis was ongoing, my full analysis process began once I had completed all 13 interviews and finalized the transcripts. At this point, I recognized that I had sufficient data to work with, and began the process of identifying possible categories before finally discerning 13 distinct categories, which were then grouped into three
primary dimensions. When this process was completed, I moved on to my final stage: focusing on conceptual and theoretical work.

**Primary Analysis Tools**

The primary analysis tools for my study involved a combination of NVivo 11, Excel, and Word. For the first two stages, I worked completely in Word, identifying codes, sorting codes, comparing codes, and considering possible patterns. Once the third stage started, however, I began to use NVivo for coding and preliminary analysis. When I was ready for my full analysis processes, I found NVivo to be a bit unwieldy when it came to comparing and sorting codes, so I exported the codes to Excel in order to divide the individual codes into columns, then used Excel’s sort feature to group codes and move codes around. Finally, I exported the categorized codes into Word to save the master lists.

**Memo Category Progression**

Throughout my study, I completed over 250 memos. For each memo, I identified a focal topic, issue, or question. I completed memos throughout each stage of my study. I divided the memos into a number of sections:

- Initial conceptual memos;
- Preliminary data collection and analysis memos;
- Secondary data collection memos;
- Analysis memos;
- Category elaboration memos;
- Planning and writing memos;
- Presentation memos.
When I began the data analysis process, analysis memos became one of the most important analysis tools, used for the constant comparative process, for considering possible categories, for exploring potential patterns and relationships, and, ultimately, for discerning the final categories and dimensions. I also used memos heavily during the category elaboration stage, when I drew on a number of specific grounded theory analysis tools and processes in order to advance my conceptual analysis.

**Detailed Analysis of the Co-Produced Data**

Having completed data collection, I embarked on multiple analysis processes. I had already done some initial analysis throughout the data collection process. My subsequent data analysis involved many different steps. I review these steps in the rest of this section. I begin with *detailed analysis*, drawing on the foundational grounded theory analysis processes, using constant comparison and memoing to advance my analysis. I then describe *in-depth analysis*, where I drew on grounded theory analysis tools, resources, and approaches in order to elaborate my categories and further refine and advance my analytic and conceptual work.

The *detailed analysis* involved five specific analysis stages, focusing first on the four sub-topics of my interviews: (1) participant definitions of educational care; (2) the successful communication of educational care; (3) the unsuccessful communication of educational care, and (4) the student role in developing a teacher student relationship. The final step in the detailed analysis process involved examining the lists of teacher caring behaviours identified in the educational care literature.

My in-depth analysis required that I return to the grounded theory and CGT literature, reviewing the various tools, resources, and approaches at my disposal for
further analysis of the data and emerging results. This gave me a clearer sense of the various tools I could draw on. I ultimately focused on three specific tools: the Conditional-Consequential Matrix (Strauss & Corbin, 1998), the Conditional Relationship Guide (Scott, 2004; Scott & Howell, 2008), and the Reflective Coding Matrix (McCaslin, 1993; Scott, 2004; Scott & Howell, 2008).

**Analysis I: Educational care codes.** My primary analysis of educational care (EC) codes began on June 6, 2017. At that time, I had all of my transcripts coded, and all of my codes labelled. I had also developed a rudimentary understanding of NVivo, so I felt prepared to use the program more strategically. I had also reviewed my notes on CGT analysis, including a close reading of Charmaz’s second edition of her *Constructing Grounded Theory* (2014) text. I felt that it was time to start my primary analysis. As noted earlier, the interview transcripts divided into four topics: (1) the participant’s understanding of educational care; (2) the participant’s experiences with the successful communication of educational care; (3) the participant’s experiences with the unsuccessful communication of educational care; and (4) the participant’s insights into the student’s influence on the development of an educational care relationship.

Recognizing the bulk of my analytic work would address the second and third topics – which were the focus of my research questions – I decided to begin by spending some time with the data emerging from the first topic: the participant’s understanding of educational care. The interview prompt for this section was simply “Tell me about educational care…” My purpose in this endeavor was to use NVivo for analytic work, to begin my analysis with what was essentially a practice opportunity that allowed me to play with meaningful data, and to seek to discern patterns in the EC data. It is important
to clarify that my objective was not to do theoretical work at this point. The data in this section all related to the ‘what’ question – *what* is educational care? The strength of grounded theory is its ability to work with the ‘why’ or ‘how’ questions – in this case, how do teachers communicate educational care? This content, however, was contained in the data sets from the second and third sections of the study. These data would play a central role in my upcoming theoretical work, focusing on theory development.

I began by isolating the first sections from each of the 13 transcripts, ensuring that I was only working with data from the EC sections. I then coded each teacher action described by the participants when explaining what they believed educational care was.

Because I had recently reviewed all of the transcripts in preparation for a conference presentation (Schat, 2017), describing the preliminary insights from my study, I knew that a number of themes were present in the data. This allowed me to identify some of the common codes or themes that had most clearly emerged during the preliminary analysis, which was helpful. But, I also continued to follow the grounded theory practice of *identifying gerunds*: I went through each segment looking for possible ‘–ing verbs’ that described actions and articulated the meaning of educational care.

This resulted in the generation of 100 individual codes, including 40 unique codes – some of which appeared once, and others up to eight times. I created a Word document that included all of the codes, sorted by number of times coded. However, some of the codes were very similar, while others were unique and distinct. I needed to do some code compacting, so I began looking for patterns or *categories*, initially identifying multiple patterns and two primary categories. When I put these codes together in a list, I could see
a clear pattern, which prompted me to identify a third category, which provided an important insight for the study.

I appreciated the opportunity to ‘play with’ and ‘dig in’ to the data in this way. I found that focusing on the ‘what’ here (and leaving the ‘how’ for later) was very helpful for understanding and describing the concept of educational care. I also appreciated the opportunity to use NVivo, even if only for coding and sorting. I found the process of fragmenting the data (taking the individual codes out of the context of the transcripts) and putting them back together again (by discerning patterns and themes) was very intuitive. Most importantly, however, were two potent ‘aha’ moments I had when the identification of patterns and categories prompted important insights for my study.

**Analysis II: The successful communication of care codes.** For the initial coding, I reviewed each of my 13 interviews and my self-interview transcript, using NVivo to code each individual teacher action related to the successful communication of care. I ended up with 1,507 discrete codes that relate directly to the successful communication of educational care (SCC) (see Table 4.1). Some of them appeared multiple times. I did not yet complete a full code revising and renaming process because, at this point, I was still using in vivo codes where possible, which resulted in a number of codes that used different words to describe the same teacher actions. Initially, I was overwhelmed by how many different codes were emerging, particularly since I knew that some of the codes described the same actions using different words. As this process continued, however, my brain began to sort and process the data. I knew that when I had all of the data codes identified, I would find a way to make sense of the data and to not overwhelm the reader with all of the discrete concepts.
Table 4.1

*Successful Communication of Care (SCC) Codes*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Number of SCC Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>80</td>
</tr>
<tr>
<td>Participant 2</td>
<td>37</td>
</tr>
<tr>
<td>Participant 3</td>
<td>75</td>
</tr>
<tr>
<td>Participant 4</td>
<td>120</td>
</tr>
<tr>
<td>Participant 5</td>
<td>72</td>
</tr>
<tr>
<td>Participant 6</td>
<td>76</td>
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<tr>
<td>Participant 7</td>
<td>119</td>
</tr>
<tr>
<td>Participant 8</td>
<td>129</td>
</tr>
<tr>
<td>Participant 9</td>
<td>127</td>
</tr>
<tr>
<td>Participant 10</td>
<td>86</td>
</tr>
<tr>
<td>Participant 11</td>
<td>134</td>
</tr>
<tr>
<td>Participant 12</td>
<td>82</td>
</tr>
<tr>
<td>Participant 13</td>
<td>139</td>
</tr>
<tr>
<td>Self-Interview</td>
<td>131</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,507</strong></td>
</tr>
</tbody>
</table>
In the rest of this section, I describe the steps I took as I completed my initial analysis of the SCC data.

**Considering possible categories.** I began to think about different ways that the disparate codes could be grouped and organized. Three possible structural options emerged, although one seemed to make more sense than the others. The other, however, had the potential to clarify and inform the process. I will return to this in a moment, given the significance.

**Playing with the SCC data: Removing the gerunds.** I, then, spent some time ‘playing’ with the SCC data. I had noticed that there were a number of examples of similar codes that were built on different gerunds (e.g., *caring about* vs. *looking for* vs. *finding* vs. *giving*, etc.). I knew there were codes that described the same concept, but were worded differently. I went through the codes and removed the gerunds, allowing the content of each code to remain (minus the lead action concept). Although there were 1,507 codes in total, clear patterns appeared once the gerunds had been removed. A number of themes and concepts appeared regularly, and a few appeared repeatedly. These were the things the teacher focused on, regardless of the verb used to describe how they focused on them (e.g., *showing patience*, *being patient*, *displaying patience*). Evidently, focusing on gerunds (the action) had masked my ability to focus on the things the teachers acted on.

**Playing with the SCC data: Removing the content.** I, then, did the opposite, going through the codes and removing the content, simply focusing on the gerunds instead of the details that followed. The gerunds were often used by participants or
selected by the researcher to articulate a specific teacher action used to successfully communicate. The fact that these words appeared multiple times was significant.

*Playing with the SCC data: Double gerunds.* Another thing that was striking was the presence of many double gerunds. In my attempts to honour the participants’ words, I occasionally included two gerunds in one code. The presence of the first gerund often masked the content of the second gerund (e.g., *being open to answering* questions about other topics, *being willing to confront* social and peer cultural issues, *being willing to intervene* in a student’s life). In addition to revising and recoding codes that had different gerunds for the same action, I had to go back through my 1,507 codes, eliminating the double gerunds. This helped to clean up the data, allowing the content to become clearer, which also revealed patterns.

*Focused coding: Revising the SCC codes.* I, then, did a full revision and review of the SCC codes. In addition to removing the double gerunds, I also noted that some of the codes contained single gerunds with double actions. When I had completed this process, I ended up with 1,529 individual SCC codes.

*Identifying possible categories.* I put the 1,529 codes into an Excel table with three columns. This separated the gerunds from the content of the teacher actions, and left a final column for identifying possible categories. I went through all of the codes, identifying a primary category for each. This was not as difficult as I had anticipated; for the most part, each code partnered naturally with a primary category. I initially ended up with 14 possible categories. However, I recognized that a couple of these categories were not distinct, so I reviewed each of the related codes and recoded them to different
categories, then resulting in 11 primary categories. When I was done, I had 21 codes left over. I was able to revise them, however, so that they fit within the 11 categories.

**Recognizing potential category overlaps.** There were potential overlaps between a few of the categories. While most of the individual codes easily fit in one of the categories, I found myself stuck between a few of the categories at various points. I will return to this later, because this overlap eventually required a significant category recoding, where the codes themselves did not change, but the categories did, thus requiring me to move some of the codes to different categories.

**Patterns and relationships within the categories.** Once the 11 main categories were identified, I began to compare them, also comparing the data that contributed to each one. I considered patterns and relationships between and within the categories. I recognized that I could divide the 11 main categories into 3 primary categories. This contributed to important conceptual results and insights, described in the next chapter. It also directed subsequent analytic work with the SCC data, which I describe below.

**An initial conceptual diagram.** Discerning 3 primary categories containing the 11 secondary categories helped me develop a conceptual diagram, which I labelled The Successful Communication of Educational Care. This visual, which will be explored in the next chapter, was a very helpful way to organize and explain how educational care could be communicated successfully.

**Analysis II: The unsuccessful communication of care codes.** I used the same process outlined above for the unsuccessful communication of care (UCC) codes. An important insight emerged during this time: it became clear that the successful communication of care and the unsuccessful communication of care were not diametric
opposites. Sometimes, the exact same behaviour appeared on both lists. A teacher behaviour that contributed to the successful communication of care for one student could, for instance, also be a teacher behaviour that contributed to the unsuccessful communication of care for another student (e.g., having high expectations, engaging students in discussion, talking to the student outside of class). There was more going on in the process of communicating care than simply displaying appropriate or inappropriate teacher caring behaviours. The same overarching factors emerged in both data sets. As I discerned categories for the UCC data, attempting to put the discrete pieces together in a way that made sense, the same categories emerged. The same categories of factors associated with care being successfully communicated were also the main categories of factors associated with care not being successfully communicated (e.g., teacher-student relationships, assessment and evaluation practices, classroom management strategies, etc.). This was important and helpful. In the rest of this section, I review the analytic work I did with the UCC codes.

**Initial coding: Identifying 1,053 UCC codes.** As I had done with the SCC data, I went through the participant transcripts and my self-interview transcript, identifying teacher actions that contributed to the unsuccessful communication of care, looking for specific things teachers did that prevented care from being communicated. I coded each teacher action, ending up with 1,053 individual codes directly relating to the unsuccessful communication of educational care (see Table 4.2). Some codes appeared multiple times. I initially did not revise and rename codes because I was still using in vivo codes. There were many differently-worded codes describing the same teacher behaviours.
Table 4.2

Unsuccessful Communication of Care (UCC) Codes

<table>
<thead>
<tr>
<th>Participant</th>
<th>Number of UCC Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>73</td>
</tr>
<tr>
<td>Participant 2</td>
<td>3</td>
</tr>
<tr>
<td>Participant 3</td>
<td>34</td>
</tr>
<tr>
<td>Participant 4</td>
<td>118</td>
</tr>
<tr>
<td>Participant 5</td>
<td>57</td>
</tr>
<tr>
<td>Participant 6</td>
<td>63</td>
</tr>
<tr>
<td>Participant 7</td>
<td>86</td>
</tr>
<tr>
<td>Participant 8</td>
<td>61</td>
</tr>
<tr>
<td>Participant 9</td>
<td>70</td>
</tr>
<tr>
<td>Participant 10</td>
<td>50</td>
</tr>
<tr>
<td>Participant 11</td>
<td>88</td>
</tr>
<tr>
<td>Participant 12</td>
<td>91</td>
</tr>
<tr>
<td>Participant 13</td>
<td>120</td>
</tr>
<tr>
<td>Self-Interview</td>
<td>139</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,053</strong></td>
</tr>
</tbody>
</table>
Considering possible categories. I, then, began to compare the different codes, using Excel to move them around. I divided each code into three columns: (1) the action-based gerund; (2) the object of the action; and (3) a column for possible categories.

Comparing the SCC and UCC categories. As I began to consider categories, I noticed the pattern identified earlier: the categories for the UCC codes were very similar to the categories for the SCC codes. In other words, the types of behaviours and the educational elements linked to the behaviours were quite similar when it came to the successful and unsuccessful communication of educational care (e.g., instruction, assessment and evaluation, classroom management, etc.). The same priorities and issues shaped the teacher’s communication of care and the student’s perceptions and experiences of care. They were not different processes, but variations on a theme.

Focused coding: Revising UCC codes. I reviewed the UCC codes, addressing issues of double gerunds and double objects, and compared and renamed codes. I identified 1,055 individual UCC codes. I considered the remaining 14 uncategorized codes, revising some and removing the rest (e.g., codes that described actions that referred to unique or isolated events). I ended up with 1,042 UCC codes.

An important reboot: The need to re-code and re-categorize. As I compared the UCC codes, however, I identified a flaw in my practice related to a number of the SCC and UCC categories. In a nutshell, I recognized that I needed to distinguish between a teacher’s relationship with an individual student and a teacher’s relationship with the whole class. This had not seemed significant when reviewing the SCC data, but became a very significant factor when it came to the UCC codes. This required a return to the codes and categories for both SCC and UCC, differentiating between teacher actions that
shaped care communication with individual students and those actions that shaped care communication with the whole class. This proved to be very helpful later, as my data suggested the existence of two different caring relationships: one between the student and the teacher, and another between the student and the class. But, it took a fair bit of time and careful code comparing. The changes also impacted a number of different categories, resulting in the development of a new category for both data sets. In the end, I ended up with 1,528 SCC codes and 1,042 UCC codes.

**Clarifying categories.** I eventually recognized that two of my categories were similar enough that I had mis-categorized a number of codes for both of them. I took the time to carefully define and distinguish between the two categories, recognizing that while they described two distinct categories, I needed to develop clearer definitions, and needed to link the codes and categories more consistently. I, then, reviewed all of the SCC and UCC codes for each of the related categories, making sure that the codes were categorized correctly. This did not change the total number of codes, but did result in re-categorizing some of the codes. While this took time, it also clarified the process, allowing me to differentiate and better understand teacher behaviours and their influence on the offering of care.

**Conceptual diagrams: UCC and the communication of care.** When I was satisfied with the names of the possible categories and the link between each code and the appropriate category, I developed a conceptual diagram for the unsuccessful communication of care. I noticed that this was quite similar to the diagram for the successful communication of care. In response, I developed a single diagram that described the communication of educational care. This diagram included 13 specific sub-
categories, which I referred to *the elements of the communication of educational care*. These 13 elements were identified as sub-categories of the three primary categories, which I described as *the three dimensions of the communication of educational care*.

**Identifying next steps.** After reviewing the SCC and UCC codes and categories, I recognized that there were two important steps I had to take. First, I had to flesh out or elaborate each category, ensuring that each category was distinct and that I understood it well. Secondly, I needed to return to the literature, seeing how these categories fit with the research-affirmed lists of teacher caring behaviours. I realized that I needed to do further and more in-depth analysis. This required a return to the grounded theory and CGT literature in order to identify possible analysis tools, resources, and strategies.

**Analysis IV: The student’s contributions to a teacher-student relationship.** The fourth analysis process occurred much later, after I had further analyzed the results of the previous analysis processes. The previous two analyses (SCC and UCC codes) were the primary focus of the co-production of data, leading to the largest amount of codes, and some very important insights. However, as I noted earlier, the fourth topic in the interview process – focusing on the things students did to support or impede the development of a caring relationship between a teacher and a student – produced two unique data sets based on the important insights of the first six participants.

In this section, I review the steps of my analysis of co-produced data relating to the student’s role in the process of communicating care and the development of a teacher-student relationship. The original interview had divided this into two sections, identifying things student did that supported the development of a relationship, as well as things students did that prevented or hindered the development of a teacher-student relationship.
Table 4.3

*Student Supporting Behaviour (SSB) Codes*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Number of SSB Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>4</td>
</tr>
<tr>
<td>Participant 3</td>
<td>4</td>
</tr>
<tr>
<td>Participant 5</td>
<td>11</td>
</tr>
<tr>
<td>Participant 7</td>
<td>15</td>
</tr>
<tr>
<td>Participant 8</td>
<td>16</td>
</tr>
<tr>
<td>Participant 9</td>
<td>21</td>
</tr>
<tr>
<td>Participant 10</td>
<td>19</td>
</tr>
<tr>
<td>Participant 11</td>
<td>8</td>
</tr>
<tr>
<td>Participant 12</td>
<td>27</td>
</tr>
<tr>
<td>Participant 13</td>
<td>29</td>
</tr>
<tr>
<td>Self-Interview</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>172</strong></td>
</tr>
</tbody>
</table>
Initial coding: Student supporting behaviour codes. I, again, returned to the transcripts, using NVivo to code the student actions that supported the development of a teacher-student relationship. There were 172 distinct SSB codes (see Table 4.3).

Possible categories: Student supporting behaviours. My initial analysis of the student supporting codes indicated eight possible categories: (1) learning readiness; (2) teacher-student relationships; (3) communicating; (4) advocating for self; (5) seeing the teacher as a person; (6) recognizing one’s own role; (7) supporting community; and (8) recognizing the teacher’s role. Further analysis, however, narrowed this down to five: (1) learning readiness, meaning the student is ready for learning, including school basics (come to class on time, assignments prepared on time, ready to participate, being attentive, being engaged, and wanting to learn); (2) teacher-student relationships (TSRs), meaning the student actively seeks to be a part of a teacher-student relationship (honesty, caring for teacher, recognizing communicated care, respect, and relationship-building); (3) supporting community, meaning the student plays a role in establishing a positive learning community; (4) communication, meaning the student communicates effectively (listening effectively, asking questions, participating, talking to the teacher inside and outside of class, and providing feedback); and (5) self-advocacy, meaning the student is willing to advocate for themselves and their needs.

Initial coding: Student obstaclng behaviour codes. Using NVivo, I coded each of the student actions that obstaclng prevented the development of a teacher-student relationship. There were 163 SOB codes (see Table 4.4).

Possible categories: Student obstaclng behaviours. Comparing codes resulted in the identification of six possible categories: (1) teacher-student relationships; (2) learning
Table 4.4

*Student Obstructing Behaviour (SOB) Codes*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Number of SOB Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>18</td>
</tr>
<tr>
<td>Participant 3</td>
<td>7</td>
</tr>
<tr>
<td>Participant 5</td>
<td>11</td>
</tr>
<tr>
<td>Participant 7</td>
<td>11</td>
</tr>
<tr>
<td>Participant 8</td>
<td>13</td>
</tr>
<tr>
<td>Participant 9</td>
<td>13</td>
</tr>
<tr>
<td>Participant 10</td>
<td>17</td>
</tr>
<tr>
<td>Participant 11</td>
<td>10</td>
</tr>
<tr>
<td>Participant 12</td>
<td>18</td>
</tr>
<tr>
<td>Participant 13</td>
<td>19</td>
</tr>
<tr>
<td>Self-Interview</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>163</strong></td>
</tr>
</tbody>
</table>
readiness; (3) (mis)behaviour; (4) communication; (5) self-advocacy; and (6) supporting community.

**Modifying the SSB and SOB Categories.** After identifying the seven SOB categories, I compared them to the eight SSB categories. I realized that the two lists were, again, very similar. I continued to compare the categories and the codes, ultimately identifying six codes for both datasets. This involved some recoding and re-assigning of the links between codes and categories. There were patterns to the types of student behaviours that influenced the development of a teacher-student relationship.

**Analysis V: Teacher caring behaviours.** Near the end of my analysis process, I returned to the educational care literature, specifically focusing on the various lists of teacher caring behaviours (TCBs) that had emerged during my literature review.

**Similarities and diversity: Lists of teacher caring behaviours (TCBs).** In my review of the literature, I observed that the various lists of TCBs generated by empirical and theoretical studies of educational care were quite similar. These lists did not always use the same words, but often described similar processes and interactions between teachers and students. I found the diversity to be a bit confusing, even though there was some consistency in the outcomes.

It was also clear, however, that these lists were not necessarily leading to improved care communication. Part of the issue was the lack of clarity (e.g., which list, and which behaviours?). More significant, however, was the fact that TCBs were insufficient because they often focused only on the intended communication of care, but did not necessarily address the completion of care.
Analyzing the lists of teacher caring behaviours. Drawing on patterns I had used in my earlier analyses, I coded each individual TCB, rewriting them as gerund-based actions and codes. This resulted in 235 unique codes. I transferred the codes to Excel, and then identified possible categories for each code. The TCBs in the literature matched with the 13 sub-categories or elements I had discerned. The spread of the 235 codes across the 3 primary dimensions of educational care also made sense. All of the codes fit the elements and dimensions, and none were left over. Multiple codes populated each of the elements. This process suggested that the results of my study fit what had already appeared in the literature, yet also potentially clarified and extended the dialogue, given what had emerged in this study, particularly the identification of the three dimensions.

In-Depth Analysis and Category Elaboration

In terms of timeline, the in-depth analysis described in this section occurred after the detailed analysis of the SCC and UCC codes, but prior to the analysis of the codes related to the student’s role in the development of a TSR. Having completed my detailed analysis of teacher actions related to the successful and unsuccessful communication of care, I recognized that I needed to dig in further. I had used the primary grounded theory analysis strategies: coding, constant comparison, and memoing. I had developed, sorted, reviewed, and revised my codes, and had also developed possible categories, which I had further refined, as well. But, my categories needed elaboration and clarification, both to ensure that each category was distinct, and to ensure that they had been saturated. One of the primary characteristics of the grounded theory approach is the identification of primary categories and sub-categories of a social process. In-depth analysis would allow
me to clearly describe each category (dimensions) and sub-category (elements), as well as to explore possible relationships between them.

In the rest of this section, I describe my review of the various grounded theory and CGT analysis tools and resources. I also recount my use of three specific tools that advanced my analysis and clarified my categories.

**Literature review.** I returned to my grounded theory literature resources, focusing on primary theorists (Glaser, Strauss & Corbin, and Charmaz), as well as articles and resources related to grounded theory (GT) analysis. This review identified the three primary GT analysis processes, including coding, constant comparison, and memoing, as well as a number of secondary GT analysis tools, namely coding families, the conditional/consequential matrix, the conditional relationship guide and the associated reflective coding matrix, and diagramming (see Figure 4.4). Even though a number of secondary authors emphasized the need to use such tools, Glaser, Strauss and Corbin, and Charmaz were much less dogmatic, encouraging researchers to only use the tools if they made sense for the specific topic and process. Secondary authors speak of this as something that ‘must be done,’ and they speak in such a way that implies ‘it must be done in such and such a way.’ From reading Strauss and Corbin, however, it is clear that there is much more flexibility. A constructivist grounded theory is constructed by the researcher, rather than emerging naturally from the data. This degree of freedom and choice is appropriate.

**Coding families.** When I reviewed the GT analysis literature, the concept of coding families emerged; these are existing codes that have emerged in other contexts, describe factors or considerations that impact the occurrence of the social process.
Primary GT Analysis Processes
- **Coding** (Initial Coding, Focused Coding, Theoretical Coding)
- **Constant Comparison**
- **Memoing**

Secondary GT Analysis Tools
- **Coding Families**
- **The Conditional/Consequential Matrix**
- **The Conditional Relationship Guide and the Reflective Coding Matrix**
- **Diagramming**

*Figure 4.4. Grounded Theory Analysis Processes and Tools.*
existing ‘theoretical codes’ that could be applied to a study’s substantive field or focal basic social process. There are many coding families, and the approach is often associated with Glaser’s variation of grounded theory: Glaserian Grounded Theory. The most-referenced family is Glaser’s (1978) 6 Cs: (1) causes; (2) contexts; (3) contingencies; (4) consequences; (5) covariances; and (6) conditions. Each of these ‘Cs’ represents a specific lens or approach to the focal basic social process. Causes refer to sources, reasons, explanations, etc. Contexts relates to the various settings or contexts where the process occurs. Contingencies draw attention to the potential for additional variations or manifestations of the process. Consequences focus on predicted, anticipated, or potential unexpected results or outcomes that could occur. Covariances describe factors or considerations that impact the occurrence of the process. Conditions describe various factors that may influence the outcome. While the 6 Cs was the coding family that made the most sense for my topic, I chose not to use the coding family tool because it appeared to have been superseded by other similar tools. I also discovered a couple of other tools that seemed to have the same potential value, but were more clearly explained.

The conditional/consequential matrix. The most-referenced and most-used analysis tool was Strauss and Corbin’s (1998) conditional/consequential matrix (see Figure 4.5). I encountered references to it often in my early readings, but because I found it somewhat confusing, I set it aside for when I actually needed to figure it out. This point, however, was the time. The matrix had a lot of potential for my study because of its value in identifying and considering external factors that influence a specific social process. In the case of my study, the tool allowed me to consider other external factors that influence the communication of care (e.g., the local school context, the family, social
Figure 4.5. The Conditional/Consequential Matrix.
understandings of school, etc.). The *conditional/consequential matrix* is a circle composed of layers of a spiral; each layer draws attention to potential actions and interactions. Using the matrix was a potent experience, because, as I noted earlier, it is very clear to me that the care communicated by an individual teacher to a student in their classroom is a unique social process, but it is also shaped by other macro contexts and influences. Using the matrix, while not spelling them out in detail, provided an opportunity to name and address these other influences. These may become areas for further research. I still believe that the specific teacher/student interface is worthy of study. But, I also recognize that this interface is influenced by other factors as well.

**Scott’s grounded theory analysis tools.** One of the most important elements of my review of the grounded theory analysis resources was the discovery of the conditional relationship guide and the reflective coding matrix (Scott, 2004; Scott & Howell, 2008). Scott (2004) developed these tools for her own GT research, observing that there was a lot in the literature about the importance of analysis, but, “the process for carrying out the analysis has remained vague” (p. 113). I experienced the same thing: it is clear that analysis is important and foundational to grounded theory, but, I could not find many resources or guidelines about how to do the analysis.

Fortunately, Charmaz’s (2014) most recent publication provided more detail than her first publication (2006), so I was able to draw on her guidance, particularly in clarifying and understanding coding, memoing, and constant comparison, which are clearly the primary analysis resources. Once I understood Charmaz’s steps, my own analysis was able to advance.
The GT literature seems to assume that people will figure out how to do their analysis on their own. At this point in my own research, however, I believed I needed to move beyond coding, memoing, and constant comparison in order to elaborate my categories and explore relationships. This is where the *conditional relationship guide* (CRG) and *reflective coding matrix* (RCM) played a valuable role in my analysis. The CRG is a method for discovering patterns and relationships in a social process, while the RCM is a resource for helping the researcher better understand these relationships.

*The conditional relationship guide*. Scott (2004) emphasized the need for grounded theory researchers to have access to tools that helped advance analysis. Her development of the CRG emerged in the context of her goal of better understanding the relationships that had emerged in her own grounded theory study (see Figure 4.6). She discovered McCaslin’s (1993) description of the RCM, but recognized that before a researcher could explore the relationships that had emerged, they needed to first ensure that they had sufficiently identified the relationships. To do this, Scott (2004) developed a list of six questions, which would be asked of each category that had emerged:

- What is [the category]?
- When does [the category] occur?
- Where does [the category] occur?
- Why does [the category] occur?
- How does [the category] occur?
- With what consequence does [the category] occur or is [the category] understood? [bulleting added] (pp. 115-116)
### Conditional Relationship Guide

<table>
<thead>
<tr>
<th>Category</th>
<th>What</th>
<th>When</th>
<th>Where</th>
<th>Why</th>
<th>How</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category Name</td>
<td>During...</td>
<td>In...</td>
<td>Because...</td>
<td>By...</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source: adapted from Smith and Howell, 2008*

*Figure 4.6. The Conditional Relationship Guide (CRG).*
She observed that prior to developing these questions, her own analysis had done a good job describing, but did not sufficiently address the process. She writes,

Answering these questions weaves the loose array of concepts and categories we unraveled and sorted in open coding back together into a pattern. The constant comparative nature of the questions ensures that our patterns are not merely woven into two-dimensional pictures of reality, but rather woven into the much more complex, three-dimensional Constructivist ecology of the participant. Asking and answering these investigative questions also allows for a fourth dimension of time (ongoing process) to be included. Our tapestry is living, dynamic within its ecology. (p. 115)

Constant comparison and an emphasis on the voice of the participant ensure that what emerges is rich and three-dimensional (length, depth, and breadth – well-rounded). The use of these tools allows for the fourth dimension to emerge: a basic social process has a temporal dimension, as it is an ongoing, developing, changing process. This is essential for the development of a GT, which accounts for change and development over time.

**The reflective coding matrix.** Where the CGM identifies patterns and relationships, the RCM helps the researcher describe and understand the relationships that emerge through the analysis (see Figure 4.7). McCaslin (1993) had suggested the concept of an RCM as a tool for exploring relationships. Scott (2004) specifically developed a tool for this process that helped researchers do just that. Scott notes that the guide helps the researcher construct the matrix, which results in details and descriptions that can lead the author to, “a story line and emergent theory” (p. 115). In the context of my own CGT, the development of a resource designed to help the GT researcher-author develop both a
<table>
<thead>
<tr>
<th>Core Category</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Processes</strong></td>
<td>(action/interaction)</td>
</tr>
<tr>
<td><strong>Properties</strong></td>
<td>(Characteristics of category)</td>
</tr>
<tr>
<td><strong>Dimensions</strong></td>
<td>(Property location on continuum)</td>
</tr>
<tr>
<td><strong>Contexts</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Modes for Understanding the Contexts</strong></td>
<td>(Process Outcome)</td>
</tr>
</tbody>
</table>

Source: Adapted from Smith and Howell, 2008

*Figure 4.7. The Reflective Coding Matrix (RCM).*
story line and a theory was a gift. Scott’s original publication tools (2004) and her updated version (Scott & Howell, 2008) provided me with two tools that helped to clarify and elaborate my categories, advancing my analysis to the point that when I was done I was no longer simply describing educational care, but was able to explain how it happened—to develop a theory. I was confident in my categories, and much clearer about how they interacted. I was positioned to explain how educational care was communicated. However, I also felt called to advance my research even further, seeking to develop an explanation of how a caring teacher-student relationship was established.

Diagramming. As a visual learner, the concept of diagramming comes naturally to me. When I reviewed examples of GT, it was often the accompanying diagrams that helped me understand what the theory was trying to do and how the theory worked. The GT literature suggests that diagramming is often used for higher level analysis (e.g., Mills, Bonner, & Francis, 2006; Strauss, 1987; Strauss & Corbin, 1990). As my study developed, I often used diagrams to help explain my insights to myself. It also makes sense to use them to communicate the insights of my research. Indeed, I have often shared my primary conceptual diagrams with colleagues as a means of soliciting feedback about whether or not my results make sense. The diagrams have allowed my audience to quickly grasp the essence of the outcomes of this study.

Validity

The qualitative research literature contains guidelines and resources for demonstrating credibility in qualitative studies. The most important standard for assuring an audience that the results of a study are legitimate, and that the study employed appropriate steps and stages is validity. Creswell and Miller (2000) note that for novice
researchers, the concept and related processes can be confusing, observing that, “In these texts, readers are treated to a confusing array of terms for validity, including authenticity, goodness, verisimilitude, adequacy, trustworthiness, plausibility, validity, validation, and credibility” (p. 124). Fortunately, qualitative research validity procedures and guidelines exist (Creswell, 2009; Creswell & Miller, 2000; Lincoln & Guba, 1985).

**A Two-Dimensional Framework for Validity Procedures**

The most helpful resource for identifying specific validity procedures for my own study was Creswell and Miller (2000), who reviewed a number of validity procedures, but also introduced them in the context of what was described as a two-dimensional framework. Their framework was built around (1) the paradigm assumptions of the researcher (e.g., positivism, constructivist, critical, etc.); and (2) the perspective or viewpoint of stakeholders interacting with the research, meaning those who would have an interest in the credibility assessment process (e.g., the lens of the researchers, the lens of the participants, and the lens of possible audiences).

Creswell and Miller (2000) identify nine possible validity procedures, which they matched with the appropriate philosophical foundation and credibility assessors, resulting in a visual summary that I found to be quite helpful (see Figure 4.8). The authors suggest that a qualitative study’s validity is strongest when the researcher draws on at least one validity procedure for each lens, ensuring that the processes they select fit their philosophical paradigm. While I did not follow the authors’ precise recommendation for a constructivist study (e.g., disconfirming evidence, prolonged engagement in the field, thick, rich description), I explain my choices and reasons below.
<table>
<thead>
<tr>
<th>Paradigm Assumptions</th>
<th>Postpositivist</th>
<th>Constructivist</th>
<th>Critical</th>
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<tbody>
<tr>
<td>Researcher Lens</td>
<td>Triangulation</td>
<td>Disconfirming Evidence</td>
<td>Researcher Reflexivity</td>
</tr>
<tr>
<td>Participant Lens</td>
<td>Member Checking</td>
<td>Prolonged Engagement in the Field</td>
<td>Collaboration</td>
</tr>
<tr>
<td>Audience Lens</td>
<td>Audit Trail</td>
<td>Thick, Rich Description</td>
<td>Peer Debriefing</td>
</tr>
</tbody>
</table>

*Figure 4.8. Primary Validity Processes.*

Adapted from Creswell & Miller, 2000 (p. 126)
Validity Procedures for My Study

I drew on Creswell and Miller’s (2000) identification of three primary lenses as the organizational frame for selecting validity processes to use in my study (see Figure 4.9), ensuring that I had at least one process for each of the three primary credibility assessors: the researcher lens, the participant lens, and the audience lens. However, I chose to use more than three in total, and I also did not necessarily draw on the recommended approach, based on the author’s suggestions, given the constructivist foundation of my study. In each case, however, I felt there was good reason for the choices I made. The dominant consideration was ensuring that my study methods and results were valid and credible.

**Lens I: The researcher – Reflexivity, disconfirming evidence, and triangulation.** As the study unfolded, I drew on three primary validity procedures that focused on the researcher: *reflexivity, disconfirming evidence, and triangulation.*

**Researcher reflexivity.** First of all, when completing my initial directed study on GT (Schat, 2013), I began to apply the concept of reflexivity to my work with CGT and my focus on educational care, positioning myself for my future study. Creswell and Miller (2000) write that,

> Researchers might use several options for incorporating this reflexivity into a narrative account. They may create a separate section on the “role of the researcher,” provide an epilogue, use interpretive commentary throughout the discussion of the findings, or bracket themselves out by describing personal experiences as used in phenomenological methods (Moustakas, 1994). (p. 127)
**The Paradigm Context of My Study:**
A Constructivist Grounded Theory Study of Educational Care

<table>
<thead>
<tr>
<th>Lens</th>
<th>Researcher Reflexivity</th>
<th>Disconfirming Evidence</th>
<th>Triangulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researcher Lens</td>
<td>Member Checking 1: Transcript Review &amp; Revision</td>
<td>Member Checking 2: Synthesized Analyzed Data &amp; Findings</td>
<td></td>
</tr>
<tr>
<td>Participant Lens</td>
<td>Audit Trail</td>
<td>Thick, Rich Description</td>
<td></td>
</tr>
</tbody>
</table>

*Figure 4.9. Validity Processes for this Research Study.*
I have included related comments in a section entitled The Role of the Researcher (see earlier in this chapter) where I clarified my own role and location in the context of my study. As significantly, I also chose to use a narrative voice in my dissertation, providing interpretive commentary and explanations throughout (see Chapter One). As noted earlier, my approach to the self-interview was also informed by this process. I intentionally waited until the participant transcripts had been coded and initially analyzed before I interviewed myself. As I suggested, this ensured that I did not bring premature internal closure to the intentionally open-ended questions in the interview protocol.

*Disconfirming evidence.* Creswell and Miller (2000) elaborate on this concept in their text, noting that *disconfirming evidence* (Miles & Huberman, 1994) is,

the process where investigators first establish the preliminary themes or categories in a study and then search through the data for evidence that is consistent with or disconfirms these themes. In this process, researchers rely on their own lens, and this represents a constructivist approach in that it is less systematic than other procedures and relies on examining all of the multiple perspectives on a theme or category. (p. 127)

Throughout my review of the literature of care theory and educational care, I prioritized recognizing and articulating the multiple voices, including the voices of those who questioned the nature and value of care. Similarly, when interacting with my participants, I paid close attention to data that could challenge my conclusions. In my two reviews of the literature, when I took a stance or position that was potentially controversial or not necessarily consistent with emerging consensus in the field, I attempted to be clear about the different positions, as well as my reasons for the choices I made.
Triangulation. Creswell and Miller (2000) define triangulation, as “a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study” (p. 126). Triangulation has been an important priority throughout my study. I sought to ensure that my results, while primarily building on the voices of my participants, are informed by and consistent with other sources as well. For example, the voice of the educational care literature played an important role in my study, both in terms of establishing a context for my research, as well as serving as an entry point for my unique contributions – particularly, the focus on completion and the insufficiency of teacher caring behaviours. In the context of triangulation, however, I consistently compared the categories or factors that emerged from my co-produced data. In the end, the 13 elements and 3 dimensions that emerged were informed by and resonate with the research literature (e.g., lists of teacher caring behaviours), even if my study suggests that such lists are insufficient for the communication of educational care. My final detailed analysis procedure involved coding and analyzing the various lists of teacher caring behaviours and comparing the results to the results of the identical process completed on the participant data. As noted, the outcome indicated resonance and compatibility. In addition, the CGT also identifies theoretical sensitivity as an additional layer of triangulation, as the results that emerge are already filtered through both the participant voice and the researcher’s theoretical sensitivity. I enhanced this further by also drawing on the voice of the research literature.

Lens II: The participants – Member-checking. While Creswell and Miller (2000) identify prolonged engagement in the field as the primary validity procedure for a constructivist approach and the participant lens, I chose to focus instead on member-
checking. In the context of my study, which did not focus on a single setting, prolonged engagement was not possible. Lincoln and Guba (1985) describe member-checking as, “the most crucial technique for establishing credibility” (p. 314). In their description of member-checking, however, Creswell and Miller (2000) describe the process in a way that clearly matches both my methods and my constructivist foundation, and certainly honours the participants’ role in the co-production of data and the researcher’s description of their findings and construction of their theory. They write that,

Throughout this process, the researchers ask participants if the themes or categories make sense, whether they are developed with sufficient evidence, and whether the overall account is realistic and accurate. In turn, researchers incorporate participants’ comments into the final narrative. In this way, the participants add credibility to the qualitative study by having a chance to react to both the data and the final narrative. (Creswell & Miller, 2000, p. 127)

This is what I did in my study, which included two specific member-checking processes. The first level of member-checking occurred in the transcription review and revision process, when each participant had the opportunity to review and revise the written transcription of the recorded interview. Indeed, I did not begin to process the transcript until the participant was content that the document was finished. The second level of member-checking occurred after the data had been analyzed and results had emerged. I developed a document that summarized the primary results that had emerged from my analysis of the co-produced data, and sent this document to each participant, asking them if the results made sense. The results were very encouraging, as many of the participants
expressed their excitement at how well the 3 dimensions, 13 elements, and the theory of the successful communication of educational care fit their experience.

**Lens III: Potential audiences – Audit trail and thick, rich description.** The third lens focuses on prospective *audiences*: individuals external to the study who may be positioned to interact with and respond to the results. For my research into educational care, this includes researchers and reviewers, who may focus on both my methods and results, as well as teachers and educational leaders, who may be positioned to apply the results in their own work with students. For this lens, I drew on two validation procedures: an *audit trail* and *thick, rich description*. The latter was identified by Creswell and Miller (2000) as the appropriate process for a constructivist study.

*Audit trail.* Creswell and Miller (2000) write that when, “establishing an audit trail, researchers provide clear documentation of all research decisions and activities. They may provide evidence of the audit trail throughout the account or in the appendices” (p. 128). From the outset, I chose a narrative voice and structure for my dissertation, seeking to be transparent about research decisions and activities, including evidence and artifacts in the body of the document and in the appendices.

*Thick, rich description.* On the other hand, I also included thick, rich description (Denzin, 1989) of the setting, the participants, the voices of the participants, and the results of the study in order to provide an opportunity for in-service teachers, pre-service teacher candidates, educational leaders, and teacher educators to consider ways in which the results of my study could transfer into their educational context. When describing *thick, rich description*, Creswell and Miller (2000) point out that,
The purpose of a thick description is that it creates verisimilitude, statements that produce for the readers the feeling that they have experienced, or could experience, the events being described in a study. Thus, credibility is established through the lens of readers who read a narrative account and are transported into a setting or situation. (p. 128-129)

Despite my inexperience as a researcher, I trust that my audience can see clear evidence of my intentions and efforts to assure validity for my study methods and results.

**Summary**

In Chapter Four, I focused on the methods used in my study. I attempted to not only identify the steps I took, which built on my chosen CGT method, but also to explain my rationale. I included details describing changes made in response to feedback from the participants, as well as my own learning throughout the process. The methods and procedures I used advanced my data collection, analysis, and theorization resulted in a number of important insights that could contribute significantly to the educational care literature, potentially leading to improved teacher care capacity and increased successful communication of educational care for adolescent students.

In Chapter Five, I come to the heart of my research: the results that emerged from my analytic, conceptual, and theoretical work. As I have observed a handful of times earlier in this document, I believe that I have at least three contributions to offer to the educational care dialogue.
CHAPTER FIVE: RESEARCH RESULTS

One of the primary emphases of a results section in a dissertation is to consider why others should be interested in and care about the research. This study focused on the educational care experiences of adolescent students. The purpose was to better understand how students perceive and experience educational care in order to help teachers to communicate educational care more successfully.

Importantly, the results challenged this purpose to a certain extent, suggesting that simply focusing on the offering of care is not enough. It is also imperative that teachers pay attention to how their intended care is received and responded to. This study challenges assumptions about what educational care is and how it is offered, and also provides resources for better understanding and communicating intended care.

The results have implications for how teachers offer care, how teachers perceive their own care communication, and how teachers perceive their students’ perceptions of the care the teacher intended to communicate. Drawing on these results could lead to an improvement in teacher care capacity and care communication. The results also have implications for how administrators and supervisors perceive the nature and communication of educational care, which could influence how administrators perceive and assess the care offered by teachers to students. The results could also help teacher educators to better prepare in-service teachers for caring relationships, challenging how they perceive their intended communication of care. In each case, the most important impact of this research is that it shifts attention from primarily focusing on what teachers do to focusing on both what teachers do and how students perceive, experience, and respond to their teachers’ actions and communication.
This study resulted in three primary findings: (1) a description of successfully communicated educational care; (2) a theoretical explanation of how educational care is offered; and (3) a theoretical explanation of how a caring teacher-student relationship is established. Each of these will be explored in detail below.

**TWO SOURCES OF INFORMATION**

The results of this study are based on two distinct sources of information: the study data and the research literature. The first source of information is obvious, given the nature of this study: I interviewed 13 adult participants about their experiences of educational care as students in Grades 6 to 12 in Ontario schools. Then, I analyzed the co-produced data that emerged, identifying potentially important results. However, some of the results are also based on extensive reviews of both the care theory and educational care literature. Reviewing these discourses helped establish the context for this study, but also provided important data and insights concerning care and the intended communication of care. This also informed some of the results.

**DESCRIBING EDUCATIONAL CARE**

In the participant interviews, each subject was asked to simply tell me about educational care. Drawing on their experiences, the participants proceeded to describe their perceptions of educational care. After they had explored their understanding of the concept of educational care, participants were prompted to reflect on teachers who were either caring or not caring. This resulted in the identification of specific teacher actions that influenced the successful and unsuccessful communication of educational care.
The Three Dimensions of Educational Care

My initial analysis focused on the first section of the transcripts. When describing their initial perceptions of educational care, the participants described a variety of specific teacher actions. I coded each of these teacher actions as gerund-based codes that described the teacher behaviours. During my initial analysis of these codes, which involved comparing, grouping/regrouping, and renaming, I recognized that these codes could be divided into a number of categories: codes that related to relational elements (e.g., getting to know the student as a person, focusing on student wellbeing, building teacher-student relationships, etc.), codes that related to pedagogical elements (e.g., seeking student success, supporting the student’s learning, focusing on student learning, accommodating student needs, etc.), and codes that related to both relational and pedagogical elements (e.g., believing in the student, focusing on what is best for the student, communicating effectively, etc.). However, there were some codes that did not fit these categories, resulting in the need for a third category, which I then labelled as cultural elements (e.g., focusing on social dynamics, creating a learning environment, creating an inclusive classroom, creating classroom expectations, etc.).

My analysis then shifted to focus on the larger sections of the interview transcripts, where participants described specific teacher actions that contributed to the successful or unsuccessful communication of educational care. As noted earlier, this resulted in the co-production of individual codes describing teacher actions that contributed to the successful and unsuccessful communication of educational care. I describe these codes as co-produced because while they were based on participant verbalizations, in many cases, I named codes that captured the gist of a number of related
teacher actions described by the participants. Analysis of these codes ultimately resulted in the identification of 13 categories of teacher behaviours that influenced the communication of educational care (see below). These 13 categories, however, could be further broken down into 3 primary categories. I referred to the three primary categories as dimensions, while the 13 secondary categories were referred to as elements. The three dimensions of educational care identified by this study are personal care, pedagogical care, and interpersonal care.

**Dimension I: Personal Care.** The first dimension of educational care, personal care, focuses on the teacher caring for each individual student as a person. Teacher actions in this category focus on the student as a human being, and involve the teacher focusing on their relationship with the individual student, getting to know the student as a person, and being willing to change their own behaviour in response to what they learn about the student.

**Dimension II: Pedagogical care.** The second dimension of educational care, pedagogical care, focuses on the teacher caring for each individual student as a learner. Teacher actions in this category focus on supporting the individual student’s learning, and involve the teacher helping the student with their learning, making curriculum and instruction-related choices to support the student’s learning, and drawing on assessment and evaluation processes that clearly seek to support growth and learning.

As noted in Chapter Four, both of these dimensions are consistent with the educational care literature. While they did not use the labels personal and pedagogical, a number of other theorists (e.g., Cooper & Miness, 2014; Cornelius-White, 2007; Davis, 2009; Goldstein, 2002; Murdock & Miller, 2003; Schussler & Collins, 2006; Wentzel,
1997) also identified two dimensions of educational care that distinguished between offering care for the student as a person and offering care for the student as a learner.

**Dimension III: Interpersonal care.** The third dimension of educational care, *interpersonal care*, focuses on the teacher communicating care for each individual student as a unique member of the classroom community. Teacher actions in this category focus on supporting student safety and autonomy, and require teachers to pay attention to elements that influence relationships between the teacher and each student, between the teacher and the class as a whole, and relationships between students.

As noted earlier, discerning this third dimension is unique to this study, and is a key potential contribution to the dialogue. Study participants highlighted the importance of establishing a learning community that is safe for all students, is focused on learning, and addresses issues of marginalization and manipulation (e.g., bullying, racism, bigotry, and misogyny). Indeed, if a teacher does not successfully communicate care for each student in this respect, their ability to successfully offer educational care is at risk.

When I shared a summary of the results with the participants as part of the final member-check, one of the participants wrote,

I really appreciate the addition of the third category “interpersonal” because I believe it is somewhat easy to identify the importance of personally knowing your students (relational) and knowing and caring for your students as learners (pedagogical), however, acknowledging the impact the teacher can have on the classroom culture, especially things such as reacting to bullying, stepping in when needed, and caring about the mental wellbeing of a student, are things that I believe some teachers don’t view as part of their jobs.
The 13 Elements of the Communication of Educational Care

The identification of the three dimensions of educational care resulted from the analysis of the co-produced data. However, before these three dimensions were identified, the analysis of over 2,500 codes first resulted in the identification of 13 sub-categories of teacher actions, which I identified as the 13 elements of the communication of educational care. These elements help explain the three dimensions (see Figure 5.1). It is important to note that I intentionally labelled the elements using familiar concepts that are often associated with effective teaching. I did so because I wanted to clearly indicate that the offering of care is not an “add-on”—it is not something teachers need to add to what they are already doing. Instead, the intended communication, or offering, of care is demonstrated in everything a teacher does. As I will note later, a teacher who intends to communicate care needs to consider all of their actions in the context of care.

Personal care. The personal dimension, which focuses on developing a personal relationship with each student, includes three specific sub-categories or elements: (1) R1 – Teacher-Student Relationship, which focuses on the teacher developing a relationship with each individual student; (2) R2 – Knowing, which focuses on the teacher getting to know each individual student; and (3) R3 – Changing, which draws attention to how the teacher changes their perceptions and behaviour in response to student needs and student feedback. A caring relationship between the teacher and the student becomes possible as the student sees evidence that the teacher truly wants to develop a personal relationship with them, and is showing through their actions that they are seeking to do so, as opposed to merely claiming to do so – or believing that they have done so.
### Relational: Developing a personal relationship

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<tbody>
<tr>
<td>R1</td>
<td><em>Teacher-Student Relationship</em></td>
<td>Developing a relationship with each student</td>
</tr>
<tr>
<td>R2</td>
<td><em>Knowing</em></td>
<td>Getting to know each student</td>
</tr>
<tr>
<td>R3</td>
<td><em>Changing</em></td>
<td>Changing in response to student feedback and needs</td>
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### Pedagogical: Supporting individual growth and learning

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<table>
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<tbody>
<tr>
<td>P1</td>
<td><em>Helping</em></td>
<td>Helping students with individual growth and learning</td>
</tr>
<tr>
<td>P2</td>
<td><em>Curriculum &amp; Instruction</em></td>
<td>Making curriculum and instruction-related choices</td>
</tr>
<tr>
<td>P3</td>
<td><em>Assessment</em></td>
<td>Assessing and evaluating student learning</td>
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### Interpersonal: Addressing class cultural dynamics

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<tbody>
<tr>
<td>I1</td>
<td><em>Teacher-Class Relationship</em></td>
<td>Developing a relationship with the whole class</td>
</tr>
<tr>
<td>I2</td>
<td><em>Class Culture</em></td>
<td>Addressing elements of class culture and tone</td>
</tr>
<tr>
<td>I3</td>
<td><em>Management</em></td>
<td>Addressing student (mis)behaviour</td>
</tr>
<tr>
<td>I4</td>
<td><em>Communication</em></td>
<td>Establishing communication patterns with and between students</td>
</tr>
<tr>
<td>I5</td>
<td><em>Wellbeing</em></td>
<td>Focusing on student mental health, wellbeing, and flourishing</td>
</tr>
<tr>
<td>I6</td>
<td><em>High Expectations</em></td>
<td>Setting high expectations and helping students reach them</td>
</tr>
<tr>
<td>I7</td>
<td><em>Power Dynamics</em></td>
<td>Recognizing asymmetrical power dynamics between teacher and students</td>
</tr>
</tbody>
</table>

*Figure 5.1. The Dimensions and Elements of the Successful Communication of Educational Care.*
R1: Teacher-student relationship. This first personal element describes teacher actions that contribute to developing a relationship with each individual student. Some of the most common codes or teacher actions that emerged in the co-produced data are listed below. Each code is gerund-based, ranging in length from 2 to 10 words. Each code describes specific teacher actions, and resulted from either participant in-vivo verbalizations or my own naming of codes emerging from the comparison and grouping process. They are listed in alphabetical order, although the actions that appeared most often are flagged with an asterisk (*), while a double asterisk (**) highlights teacher actions that seemed to be particularly significant for the specific element:

- Asking questions;
- Being there;
- Building trust;
- Checking in on students;
- Empathy;
- Encouraging;
- Going above and beyond;
- *Having an “open door;”
- Humour;
- Inviting dialogue;
- Kind;
- *Making time;
- Noticing;
- *Openness;
- Patient;
- Paying attention;
- Respect;
- Understanding.

There are also teacher actions that impede or prevent the successful communication of educational care. In the context of the teacher-student relationship element, such actions include:
• Alienating students;
• *Being annoyed/bothered by students;
• Being cold/distant;
• Being insensitive;
• **Calling students out;
• Confusing students;
• Disliking students;
• *Disrespecting;
• Embarrassing;
• Failing to connect/engage;
• Impatient;
• Labelling students;
• Making students uncomfortable;
• Manipulating;
• Mean;
• **Preferring some students over others;
• Trying to make students fit an image.

R2 – Knowing. The second personal element describes teacher actions related to taking steps to get to know each individual student, and includes teacher actions such as:

• Building on student interests;
• Building on student strengths and gifts;
• *Getting to know each student personally;
• *Identifying student interests;
• *Identifying student strengths and gifts;
• Identifying student weaknesses and challenges;
• **Recognizing that students are different (e.g., learn differently, do things differently);
• *Recognizing student needs;
• Responding to student needs;
• Seeking to address student weaknesses and challenges;
• Seeking to develop student leadership capacity;
• Wanting to get to know each student personally.

There are also things that teachers do that negatively influence the knowing element, hindering the communication of educational care. Such actions include:
- Failing to identify student learning needs;
- Failing to identify student interests;
- Knowing students only as a name or number;
- **Not knowing the students;
- *Not trying to get to know the students.

**R3 – Changing.** This third personal element describes teacher actions related to the teacher changing in response to student feedback and needs. These actions include the teacher doing the following:

- *Changing in response to student needs;
- Changing in response to student feedback;
- Reflecting on practice;
- Responding to student feedback or input;
- **Seeking student feedback or input;
- Willing to try new things.

There are also things that teachers do that negatively influence the changing element, hindering the communication of educational care. Such actions include:

- Failing to reflect on practice;
- *Failing to value or respond to student feedback;
- Not changing;
- Not seeking student feedback;
- **Unwilling to change.

**Pedagogical care.** The pedagogical dimension, which focuses on supporting the individual growth and learning of each individual student, also includes three specific sub-categories or elements: (1) \( P1 – Helping \), which describes teacher actions that focus on helping each student grow and learn; (2) \( P2 – Curriculum \), which describes teacher curriculum- and instruction-related choices and behaviours that support student growth and learning; and (3) \( P3 – Assessment \), which describes teacher actions and behaviours related to the assessment and evaluation of student learning. A caring relationship
between the teacher and the student becomes possible as the student sees evidence that
the teacher truly seeks to support their growth and learning.

**P1 – Helping.** The first pedagogical element describes teacher actions related to
helping students with growth and learning. This includes actions such as:

- Accommodating students;
- Answering student questions;
- Being flexible;
- Believing in students;
- Caring about learning;
- *Caring about success*;
- Encouraging students;
- Encouraging students to ask questions/for help;
- *Giving time*;
- *Helping students*;
- Helping students succeed;
- Looking for extra-curricular opportunities;
- Noticing struggling students;
- **Offering help**;
- Providing resources;
- Seeking to meet student needs;
- Wanting students to improve;
- **Working one-on-one with students**.

There are also things that teachers do that negatively influence the helping element,
hindering the communication of educational care. Such actions include:

- Believing you have done all you can;
- Expecting students to learn on their own;
- **Failing to help students**;
- Failing to accommodate students;
- **Not allowing students to ask questions**;
- Not willing to help.
P2 – Curriculum. The second pedagogical element describes teacher actions related to making curriculum and instruction-related choices to support student learning. This includes teacher actions such as:

- Being creative;
- Designing effective lessons/activities;
- Developing unique activities;
- Giving students freedom;
- Hooking students in;
- *Looking for different ways for students to demonstrate knowledge and understanding;
- Making learning interesting;
- Making learning fun;
- Providing open-ended assignments;
- **Providing assignment choice;
- Providing flexible due dates when possible;
- Tailoring activities for students;
- Using a variety of teaching styles/strategies;
- Willing to try different things.

There are also things that teachers do that negatively influence the curriculum element, hindering the communication of educational care. Such actions include:

- *Acting as if all students learn the same way;
- Allowing students to fall behind;
- Covering the curriculum;
- **Focusing only on delivering content;
- Relying too much on textbook/notes;
- Teaching only one way.

P3 – Assessment. The third pedagogical element describes teacher actions related to assessing and evaluating student learning in order to support individual growth and learning. This includes teacher actions such as:

- Allowing students to revise and resubmit;
- Being fair;
- Focusing on growth and improvement;
• *Giving specific and helpful feedback (e.g., feedback for growth);
• Telling students what they need to do to improve;
• Using a variety of assessments.

There are also things that teachers do that negatively influence the assessment element, hindering the communication of educational care. Such actions include:

• Being unpredictable;
• Being inconsistent;
• *Giving unclear feedback;
• **Having unclear expectations/criteria;
• Making school about grades, not learning;
• Wanting to know what students don’t know and can’t do;

Interpersonal care. The interpersonal dimension, which focuses on caring for each individual student by addressing class cultural dynamics, includes seven specific sub-categories or elements: (1) \( I_1 \) – Teacher-Class Relationship, which describes teacher actions that contribute to the establishment of a relationship with the whole class; (2) \( I_2 \) – Culture, which focuses on teacher actions that address elements of class culture or tone; (3) \( I_3 \) – Management, which focuses on how the teacher addresses student behaviour and misbehavior; (4) \( I_4 \) – Communication, which focuses on the communication patterns a teacher establishes with students and between students; (5) \( I_5 \) – Wellbeing, which focuses on teacher actions that address student mental health, wellbeing, and flourishing; (6) \( I_6 \) – High Expectations, which focuses on the extent to which the teacher sets high expectations and helps students reach them; and (7) \( I_7 \) – Power Dynamics, which focuses on the teacher’s ability to recognize asymmetrical power imbalances in the classroom.

\( I_1 \) – Teacher-class relationship (TCR). The first interpersonal element describes teacher actions that focus on developing a relationship with the whole class. This includes teacher actions such as:
A DOLESCENT EXPERIENCES OF EDUCATIONAL CARE

- Being honest;
- *Believing in students;
- Connecting with students;
- Engaging students;
- Identifying with the students;
- Knowing how to deal with adolescents;
- *Minimizing barriers between teacher and students;
- Recognizing that the teacher is an imperfect person;
- Seeking to connect with resistant students;
- Sharing stories;
- Spending time with students;
- **Treating all students equally;
- *Treating students as people;
- *Trusting students;
- Working hard for the students.

There are also things that teachers do that negatively influence the TCR element, hindering the successful communication of educational care; indeed, this element received a very high number of codes. Such teacher actions include:

- Assuming the teacher is always right;
- Being arrogant;
- Being biased against some students;
- Being condescending;
- Being rude;
- *Being unfair;
- *Bullying/Intimidating students;
- Causing students to not want to be there;
- Creating an oppositional climate;
- *Disrespecting students;
- Failing to engage students;
- Failing to establish a learning culture;
- Failing to manage the classroom;
- **Getting angry;
- **Having a “my way or the highway” approach;
- *Humiliating/Embarrassing students;
- Making students uncomfortable;
- Making it about the teacher, not the students or learning;
**Not listening to students;**
**Showing favouritism/preferring some students over others;**
Singling students out;
Talking down to students;
Talking negatively about others;
*Yelling at students.

**12 – Culture.** The second interpersonal element describes teacher elements that focus on addressing elements of class culture/tone. These include teacher actions such as:

- **Addressing negative peer culture dynamics (bullying, racism, bigotry, injustice, exclusion);**
- Allowing students to make mistakes;
- Being aware of peer culture dynamics;
- *Creating a culture of trust and respect;
- **Developing a learning culture;**
- Developing a safe community;
- Establishing clear expectations;
- Explaining how (mis)behaviour influences others;
- Focusing on improving class culture;
- Inviting students to get to know and care for each other;
- *Making space for student voice;
- Monitoring communication interactions;
- Prioritizing student learning;
- Seeing students as people;
- *Stepping in;
- Using groups;
- Valuing each student;
- Willing to address difficult topics.

There are also things that teachers do that negatively influence the culture element, hindering the successful communication of educational care. Such actions include:

- **Allowing students to be mistreated by other students (bullying, racism, etc.);**
- Allowing students to be excluded;
- Being unaware of peer culture dynamics;
- Being unaware of the impact of peer culture dynamics;
- Encouraging negative peer culture dynamics directly (e.g., by actions, words);
• Encouraging negative peer culture dynamics tacitly (e.g., by inaction, silence);
• Expecting students to address peer culture dynamics on their own;
• *Failing to establish a learning culture;
• **Failing to address peer culture dynamics;
• Ignoring peer culture dynamics;
• *Not stepping in.

13 – Management. The third interpersonal element describes teacher actions that focus on addressing class cultural dynamics. This includes teacher actions such as:

• Addressing student (mis)behaviour;
• *Being consistent;
• Communicating expectations clearly;
• **Determining what happened when misbehaviour occurs (e.g., before responding);
• Discussing (mis)behaviour privately;
• Encouraging students to take responsibility for their own behaviour;
• **Establishing appropriate expectations for student behaviour;
• *Explaining reasons for your decisions/actions;
• Listening during times of tension and conflict;
• Not being punitive;
• Not losing your temper;
• Not allowing an adversarial relationship to form;
• *Not singling students out;
• Respecting students;
• Respecting disrespectful students.

There are also things that teachers do that negatively influence the management element, hindering the successful communication of educational care. Such actions include:

• Applying school policy without thinking;
• Being inconsistent;
• Being punitive;
• Being unpredictable;
• Disrespecting students;
• Embarrassing students;
• Drawing public attention to misbehaviour;
• **Failing to determine the cause of misbehaviour;
I4 – Communication. The fourth interpersonal element describes teacher actions that are related to establishing communication patterns with students and between students that promote positive relationships. These include actions such as:

- Encouraging appropriate student interactions;
- *Engaging in dialogue with students, not monologue;
- Establishing expectations for student interactions;
- Listening effectively;
- **Talking with students in class;
- **Talking with students outside of class;
- Using your words (e.g., to explain, to establish expectations);
- Watching non-verbal communication patterns.

There are also things that teachers do that negatively influence the communication element, hindering the communication of educational care. Such actions include:

- Communicating poorly;
- **Engaging in monologue, not dialogue;
- *Failing to establish appropriate communication expectations;
- *Failing to allow students to talk to each other;
- *Failing to allow students to talk to you;
- Talking AT students;
- Using negative non-verbal communication;
- Not listening.

I5 – Wellbeing. This fifth element describes teacher actions focusing on student mental health, wellbeing, and flourishing. These include teacher actions such as:

- **Caring about student wellbeing;
- Checking in with students;
- Providing access to mental health resources;
**Recognizing the impact of emotions, stress, and mental health issues;**
**Recognizing that out of school elements influence in school behaviour;**
*Seeking to discern how students are doing;*
Talking to students about non-school topics;
Wanting students to succeed;
Wanting the best for each student.

There are also things that teachers do that negatively influence the wellbeing element, hindering the communication of educational care. Such actions include:

**Causing stress/tension for students;**
Causing students to feel unsafe;
**Failing to communicate care for students;**
Failing to notice struggling or wounded students;
Failing to be aware of emotional tone or impact;
Making students uncomfortable.

**I6 – High expectations.** This interpersonal element describes teacher actions related to setting high expectations and helping students to reach them. While some of these actions relate to student learning, they also relate to establishing a learning culture and promoting positive relationships. This element includes teacher actions such as:

**Challenging students;**
Communicating the reasons for high expectations;
Encouraging student growth;
Encouraging students to challenge themselves;
**Establishing high expectations;**
Refusing to settle for less than the student’s best;
*Supporting students in meeting your expectations;*
Willing to push students to reach their potential.

There are also things that teachers do that negatively influence the high expectations element, hindering the communication of educational care. Such actions include:

Assuming that if some students succeeded, all students should be able to succeed;
*Having too high expectations;
- *Having too low expectations;
- Failing to provide students with the support needed to meet the expectations;
- Not expecting much from students;
- Underestimating what students are capable of.

**17 – Power dynamics.** The seventh interpersonal element describes teacher actions focusing on recognizing asymmetrical power dynamics in the classroom and taking steps to ensure that these dynamics are healthy and appropriate. This includes teacher actions such as:

- **Acknowledging the asymmetric power dynamic;**
- Encouraging students to be stakeholders;
- Establishing a healthy power and authority balance with students;
- Seeking to remove barriers between teacher and students;
- **Seeing students as colleagues/partners.**

There are also things that teachers do that negatively influence the power dynamics element, hindering the communication of educational care. Such actions include:

- Coming across as if you are smarter/wiser than the students;
- Intimidating students;
- *Manipulating students;*
- **Needing things to go your way;**
- Not allowing students to have power or influence;
- *Supporting the hierarchy (asymmetric power imbalance);*
- **Using power and authority to get your way;**
- Using size/strength to get your way;
- Using verbal skills to get your way.

These 13 elements resonate with the various research-confirmed lists of teacher caring behaviours, as many similar categories appear on multiple lists. As noted in the previous chapter, I also coded and analyzed a number of the lists of teacher caring behaviours, coding each teacher action individually, and then analyzing them as I had done with the individual codes that emerged from the study’s co-produced data. These
codes fit the categories (e.g., *dimensions* and *elements*) that had emerged from my analysis. The specific elements that emerged from this study, as well as those that appear on multiple lists of teacher caring behaviours, resonate with descriptions of familiar and common teacher actions, which suggests that virtually everything a teacher does can communicate care. This implies that teachers should consider their actions and practices, reflecting on whether or not these practices are likely to communicate care successfully.

**EXPLAINING HOW EDUCATIONAL CARE IS OFFERED**

The intended communication of educational care is not simply about teaching students and having caring intentions. It is not just about behaving in ways that should be perceived as offering care. The intended communication of educational care has three distinct dimensions: *personal care*, *pedagogical care*, and *interpersonal care*. In order for educational care to be communicated successfully, the teacher must: (1) seek to develop a personal relationship with each individual student; (2) support the growth and learning of each student; and (3) address class cultural dynamics in order to ensure that their classroom is a safe learning community for each student.

Even this explanation of how educational care is successfully communicated is insufficient, however, because this explanation only captures half of the process of establishing a caring relationship: it focuses on what teachers should do, but does not address the student’s response and the completion of care. However, this theoretical explanation of the communication of educational care is an important starting point because care cannot be completed if it is not successfully communicated. The offering of *intended* care is foundational to the successful communication of care and the completion of care.
The analysis of the co-produced data in this study consistently indicated the existence of three distinct dimensions. While all three are intertwined and interrelated, the participants clearly differentiated between them without recognizing they were doing so. The co-production and analysis of the data suggested this foundational insight: there are three distinct dimensions, and all three must be addressed in order for care to be successfully communicated. As earlier observed, the study’s discerning of a third dimension is an essential contribution to the literature that clarifies and enriches the understanding of how students experience educational care. While the labels personal and pedagogical are my own, they both have precedents in the literature. The interpersonal dimension, however, does not. The participants in this study provided powerful insights about the significance of student perceptions of safety and belonging, consistently describing the essential role teachers play in addressing negative class cultural elements (e.g., racism, bullying, bigotry, and misogyny) and establishing a classroom learning climate and community.

**Communication Requires All Three Dimensions**

Analysis of the co-produced data resulting from participant interviews, along with a review of the care theory and educational care theory-related literature, helped identify three distinct, intertwined dimensions of educational care. Each of these dimensions must be addressed in order for care to be communicated successfully. The successful communication of educational care requires that the teacher communicate care for each student personally, by caring for them as a human being, pedagogically, by caring for them as a learner, and interpersonally, by caring for them as a member of the classroom community). While the dimensions are intertwined, they can be differentiated, and three
are required for the successful communication of educational care. How the three
dimensions can be communicated is addressed in the previous section.

These dimensions are not sequential. Each caring relationship is unique. The
order in which they are addressed depends on the care needs of the student, the care
communication of the teacher, and the caring relationship forming between them.

One of the participants stated that he saw educational care as,
…a single process with many parts. It is a single concept that manifests
differently in each classroom and in each relationship depending on the teacher
and the student. In each relationship, educational care is affected by the educator’s
gifts and experiences as well as those of the student. The needs of the teacher and
of the student also influence the communication of educational care.

Later he added that,
…in practice, educational care means a great many things to different people. I do
not mean to allow educational care to descend into relativism. Rather, the
different parts of educational care become more important to individuals based on
what they need most in an educational setting. For example, a student who is
often bullied may need respect and love from a caring teacher. While another
privileged (even spoiled) student may need a teacher who cares enough to bring
restraint and to enforce rules.

Another participant noted that, “for different people, care will mean different
things. It means caring about their success, caring about their well-being, their mental
health, their physical health, and even their emotional/spiritual health.”
The participants in my study believed that educational care was about more than just traditional student learning and achievement, which often seems to be the primary focus in schools, particularly from the students’ vantage point.

After analyzing the co-produced data and articulating the results that emerged, I completed a member-check process with the participants, sharing the results of the study and seeking their feedback. I specifically asked them to comment about this issue, asking them to provide feedback concerning the sequence of the three dimensions in the context of explaining how care is offered.

One of the participants observed that, “all three dimensions are needed to have in order to have a true caring relationship between the teacher and the student. I believe that all three categories are uniquely intertwined for each teacher-student relationship.” Another concluded by saying that, “all my experiences surrounding educational care fit into the 3 categories and those 13 subcategories. I was a bit taken aback that everything we discussed could be fit into 3 categories, but after thinking it over I agree with everything.” Another briefly clarified that she believed that, “all three are important. But it does vary by student.”

A fourth participant, drawing on their teacher training, pointed out that, …regarding the 3 Primary Dimensions of Educational Care I believe your way of condensing and categorizing the data was meaningful to the participants. The field of education uses a holistic lens in a variety of different aspects. I believe what you did exemplified this as it gave recognition to the different types of care that exist in the classroom.
A fifth participant noted that, “I think the three categories of how teacher behaviour influences the communication of educational care make sense and seem all inclusive.”

Later, they also added,

I don’t think of them as separate or stage like. I see that as intricately related and interwoven in that I think when a teacher is demonstrating a willingness to care for students they are doing so on all three levels simultaneously. They would not necessarily be doing all parts of each stage at the same time but they wouldn’t first get to know the student as a person, then a learner and then part of the community but I believe they would see the student as all three – a person, a learner and a community member – at once, and thus their actions such as helping, knowing, challenging, etc., would be happening in random order, not in stages.

Another participant observed that,

this is something that a lot of a teachers are doing incidentally, and your work will help shift this to becoming more research based and purposefully. That point is still what is resonating with me through all of this, educators would greatly benefit from approaching classrooms with a diligent focus on educational care through these three primary dimensions of communicating the educational care.

Finally, another participant pointed out that,

I’ve become more aware that these dimensions are consistently interacting. While these dimensions might be fully realized in a sequence, I think from the outset the teacher must try to communicate all three from the very beginning. This means
that while they may not have the relationship yet to tailor relational care, they do
still care for students as individuals.

This same participant also noted that,

Having experienced primary, secondary, post-secondary, and masters’ levels of
education, I am also aware that there are different needs at these different levels.
Still though, I don’t think I would say that any of the areas you identified are
necessary at one level and not at another. Rather, I think the degree that each
dimension is needed changes as a student advances in their education.

As discussed in the literature review, most of the educational care-related
literature focuses on describing care, rather than explaining how it happens. A description
is helpful to a certain extent. Related research has generated multiple lists of teacher
caring behaviours (e.g., Bosworth, 1995; Bulach et al., 1998; Gray, 1986; Hayes et al.,
1994; McCroskey & Teven, 1997; Wentzel, 1997), describing the many good things
teachers should do if they want to be caring. However, what is missing is an explanation
of the social process itself. This is the strength of a grounded theory, which is why I
chose the CGT method. It was important to extend beyond simply describing care,
developing a theoretical explanation that is grounded in the data.

This study also clarifies and extends the few theories of educational care that are
described in the literature. These theories do not seem to have a lot of cachet or
application. Given the potential power of a theoretical explanation, I was struck by how
rarely such explanations are described or even referenced. Instead, the literature clearly
focuses on lists of teacher caring behaviours. The danger of such lists, of course, is that
teachers can too easily focus only on the offering of care, potentially treating the intended
communication of educational care as a checklist of behaviours that, when present, assure that care has been communicated. For example, Teven and McCroskey (1997) developed a theory that involves three dimensions: empathy, understanding, and responsiveness. Their important research is referenced occasionally, but has not extended beyond the original postsecondary context. When developing my own research proposal, I considered testing their theory at the elementary or secondary level, which seems like an obvious extension. However, this has not happened. Tarlow (1996) completed a grounded theory study of the communication of care that resulted in an important list of eight caring themes – time, “being there,” talking, sensitivity, acting in the best interest of the other, caring as feeling, caring as doing, and reciprocity – but her study, too, despite involving teacher and student participants (as well as parents, children, caregivers, and clients) was never extended further. I suspect part of the reason is that her eight themes, while likely accurate and helpful, are somewhat unwieldy when it comes to assessing and developing the offering of care. McBee’s (2007) study focuses on teacher perceptions, generating an explanation of how teachers conceptualize care: offering help to learners, making efforts to get to know and show interest in learners, showing compassion, giving time, listening to learners. However, her study presents as a list of teacher behaviours, and lacks credibility because it focuses on teacher perceptions rather than student perceptions – an emphasis at odds with Noddings’ clear assertion of the centrality of the perceptions of the cared-for. The focus of the existing educational care literature is on describing teacher caring behaviours, rather than explaining how care is offered.

The significance of the results of this study is that it provides a theoretical explanation of educational care that is grounded in the data. It identifies three distinct, yet
intertwined, dimensions of how educational care is offered, providing helpful touchstones that can help teachers assess and improve their intended communication of care. It also provides guidelines for the communication of care that can be used by educational leaders, including those in supervisory positions, as well as those responsible for in-service and pre-service education.

However, the identification of three distinct dimensions also clearly communicates the complexity of the offering of care. Offering care is not easy, even though it can appear to be simple. Earlier, I identified the problem of care: the apparent practical failure of care. In response, I highlighted the importance of addressing oversimplification and misunderstanding. I advocated for the need to clarify what care is, which included the need for complexification: being clear about how complicated care actually is. Indeed, as Noddings (1984, 2013) suggests, care is not simply the offering of care, but establishing a relationship. This will be the focus of the next section.

Before moving on, it is important to, once again, highlight a possible limitation of this theoretical explanation. Grounded theories generally result in a sequential theory, an explanation with identifiable signposts and stages that clearly convey the development of the social process. However, my study’s theoretical explanation suggests that there is no chronological sequentiality. Each caring relationship is a unique one-to-one relationship. Instead, this theory identifies the three central elements (the three dimensions), but it also recognizes that each relationship is unique, and each relationship, therefore, has its own trajectory. As noted earlier, one student might need the teacher to offer care for them as a person first, while another might need the teacher to offer care for them as a learner first, or another might need them to first offer care for their safety and place in the classroom.
community. In the end, I suspect that all the dimensions are part of a singular commitment to communicate intended care for the person, which therefore encapsulates all three dimensions simultaneously – thus requiring the teacher to make intentional and strategic choices about which dimension to address first in the context of establishing a relationship. This, too, is part of the complexity of offering care.

This study has developed a theory that can help teachers to better understand and more effectively offer educational care. As part of this theory, the study also provides important examples of teacher actions that are often associated with both the successful and unsuccessful communication of care. In the context of the research questions and study objectives, to a large extent, I have realized my goals. I believe that the dimensions, elements, and the description of teacher behaviours have the potential to positively influence the communication of educational care.

The challenge, as described throughout, is that both the literature and the participant data direct me to take the obvious next step, moving past the intended communication of care to the issue of completion of care and the establishment of a caring teacher-student relationship. This will be the focus of the next section.

**HOW A CARING TEACHER-STUDENT RELATIONSHIP IS FORMED**

Study participants were clearly focused on more than simply describing what teachers do to offer care. Indeed, the co-produced data was confusing at times because occasionally, the same teacher action could lead to both the successful and the unsuccessful communication of care, depending on the perceptions and experiences of the student. I recognized that while describing and explaining the offering of educational care was important, it was not sufficient.
The offering of care is both perceptual and situational. Importantly, the intended communication of care is not enough. Indeed, it is insufficient if the student does not recognize and respond to the care their teacher seeks to offer. In light of the incompleteness of my initial focus on the offering of educational care, further analysis of the data required that I return to the care theory and educational care literature. This ultimately led to the development of this second theoretical explanation.

The Establishment of a Caring Teacher-Student Relationship

In their important theoretical work with relational pedagogy, Bingham and Sidorkin (2010) emphasize the primacy of relationships:

Learning is a function of relation; therefore, educators should pay close attention to it. Relations shape everything teachers do and say to such an extent that very "wrong" actions and words would be okay or even beneficial when a relationship is good. At the same time, the best practices and most effective words would become meaningless or harmful against the background of an unhealthy relationship. Therefore, educators should really concentrate on establishing effective educational relations and only then worry about what to do. (p. 2)

Perhaps the most important result of this current study is the development of a theoretical explanation of the establishment of a caring teacher-student relationship (see Figure 5.2).
Figure 5.2. The stages of the Establishment of a Caring Teacher-Student Relationship.
This relationship starts with the teacher’s offering of care, then moves to an entirely new level when the student responds, resulting in the completion of care and the establishment of a caring relationship. As Bingham and Sidorkin (2010) suggest, the relationship itself is far more important than the teacher’s behaviours and actions, which are simply elements that help form the relationship. As this research has indicated, any behaviour can build or impede the offering of care and the formation of a caring relationship. This theoretical explanation of the establishment of a caring teacher-student relationship, therefore, is built upon the earlier foundational theoretical explanation of the offering of educational care (e.g., the 3 dimensions and 13 elements) and effectively describes and explains the entire process of successfully communicated care.

This theoretical explanation draws on both the care-related literature and this study’s co-produced data and resulting analysis. The initial theoretical explanation that emerged – focusing on the offering of educational care and the descriptions of the unsuccessful communication of educational care – is foundational to this expanded and richer theoretical explanation.

However, this theoretical explanation is also rooted in the existing educational-care and care theory literature. Indeed, three of the stages in this description of the social process of the establishment of a caring teacher-student relationship are directly built on the research literature. The initial impetus for a caring relationship, the need for completion, and the potential outcomes of the successful communication of educational care are all addressed by this theory.

**Care needs.** As a starting point, the theory is rooted in Noddings’ (1984, 2013) two care-related needs shared by all human beings: the need to communicate care for
others and the need to be cared for by others. In this context, the theory is grounded primarily in the teacher’s need to offer care to their students, as well as each student’s need to be cared for by their teacher. This is also consistent with McLaughlin’s (1991) recognition that most teachers entered the profession at least partially motivated by a desire to offer care to their students.

**The completion of care.** Secondly, and perhaps most importantly, this theoretical explanation is built around the need for completion (Noddings, 1984, 2013). Care is not care if it is only offered, and is not completed. Successfully communicated care is defined by the cared-for’s perception and experience of offered care, not the perception and intentions of the one-caring. In other words, just because a teacher ‘checks off the list’ of teacher caring behaviours does not mean that care has been successfully communicated. Intended care only becomes successfully communicated care when the student recognizes and responds, thus establishing a caring relationship (Noddings, 1984, 2013). This focus on completion and relationship sets this theoretical explanation apart from other descriptions and explanations of educational care, contributing to the research literature. Indeed, completion is the hinge-point upon which this theoretical explanation turns. If completion does not occur and care is not communicated successfully, the theory is incomplete. In such a situation, a teacher who seeks to offer care needs to re-strategize and re-offer care in order to ensure that their students experience intended care.

**The outcomes of educational care.** Finally, this theoretical explanation also draws on the extensive and powerful research-affirmed outcomes of the successful communication of educational care. As noted earlier in this document, when educational care has been successfully communicated, a myriad of positive educational outcomes
have been identified: successfully communicated care has a marked positive impact on student motivation (Davidson, 1999; Murdock & Miller, 2003; Phelan et al., 1994; Wentzel, 1997), student engagement (Davidson, 1999; Muller, 1999; Osterman, 2000, 2010; Wentzel 1997), student attendance (Cornelius-White, 2007; Goodenow, 1993; Kojima & Miyakawa, 1993; Sickel & Spector, 1996), and student preparedness (Sanders & Jordan, 2000), and is often correlated with student achievement (Bryk et al., 1990; Sanders & Jordan, 2000; Shann, 1999). This theoretical explanation is an important outcome of this study, primarily because it addresses the most important issue facing the offering of care: moving beyond a teacher’s caring intentions and caring actions, and extending to and beyond completion. In the first theory, focused on the offering of care, good things could happen, but care would not necessarily be successfully communicated. This theory, on the other hand, builds on the intended communication of care and extends to the completion of care and the establishment of a caring relationship. This theory, therefore, provides a potential corrective to the fundamental gap in the educational care literature, and can also serve as a valuable resource for supporting teacher in developing and improving their care capacity and intended communication of care. It does not settle for offering care, but demands that the teacher attend to student perceptions and experiences of their care communication, ensuring that care is completed and a caring relationship is formed. This explanation also makes it more likely that intended care will result in completed care.

**Six Stages of a Caring Teacher-Student Relationship**

The establishment of a caring teacher-student relationship occurs in six distinct stages. To reiterate, these stages emerged from both my review of the literature and my
research study. My grounded theory study resulted in a grounded theoretical explanation of how care is offered. However, the offering of care is not sufficient – completion is required. This implied the need for a second theoretical explanation, focusing on how a caring teacher-student relationship is established. (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 the study’s first theory: the theory of the communication of care, occurring in three dimensions). At this point, the onus shifts from the teacher’s offering of care to (4) the student’s response. Was the offering of care successful or unsuccessful? If care was successfully communicated, (5) care is completed and a caring relationship is formed. Finally, this leads to (6) the outcomes of care, including the research-affirmed outcomes, as well as a transformed teacher-student relationship. I will expand on each of these six stages in the following paragraphs.

Stage 1: Two care needs. The foundation of care theory is the recognition that all human beings have two care-related needs: the need to be cared for by others, and the need to successfully communicate care for others (Noddings, 1984, 2013). While students and teachers both need to give and receive care, in the context of this study, two of these needs are foundational. First of all, the student needs to be cared for by their teacher. In the context of the asymmetrical power imbalance that characterizes education, at a structural level, the student depends on the care offered by their teacher. Secondly, the teacher needs to offer care to the student. For many teachers, this motive was the cause of their decision to become a teacher. For a variety of reasons, it is possible for teachers to
lose sight of their need to offer care to their students. Despite the challenge, the need to offer care is foundational to the teacher’s identity and their work with students.

**Stage 2: Teacher caring intentions.** While the two care needs serve as the foundation of a caring teacher-student relationship, the teacher’s caring intentions serve as the initiator of the relationship. A teacher’s intention to care for their students, based on their need to care for each student, is a necessary condition for the formation of a caring relationship. These intentions emerge from a key initial perception: teacher-as-caring. Here, the teacher perceives self-as-caring, and from this perception emerges the conviction, ‘I want to offer care to my students.’

**Stage 3: Teacher caring behaviours.** From the underlying perception of teacher-as-caring and the desire to act on this conviction emerge teacher caring behaviours, whereby the teacher seeks to embody their intended care through their actions. At this important hinge-point, theory shifts to practice. As noted earlier, the educational care literature has generated multiple lists of teacher caring behaviours. There are many things a teacher can do to offer care. This study has developed a grounded theory of the communication of educational care that resonates with the research-affirmed lists of teacher caring behaviours, identifying the three dimensions and corresponding elements of educational care. Recognizing that educational care is communicated in three distinct ways – *personal care, pedagogical care, and interpersonal care* – provides teachers and educational leaders with a helpful touchstone: all three dimensions need to be addressed for educational care to be successfully communicated.

Too often, the process of educational care ends here, with the teacher displaying what I have described offering care: drawing on their caring intentions, teachers seek to
offer care to their students. In so doing, they often assume that they have successfully communicated care. Their perception shifts from intended-care to care-as-communicated. Unfortunately, the research literature suggests that this is too often not the case. The successful communication of care is bidirectional: it requires recognition and, most importantly, a response. As one of the participants powerful declared,

Educational care is a concept and an action that educators attempt to continuously communicate to their students in the context of their relationships. There are two parties involved in educational care: the educator and the student. Generally speaking the educator is the primary actor and the student is the primary receiver. In the classroom setting the educator communicates educational care to the group of students and to individual students simultaneously and at different times. What is most important is the way individual students receive care, but the way the group of students receives educational care is also essential. If a portion of the class decides educational care is not being communicated, even if they are wrong, this has the potential to influence individual perceptions of care.

A caring relationship requires the successful communication of care and the engaged participation of both parties in the relationship.

**Stage 4: Student response.** The establishment of a caring relationship requires both completion and response (Noddings, 1984, 2013). Care is not completed if the one-caring does not recognize the intended and communicated care and respond to it. In the context of this relational process, the onus now shifts to the student. The teacher has offered their intended care through their caring actions. What needs to be determined is whether or not the offering of care was successful or unsuccessful. Did the student
perceive and receive the care? Did they recognize the care, attributing and defining it as care? Most importantly, did they respond to the care? In this stage the key transitionary perception is student-as-cared-for.

As noted earlier, too often the teacher retreats after Stage 3, believing they have sufficiently acted on their obligation: they have offered their intended care (regardless of whether or not it has been received). In some situations, nothing could be further from the truth. While the relational onus may have shifted to the student, at this stage, the teacher still needs to be actively involved, drawing on their empathy and attention skills to carefully observe the student for a response. If the student does not respond, the teacher’s offering of care has been unsuccessful. At this point, the teacher has two options: (1) to give up; or (2) to attempt to re-strategize and recommunicate their intended care. They need to find a different way to convince the student that they do care for them. They need to try different caring behaviours.

**Stage 5: The establishment of a caring teacher-student relationship.** If care is successfully communicated, two things happen. First, when the student recognizes and accepts the care communicated by their teacher, completion occurs. Secondly, when completion occurs, the student responds, thereby establishing a reciprocal, caring relationship. The care communication process now takes place in two directions, perhaps primarily directed by the teacher, but now also involving the actively engaged and participating student. Importantly, the establishment of a caring teacher-student relationship is not an end-point, but the point at which the relationship is transformed. It still takes work to maintain and sustain a caring relationship.
Stage 6: The outcomes of successfully communicated care. Once care is both offered and completed, a relationship is formed. The formation of a caring relationship changes the dynamics between the teacher and the student, primarily because now, they are both involved and engaged. Importantly, both parties now recognize and commit to the relationship. The relationship continues to be impacted by structural asymmetrical power imbalances, but it now also includes the possibility for relational reciprocity and relational growth.

Research-affirmed outcomes. As importantly, once the relationship is established, it also begins to reap the rewards. The formation of a caring teacher-student relationship also confirms the successful communication of care. As the educational care literature indicates, when care is successfully communicated, a host of positive and significant outcomes result. Sanders and Jordan (2000) refer to these as educational investments associated with achievement. These significant investments include improved belonging and connectedness, engagement, motivation, student school behaviour, student classroom preparation, and reduced student engagement with maladaptive behaviours. More specifics are outlined in Chapter Two.

A transformed relationship. But, it is not just the tangible academic outcomes that matter. The relationship between the teacher and student is also transformed. What was once a tenuous and primarily unidirectional relational is now a relationship characterized by commitment, engagement, and trust. Importantly, the student now knows that the teacher cares for them, which changes things. In addition to student learning, the possibilities for non-academic growth and development, including student socialization, also increase in response to the teacher’s enhanced influence. The teacher is
now positioned to serve as a sounding board, to speak truth, and to ask tough (but caring) questions. A relationship rooted in trust and communicated care can handle critical feedback and well-intended suggestions for improvement. There is also increased opportunity for reciprocal relational growth as the teacher and student come to know each other better. As significantly, having experienced successfully communicated care, the literature suggests that the student is also more likely to offer care to others.

It is quite possible that the last result – a theoretical explanation of the establishment of a caring teacher-student relationship, rooted in both the participant narrative and the care theory and educational care literature – is the most important result of this study. It addresses the issue of completion, which is often overlooked. And, it draws on what the literature suggests concerning how teachers offer care.

**CONCLUSION**

This analysis chapter focuses on the primary results of the study, identifying three important results that emerged: (1) a description of educational care; (2) a theoretical explanation of the offering of educational care; and (3) a theoretical explanation of the establishment of a caring teacher-student relationship.

These results could be very helpful for teachers, educational leaders, and teacher educators, shedding light on the nature of educational care and the offering of educational care, providing potential touchstones for assessing the successful communication of care, and for developing an individual’s care capacity. Importantly, the results of this study could provide teachers, educational leaders, parents, and students with the language to talk about educational care. Successfully communicated care is foundational to all that happens in education, and almost every aspect of educational practice has the potential to
be formed by and to influence the communication of care. Yet, the topic is often overlooked and difficult to address. The results of this study could provide terminology, descriptions, and theoretical explanations that will allow this to be addressed, leading to students experiencing more successfully communicated care.

In addition, the results of this study resonate with many current educational initiatives, such as teacher-student relationships, relational pedagogy, social and emotional learning, student mental health and wellbeing, invitational education, self-determination theory, and others. A better understanding of the nature of educational care, the offering of care, and the formation of a caring teacher-student relationship could also have profound implications and outcomes for these other initiatives and educational priorities. The reverse is also true. Each of these topics has the potential to contribute to more effective offering of educational and relationship formation.

In the next two chapters, I conclude this dissertation by identifying key conclusions, limitations, suggestions for further research, and implications for practice. In the final chapter, I draw on my expertise and educational experience by proposing a number of specific recommendations for teachers and educational leaders.
CHAPTER SIX: DISCUSSION AND CONCLUSION

My analysis resulted in a number of potential contributions to the educational care dialogue, introducing information and resources that could help teachers develop their care capacity and enhance their communication of educational care. In this first section, I review the primary content of each of the previous chapters, which collectively serve as the background to this penultimate chapter, which discusses the results of the study and considers possible conclusions and next steps. Chapter Six specifically focuses on developing a number of possible implications and applications.

Chapter One identified the purpose of the research. This study was designed to explore adolescent student perceptions and experiences of the care offered by their teachers, seeking to identify factors that support or impede the successful communication of educational care. I hoped that the research would help to better describe and explain educational care. I also hoped that the results would support student growth and learning by improving and enhancing both teacher care capacity and teachers’ intended communication of educational care.

Chapter Two established a theoretical foundation, positioning the study in the context of the care theory literature. This discourse provides a number of important elements for this study, including defining care as a relationship and highlighting the corresponding need for completion. I also identified a gap in the literature, observing that the dialogue does not sufficiently explain why care, too often, is not successfully communicated, and why care theory itself appears to have failed as a result.

In Chapter Three, I explored the application of care theory in education. A number of important studies, building on the concept of completion and focusing on
student perceptions and experiences of offered care, resulted in the generation of a number of research-affirmed lists of teacher caring behaviours. Too often, however, these lists focused only on the offering of care, and did not include an emphasis on student perceptions and the need for completion. Thus, these lists – even though they are research-affirmed and well-intended – may actually contribute to a disconnect between teacher intentions and student experiences of educational care. I also identified a number of gaps in the literature, including the failure to extend beyond descriptions of teacher caring behaviours and explanations of how educational care is offered, a lack of focus on what happens when educational care is not communicated successfully, and the importance of transitioning from the offering of care to the establishment of a caring relationship.

Having established a context for the study and defining the problem to which this research responds, in Chapter Four I identified my research plan. Drawing on unstructured interviews, I interviewed 13 young adult participants about their experiences with educational care when they were in Grades 6 to 12 in an Ontario school. Once the transcripts were finalized and I had completed initial coding and analysis, I advanced to focused coding, theoretical memoing, and in-depth theoretical conceptualization. I drew on primary grounded theory methods such as constant comparison, memoing, and considering possible categories, as well as a number of grounded theory analysis tools. This resulted in the three primary outcomes: a description of educational care, a grounded theory explaining how educational care is offered, and a theoretical explanation of how a caring teacher-student relationship is established.
Chapter Five focused on the three primary results that emerged from the review of the two bodies of literature and the grounded theory analysis of the co-produced data. It is important to position these results as outcomes of both of these knowledge-building processes, because my primary contributions to the educational care literature arise from two sources: my expertise in care theory and educational care, and my data analysis. This study generated three potentially significant results: a description of educational care, a grounded theory explanation of the offering of educational care, and a theoretical explanation of the establishment of a caring teacher-student relationship. These results will be discussed further in this current chapter.

Discussion

The primary contributions of this study are the description of educational care and the two theories focusing on care in education: a grounded theory of the offering of care, and a theory of the establishment of a caring teacher-student relationship. These results rest on the foundations of the co-produced data and both the care theory and educational care literature discourses. The description and theoretical explanations clarify the nature and role of educational care; they address the practical failure of care and the misunderstanding, oversimplification, brokenness, and disconnect that consequently result. Importantly, they provide teachers and educational leaders with resources designed to support the development of a teacher’s care capacity and the successful communication of their intended care.

In the context of a qualitative research study, results are often described as findings. This study resulted in seven specific findings:
Finding 1: The problem of educational care is not necessarily a loss or a lack of care. A key element of the problem of educational care is a disconnect between teacher caring intentions and the experiences of too many of their students.

Finding 2: A key aspect of the problem of educational care is the failure to differentiate between the offering of care and the completion of care. Both offering and completion are needed in order for educational care to be communicated successfully.

Finding 3: The successful communication of educational care has three distinct but intertwined dimensions: personal care, pedagogical care, and interpersonal care. These three dimensions include 13 specific elements, categories describing teacher actions that contribute to the successful communication of educational care.

Finding 4: The unsuccessful communication of educational care can also be described using the same three dimensions and 13 elements. This can help teachers to better understand how intended care can fail to be communicated successfully.

Finding 5: The three dimensions of educational care provide a theoretical explanation of how teachers offer educational care to their students.

Finding 6: This study can also help teachers understand the role played by the student in the development of a caring relationship, identifying student behaviours that either support or impede/prevent the formation of a caring teacher-student relationship.
Finding 7: This study has developed a theoretical explanation of how a caring teacher-student relationship is established. This theory includes the teacher’s offering of care and the student’s response, addressing both the offering and completion of care needed in order to develop a caring relationship.

In the remainder of this chapter, these central claims are discussed and defended.

Finding 1: Rearticulating the Problem of Educational Care

The problem of educational care is not necessarily a loss or a lack of care. A key element of the problem of educational care is a disconnect between teacher caring intentions and the experiences of too many of their students. Describing the situation as a loss or a lack of care may be a somewhat accurate description, but it is not sufficient. As Noddings (2005) and the Quaglia study (2014) indicate, too many students believe that their teachers do not care for them. This was echoed by participants in this study, and also resonates with my own experiences as an educator and educational leader. However, while it may be experientially accurate to describe the problem as a loss of care, I argue that this is an incomplete and inaccurate explanation. Care has not really been lost. Instead, in many situations, care is present in theory, but has not been successfully communicated – and so, while it may be present in theory, it is not present in practice! The problem is not the loss of care, but the perceived loss of care and the failure of teachers to successfully offer care. More specifically, intended care (from teachers) does not always result in experienced care (by students). Within the context of care theory, therefore, care has not been successfully offered, and care has not been completed. In this context, care has not necessarily been experienced by the student, even if it was intended by the teacher and enacted through caring actions.
In this sense, the experiential interpretation is correct: for too many students, it can often seem as if there is no care in education. My research, however, suggests that this is not completely accurate. As Noddings (1984, 2013) reminds us, every human being has two care-related needs: (1) the need to offer care to others; and (2) the need to be cared for by others. In an educational context, the implications are obvious: teachers need to offer care. And, students need to experience care. It is clear that there are two parts to the process of successfully communicating care. As Noddings (1984, 2013) declares, care is a relationship between two people: the one-caring and the cared for. Teachers earnestly desire to offer care to their students. Indeed, as McLaughlin (1991) recognizes, most teachers enter the profession at least partially motivated by their desire to offer care to their students. And, students earnestly long to be cared for by their teachers. Unfortunately, too many students do not believe this has happened.

The problem of care is not the loss of care but, rather, the perceived loss of care, resulting from a disconnect between teacher caring intentions and the experiences of their students, who do not recognize and receive the care their teachers intend to communicate. Rearticulating the problem as a ‘disconnect’ transforms the issue from the need to overcome a loss of care to finding a way to more clearly and successfully communicate the care that is already present (e.g., in the teacher’s intentions and caring actions). This change in perception can have important implications for teacher behaviour and communication. What this study suggests needs to change is how teachers offer their care, in addition to the need to pay closer attention to student perceptions and experiences of the teacher’s intended care and caring actions.
The participant narratives provided some helpful insights. As one of the participants in the study observed, “I believe that all the teachers at my school cared. They honestly did. I think they all cared in their own way. Whether or not that was effective is a different question.” The participant suggested that the problem was that some of these teachers were not able to successfully communicate their intended care. Another participant pointed out that, “I think that teachers who fail to demonstrate care may be caring in their own way, and they may think that they are being caring when they are not.” Another participant suggested that, “some teachers did not know that they were not building connections with their students, they weren't showing that they cared, so the students didn’t believe they were cared for.” Another participant made an essential point concerning the transformational impact of a failure to communicate care, noting that, “I think it is teachers not demonstrating educational care or failing to demonstrate their educational care that cause students to believe that other teachers will not care.” Study participants were able to differentiate between teacher caring intentions and the teacher’s ability to successfully communicate care, based on the perceptions of their students.

It is worth reiterating that, as highlighted in Chapter Two, educational care and the perceived loss of care in education occur in the context of a larger ‘crisis of care’ in Western culture. The disconcerting lack of successfully communicated care experienced by far too many people has caused some to perceive care to have failed as a result. My review of the literature suggested five reasons for this perception: (1) care is too often misunderstood; (2) care is too often oversimplified; (3) perfect care is impossible because of human brokenness; (4) there is often a disconnect between the intentions of the one-caring and the perceptions and experiences of the cared-for; and (5) some teachers are
disengaged from their students and do not seek to offer care to them. In response, I suggested five strategies for addressing the problem of care: (1) clarification; (2) complexification; (3) authenticity, intentionality, and transparency; (4) relational reconnection; and (5) relational engagement. In the context of educational care, my focus is primarily on the issue of disconnect and the need for relational reconnection. But, it is important to note that other aspects of the problem of offered care also influence the successful communication of care in education.

**Finding 2: Focusing on the Communication and Completion of Educational Care**

A key aspect of the problem of educational care is the failure to differentiate between the offering of care and the completion of care. Both offering and completion are needed in order for educational care to be communicated successfully.

It is far too common for in-service teachers, educational leaders, and pre-service teacher educators to concentrate primarily on the teacher when considering educational care. Discussions of care in education often focus on teacher caring behaviours: the actions teachers take that offer care. What is too easily overlooked, unfortunately, is the need to also focus on student perceptions and experiences of educational care, prioritizing the importance of attending to how students perceive and respond to the care offered to them by their teachers. This oversight is easy to understand, particularly in the context of conventional wisdom: ‘Everybody knows’ that students need to be cared for – and, ‘everybody knows’ that in order for students to experience care, teachers must offer care. It is very easy to focus, then, on the offering of care, and to fail to sufficiently attend to reception and the completion of care. It is too easy to assume that if intended care has been offered through caring actions, that it then must also have been experienced by the student. This has led to a pattern of looking at what the teachers are doing, something that
is observable and measurable. It is also somewhat controllable. Focusing on student perceptions is much more difficult. It is much more situational: each student’s perception is unique and can often be difficult to assess. The overall impact, however, is problematic: the primary aspect of educational care has been the offering of care by a teacher to their student. The perceptions and experiences of the students are too often overlooked – or even ignored completely.

What makes this phenomenon particularly interesting, however, is that it parallels the development of the care theory and educational care dialogues. Care theory initially focused on the importance of care and the offering of care by the one-caring. When it became apparent that this was not sufficient, the emphasis shifted to the cared-for, and the notions of completion and relationship emerged as a very helpful corrective. However, when educational researchers began to focus on the perceptions of the cared-for, they inadvertently shifted the emphasis away from the students and their perceptions, and moved their attention back to the teachers and their actions at the point when their research resulted in the production of important lists of teacher caring behaviours. Well-intended teachers and educational leaders likely drew on these lists when attempting to offer care to students, as well as when teaching in-service and pre-service educators about educational care.

In order to address this transition, it is helpful to take a closer look at the unfolding narrative. When Mayeroff initiated the care theory dialogue with his publication of *On Caring* (1971), he introduced what he conceptualizes as the *ingredients of care*: knowledge, patience, honesty, truth, humility, hope, and courage. This is a wonderful list of characteristics, and is certainly related to care and the offering of care.
However, this list of ingredients is not enough to ensure that care is communicated successfully. Noddings (1984) provides an important clarification with her emphasis on relationship, and that care requires completion and a response from the cared-for. It is not enough to simply develop a checklist of ingredients that focus on how care is offered. Demonstrating caring characteristics – even if they are the ‘right’ ones – is not sufficient. As Noddings (2006) reiterates, there is no recipe for care. What is needed is the establishment of a caring relationship, and this requires completion: the cared-for must recognize and respond to the care offered by the one-caring.

A few years after her landmark contributions, Noddings shifted her focus to care in education (1988, 1992). This led other researchers to initiate studies of educational care. Importantly, such research did not begin by focusing on teachers. Instead, drawing on Noddings’s emphasis on relationship and completion, most researchers appropriately focused on student perceptions of care. This research naturally led to a number of research-affirmed lists of teacher caring behaviours (e.g., Bosworth, 1995; Bulach et al., 1998; Gray, 1986; Hayes et al., 1994; McCroskey & Teven, 1997; Wentzel, 1997).

Drawing on the centrality of completion, the researchers themselves were clearly focused on student perceptions of the care offered by teachers, while those who applied their results frequently focused primarily on the teacher actions that communicated their intended care. Unfortunately, the concept of completion was often lost in translation. As a result, many educational leaders and classroom teachers focused on the offering of care: teacher caring behaviours. On the surface, there is nothing wrong with this. Indeed, an emphasis on the teacher’s intentions and behaviours is where the offering of educational care must begin. The problem is that too many teachers and educational leaders have
acted as if there is a recipe for educational care, and that all that is required is the right ingredients – a checklist of teacher caring behaviours, whose presence virtually assures that care will be successfully communicated. This is a narrow and limiting vision of educational care and the teacher-student relationship. As a result, the application of educational care research has focused on teacher behaviours and the offering of care, but has not sufficiently focused on relationality and the completion of care.

But Noddings was very clear. Care is a relationship between two people. Care is not only intentions or behaviour, but a relationship. Emphases on teacher caring behaviours are helpful and well-founded, but they are potentially problematic because they can cause teachers to focus primarily – or, even solely – on their own behaviour and caring intentions, which is only half of the process of the successful communication of care. The unintended consequence is that too often, teachers overlook the perceptions and responses of their students. The same pattern can be seen in other adults who are positioned to provide feedback about educational care. It is too easy for educational leaders, colleagues, and even parents to focus on teacher actions, and to be somewhat skeptical about the importance of the perceptions of the students – particularly adolescent students. But, this can have fatal consequences when it comes to the offering of care.

It is imperative for teachers to recognize that care is not simply the offering of care, but includes a response by the cared-for in order to complete care and to establish a caring relationship. Teachers must pay much closer attention to the perceptions and experiences of students, ensuring that intended care is recognized and responded to by their students. If the students do not respond, the teacher needs to change their communication methods and strategies: they will need to find another way to offer care.
Similarly, educational leaders and teacher educators must reassess their understanding of educational care. They have an onus of responsibility to ensure that teachers realize that a focus on caring intentions and caring actions is not sufficient to guarantee that care will be communicated successfully. Leaders must also ensure that teachers recognize care as a relationship that requires completion.

The OCT (2012) identified care as one of the foundational ethical standards for the teaching profession, observing that, “The ethical standard of Care includes compassion, acceptance, interest and insight for developing students’ potential. Members express their commitment to students’ well-being and learning through positive influence, professional judgment, and empathy in practice.” The OCT description of care is a definition with potential. It identifies a number of essential elements, and clearly places an emphasis on student wellbeing and student learning. But, it is also quite similar to many previous descriptions of care that fail to directly focus on relationships, and therefore, may contribute to the problem of educational care that serves as the foundation for my research: excellent caring words, undeniable caring intentions, but not enough focus and emphasis on student perceptions and experiences of educational care.

**Finding 3: Describing the Successful Communication of Educational Care**

The successful communication of educational care has three distinct but intertwined dimensions: personal care, pedagogical care, and interpersonal care. These three dimensions include 13 specific elements, categories describing teacher actions that contribute to the successful communication of educational care.

This study highlights the importance of completion, particularly given the too-common tendency to overlook completion and focus primarily on the unidirectional communication of care. Indeed, from the vantage point of this study, without completion, intended care is not perceived or experienced – even if the teacher has earnestly
attempted to offer care, and even if a neutral observer would conclude that they have, in fact, ‘cared.’ Care is not successfully communicated until the cared-for perceives, experiences, and responds to the intended care, thereby completing care and establishing a caring relationship. Only then has care been communicated successfully.

However, even though care depends on completion, the actual offering of educational care (in the form of teaching caring behaviours) remains essential. Care cannot be communicated successfully without the initiating offering of care (e.g., intention-based caring actions), even if the offering of care is insufficient in and of itself. This simple and obvious point is very important for my study; highlighting completion is a central and essential outcome of my research, but not in isolation. Completion is not where care starts. The offering of care begins with the caring intentions and caring actions of the one-caring. It is the first and foundational initiating step in the process.

The educational care literature has produced many good lists of teacher caring behaviours, identifying tangible teacher actions that can be used to offer care. But, caring – and teaching – is about more than just lists. The various lists have a lot in common. Any differences that exist simply confirm that there are many different things teachers can do to offer care. This study has also developed such a list, describing the offering of educational care as being comprised of 3 intertwined dimensions, including 13 related elements, or categories of teacher behaviours. Chapter Five includes a detailed summary each of the 13 elements, identifying specific teacher actions that can contribute to the successful communication of educational care for each element.

This study contributes to the educational care dialogue by producing another carefully developed list of teacher caring behaviours, a list that could play a role in
increasing teacher care capacity and the successful communication of educational care. However, this study has also extended the educational care-related dialogue in three important ways: (1) the additional description of the unsuccessful communication of educational care, which interacted with the description of the successful communication of educational care to (2) construct a grounded theory that explains how care is offered, which also contributed to the (3) development of a theory that explains how a caring teacher-student relationship is formed. I will return to these important outcomes below.

**Finding 4: Describing the Unsuccessful Communication of Educational Care**

The unsuccessful communication of educational care *can also be described using the same three dimensions and 13 elements*. This can help teachers to better understand how intended care can fail to be successfully communicated.

As noted repeatedly, the identification of actions that contribute to the successful communication of educational care is not sufficient. The educational care literature already contains a number of research-affirmed lists of teacher caring behaviours. As noted, the existence of such lists, while certainly helpful, is also somewhat problematic, because they can easily cause teachers to focus only on the offering of care, rather than also paying attention to the perceptions and experiences of their students.

What is missing in the literature is insight into what happens when care is *not* communicated successfully. I have articulated the key issue as a *disconnect* between teacher caring intentions and the perceptions and experiences of their students. Certainly, there is something significant that happens in the interactions between some teachers and some students that causes the offering of care to break down. Thus, one contribution of this study is the insights it provides concerning the unsuccessful communication of educational care.
As my analysis advanced, I began to realize that the successful and unsuccessful communication of care were not different processes, but were different sides of the same coin. They describe the same basic social process: the offering of care, which is either successful or not. Different teachers do different things that contribute to the successful communication of care. Other teachers do the same things, but these actions do not contribute to the successful communication of care. Instead, these same actions – which worked for some teachers – did not necessarily work for others. Each educational care relationship is unique; a teacher must attend to and nurture their relationships with each individual student. Simply put, what works for one student may not work for another.

Nonetheless, as was the case with teacher actions that contributed to the successful communication of educational care, the analysis suggests that there are also patterns to teacher actions that are not successful in communicating educational care. The participants consistently contrasted teachers who were successful in communicating care with those who were not. As one participant observed,

There were classes you went to where everybody was happy, everybody was excited. The teacher was great. You were excited to go to that class. And then there were classes where you walked in and you could feel that the energy was down. People were slouching. They didn’t want to be there. They were just disconnected. They weren’t being attentive, they were doodling in their notebooks, there was talking. There were students that were scared of the teacher, so they paid attention. But nobody was really interested.

As another participant noted, the teacher not only needed to focus on students as students, but as human beings:
Above all else, above being students and teachers, we are people. We are social. We are human beings. We are wired to deal with people in effective ways and to want positive relationships with others. When you feel you are in an environment that is hindering that, you are hindering your ability to be yourself, to show your personality, to really truly express what you’re thinking, and why you’re thinking it. Because you feel like you are constantly going to come under fire.

Study participants identified 1,042 teacher actions that contributed to the unsuccessful communication of educational care. Analysis of the data resulted in the identification of a number of categories and subcategories. Further analysis suggested that teacher actions that are not successful in communicating educational care can be divided into the same 3 dimensions and the same 13 elements that emerged in the analysis of the successful communication of care codes. Each element refers to a specific type of teacher behaviour that describes common teacher tasks and actions. These elements suggest that just as almost everything a teacher does can contribute to the successful communication of care, so, too, can almost everything a teacher does influence the unsuccessful communication of care. These 13 elements are a unique contribution to the educational care literature because they describe the things teachers do (or, do not do) that negatively influence their communication of educational care. In other words, the categories also identify teacher actions that impede the successful communication of care and could prevent the establishment of a teacher-student relationship.

Finding 5: Explaining Educational Care

The three dimensions of educational care provide a theoretical explanation of how teachers offer educational care to their students.
The offering of educational care is not simply about teaching students and having caring intentions, nor is it simply about acting or behaving in ways that should be perceived as caring (e.g., teacher caring behaviours). The offering of educational care has three distinct dimensions: personal care, pedagogical care, and interpersonal care. In order for educational care to be communicated successfully, the teacher must (1) seek to develop a personal relationship with each individual student; (2) support the growth and learning of each student; and (3) address class cultural dynamics in order to ensure that their classroom is a safe learning community for each student.

Even this explanation of how educational care is successfully communicated is not sufficient, because this explanation only captures half of the process of establishing a caring relationship: it focuses on what teachers should do, but does not address the student’s response and the completion of care. This will be addressed in another finding. However, this theoretical explanation of educational care is an important starting point because care cannot be completed if it is not first intended and offered.

The analysis of study data consistently indicated the existence of three distinct dimensions. While all three are intertwined and interrelated, the participants clearly differentiated between them without even recognizing they were doing so. The co-production and analysis of the data revealed this foundational insight: there are three distinct dimensions, and all three must be addressed in order for care to be successfully communicated. As observed, the study’s discerning of a third dimension is an important contribution that could clarify and enrich the understanding of how students experience educational care. While the labels personal and pedagogical are my own, they both have precedents in the literature. The interpersonal dimension, however, does not. The
participants in this study provided powerful insights about the significance of student perceptions of safety and belonging, consistently describing the essential role teachers play in addressing negative class cultural elements (e.g., racism, bullying, bigotry, misogyny) and establishing a classroom learning climate and community.

As discussed in the literature review, most of the educational care-related literature focuses on describing care, rather than explaining how is offered. A description is helpful to a certain extent. Related research has generated multiple lists of teacher caring behaviours (e.g., Bosworth, 1995; Bulach et al., 1998; Gray, 1986; Hayes et al., 1994; McCroskey & Teven, 1997; Wentzel, 1997), describing the many good things teachers should do if they want to offer care. However, what is missing is an explanation of the social process itself. This is the strength of a grounded theory. It is important to extend beyond simply describing care, constructing a theoretical explanation of how care is offered that is grounded in the co-produced data.

This study also clarifies and extends the few theories of educational care described in the literature. These theories do not seem to have a lot of cachet or application. Given the potential power of a theoretical explanation, I was struck by how rarely such explanations are described or even referenced. Instead, the literature clearly focuses on lists of teacher caring behaviours, a phenomenon I have touched on throughout this document. The danger of such lists, of course, is that teachers can too easily focus only on the offering of care, potentially treating the intended communication of educational care as a checklist of behaviours that, when present, assure that care has been successfully communicated. The clear focus of the educational care literature is
therefore on describing teacher caring behaviours or actions, rather than explaining how care is successfully communicated.

The significance of this finding is that it provides a theoretical explanation of educational care that is grounded in the data. It identifies three distinct, but intertwined, dimensions of how educational care is offered, thereby providing touchstones that can help teachers assess and improve educational care. It also provides guidelines for the offering of care that can be used by educational leaders, including those in supervisory positions, as well as those responsible for in-service and pre-service education.

However, the identification of three distinct dimensions also identifies the complexity of care. Offering care is not easy, even though it often appears to be simple. In an earlier chapter, I identified an important aspect of the problem of care: the apparent practical failure of care. In response, I highlighted the importance of addressing oversimplification and misunderstanding. And, in response, I advocated for the need to clarify what care is, which included the need for complexification: being clear about how complicated offering care actually is. Indeed, as Noddings (1984, 2013) suggests, care is not simply communication, but relationship. This will be the focus of the next finding.

**Finding 6: Describing How Students Contribute to a Caring Teacher-Student Relationship**

This study can also help teachers to understand the role played by the student in the development of a caring relationship, identifying student behaviours that either support or impede/prevent the formation of a caring teacher-student relationship.

Initial data collection focused on adolescent student experiences of the care offered by their teachers. As the first six interviews unfolded, however, the participants reminded me that an interpersonal interaction involves two people, and any focus on the
teacher’s offering of care must also consider the influence of the student. While teachers play a foundational role, the successful communication of care and the establishment of a caring relationship are also profoundly impacted by the contributions of each individual student. Clearly, whether or not care is perceived and experienced depends primarily on student perceptions of the teacher’s caring intentions and caring actions. But, the participants also reminded me that students could either support or impede the care process. This prompted me to add an additional section to the interview protocol, focusing on what a student could do to either support or prevent the teacher’s communication of care. The added section became part of the regular interview process for Participants 7 to 13. I also reconnected with the first six participants, inviting them by email to respond to the questions contained in the new section; three of them did so. This resulted in the co-production of 172 unique codes describing student contributions to the development of a caring relationship.

Based on my review of the related literature, there was no precedent within the educational care discourse concerning the role of the student in the development of a caring teacher-student relationship. The literature focused on either teacher caring behaviours or student perceptions of the care offered by their teachers. Somewhat surprisingly, the literature was silent when it came to the important impact played by the second party in an educational care relationship. This may be because the literature has primarily focused on teacher caring behaviours.

This study, therefore, makes another unique contribution to the educational care dialogue by describing the role of the student in the development of a caring teacher-
student relationship. The final claim will focus directly on the establishment of a caring teacher-student relationship, which is the central and foundational social process.

The participants in this study challenged me to consider the role of the students in the development of a caring relationship. Indeed, as I noted earlier, once I caught on to this clear message, I adjusted my interview protocol and went back to my initial participants to find out more about this process. As one of the participants observed,

I feel like I’ve been putting a lot of weight on the teachers. There are students, too. When the good teachers made themselves available, some students are just like, “Nah, I have better things to do.” And then they get mad when their marks aren’t good enough. You get what you put in. And if you are not putting anything in, you’re not going to get the results that you want. It doesn’t work like that. You have to put in hard work. Some teachers make themselves available for the students, and you have to decide whether you are going to take advantage or not. And you can’t blame a teacher if you are not going to take advantage of the opportunity. They can’t chase you. If the teacher doesn’t know you want to do it, they can’t help you.

The participants also emphasized the collective impact of a lack of successfully communicated care, which then influences how students engage in and perceive relationships with students. One of the participants stated that,

It is the teachers' lapses or failures to communicate care to these students that cause the students to start to feel that the education system doesn't rely on a caring relationship (which it does) between students and teachers and students and students. And it is the buildup of these experiences that cause students to not see it
as a central point of the education system. Then they begin to not play the roles they are supposed to play, or the roles they inherently want to play, and would have played in developing a relationship between student and teacher. The participants also clearly described the actions of students who contributed to developing a positive relationship. One participant observed that,

The student’s responsibility begins with being present in school. Not just showing up, but being there awake and ready to learn. Students that cut class, show up “high,” or simply fall asleep (though that may, in part, be the teacher’s fault), are not living up to their responsibility.

Another clarified further, noting that,

I think that a lot of good things come once a student is present and wants to learn. I think they will try harder in the class and will respect the teacher they are learning from. They will also dialogue with their teacher more as they may raise their hands in class more often and ask questions after the class finishes. The incredible thing is that these positives can come about without the student fully recognizing the existence of a relationship. The student’s role in a relationship is to receive the care they are given and return it to the teacher.

In the section below, I focus on the description of the student’s contribution to a caring relationship, reviewing what the co-produced data indicated about how a student could either support or impede/prevent the offering of care and the development of a caring teacher-student relationship. In the next section, I move from description to theorization, drawing on study data as well as the literature to propose a theory of the establishment of a caring teacher-student relationship.
Analysis of the 172 individual student behaviour codes that emerged from the participant transcripts resulted in six distinct categories of student behaviours that influence a teacher-student relationship (see Appendix D). The analysis also indicated that each category (or at least 5 of the 6) includes both *supporting behaviours*, student actions that support the offering of care and the development of a caring relationship, and *impeding or preventing behaviours*, student actions that impede or prevent the offering of care and the development of a caring relationship. These categories are: (1) *teacher-student relationship*, describing student behaviours that influence the development of a teacher-student relationship; (2) *learning readiness*, describing student behaviours that demonstrate their readiness to learn; (3) *community*, referring to student behaviours that influence the classroom community tone and patterns; (4) *communication*, describing student behaviours that contribute to communication patterns; (5) *self-advocacy*, describing student behaviours that identify their needs and challenges; and (6) *(mis)behaviour*, referring to behaviours that challenge the teacher and disrupt learning.

I believe that the analysis of the 172 student behaviour codes is the weakest aspect of my study, and I considered not including it as a result. However, the content that emerged warrants attention, so I chose to reference it briefly: I wanted readers to be aware of this aspect of my research, even if it was not ‘done.’ I did not have a lot of data to work with, so the 172 codes and 6 categories that emerged are not as well-founded as the codes and categories in my earlier analyses; therefore, I do not believe the data categories are saturated. While the codes and categories are not sufficient to draw strong conclusions, the words and insights of the participants provide important insights into the
process, particularly given their clarification that the issue is not the offering of care, but instead, is the establishment of a caring teacher-student relationship.

What is significant is the patterns that emerged. Clearly, the student plays an important part in the development of a caring teacher-student relationship. Student perceptions are very significant: intended care does not lead to successfully communicated care if the student does not see it that way. In the context of the relationship, then, the student plays a foundational role. A teacher can initiate a relationship, but if the student does not choose to engage, a relationship will not form. As significantly, the student can play an important role in preventing the establishment of a caring relationship, which is supported by the details emerging in this analysis. Despite the fact that some of the categories did not have adequate code-support and were, therefore, not sufficiently elaborated or described (in contrast to my earlier analyses), the results that emerged are still worth considering, at least as an initial step toward understanding the role of the student. This specific topic is an area for future study.

Finding 7: Explaining how a Caring Teacher-Student Relationship is Established

This study has developed a theoretical explanation of how a caring teacher-student relationship is established. This theory includes the teacher’s offering of care and the student’s response, thus addressing both the offering and completion of care needed in order to develop a caring relationship.

Perhaps the most important result of this study is the development of a theoretical explanation of the establishment of a caring teacher-student relationship (see Figure 5.2). This relationship starts with the teacher’s offering of care, then moves to a new level when the student responds, resulting in the completion of care and the establishment of a caring relationship. As Bingham and Sidorkin (2010) suggest, the relationship itself is far more important than the teacher’s behaviours and actions, which are simply elements that
help form the relationship. As this study indicates, any behaviour can build or impede the offering of care and the formation of a relationship. This theoretical explanation of the establishment of a caring teacher-student relationship, therefore, is built upon the earlier foundational theoretical explanation of the offering of educational, and describes and explains the process of successfully communicated care from teacher caring to completion to student response to the outcomes of educational care.

While the grounded theory explanation of how educational care is offered is helpful, it may not be as valuable as this second theory. The educational care literature has already generated a number of helpful lists of teacher caring behaviours. The 3 dimensions and 13 elements that emerged in this study, however, do resonate with these lists. Indeed, the identification of the 3 intertwined dimensions may prove to be quite significant. However, as with the other empirical lists of teacher caring behaviours, the description and theory that emerged in this study has the potential to result in the same outcome gap identified earlier: people who apply the results may focus their attention on teachers and their behaviours, thereby overlooking students and their perceptions. This second theory addresses this issue, incorporating the results of the first theory alongside key elements of the care theory and educational care theory literature to produce a theoretical explanation that includes both the offering and the completion of care. This, in turn, addresses an oversight that may contribute to the problem of educational care: good caring teacher intentions and appropriate caring teacher actions are helpful, but can still result in insufficient student experiences of successfully communicated care.
Answering the Research Questions

Concluding a research study requires returning to the original research questions. Were the questions answered? Were there surprising insights that emerged outside of the scope of the research questions? In this section, I reflect on each of the three research questions, as well as important insights that extended beyond these three questions.

**Research Question 1: How Do Students Experience Educational Care?**

The participant interviews provided rich data for this first question. The participants distinguished between care that was successfully communicated and care that was not. Indeed, as the analysis advanced, it became clear that the students experienced care as the successful communication of care, which is an important distinction. The co-produced data that resulted played a central role in the descriptions of both the successful communication of care and the description of the unsuccessful communication of care, as well as the grounded theory of the offering of educational care. This theory played an important foundational role in the second theory: the establishment of a caring teacher-student relationship. This study establishes a central relationship between the student’s experiences and the teacher’s actions. As noted, however, the development of the grounded theory of the offering of educational care was not sufficient. The participants consistently drew my attention to the relationship between the teacher and the student, which was foundational to the successful communication of care.

**Research Question 2: What Factors Facilitate and Constrain Student Experiences of Educational Care?**

The participant interviews also provided important insights into student experiences of the factors that either support or impede the teacher’s offering of
ADOLESCENT EXPERIENCES OF EDUCATIONAL CARE

The descriptions and theory that emerged were built around 2,500+ codes that described specific teacher actions. Analysis of these codes resulted in the descriptions of the successful communication of care (SCC), based on a list of over 1,500 SCC factor-based codes, and the unsuccessful communication of care (UCC), based on a list of over 1,000 UCC factor-based codes. This analysis ultimately merged the two datasets together in the construction of a grounded theory of the offering of educational care, recognizing that facilitating and constraining factors merged together in describing a single social process that manifested uniquely for each student-teacher relationship.

**The 13 elements.** The final theory identified 13 distinctive elements, factors that influenced the offering of care. As noted, many of these elements are aspects of a teacher’s typical actions and interactions with students. These actions and interactions contribute to both the successful and unsuccessful communication of care. These elements also resonate with the many different research-based lists of teacher caring behaviours. The study results support what is already known concerning teacher actions that contribute to the offering of educational care. However, the results also extend beyond, primarily through the discernment of the three dimensions, but also through the description of the unsuccessful communication of educational care, which is often overlooked or bypassed in the literature.

**The 3 dimensions.** These 13 elements coalesced naturally into the three primary dimensions of educational care. These three dimensions – personal, pedagogical, and interpersonal – serve as the foundation of the description of educational care, as well as the grounded theory explanation of the offering of educational care. These three dimensions are a potentially important contribution to the literature because they fit well
with the two-dimensional pattern that was already implied in the literature (even though it had not been clearly articulated). But, they also highlight an essential third dimension that is often overlooked completely. As significantly, simplifying the 13 elements into 3 dimensions provides helpful resources for teaching teachers about educational care, and for supporting teachers in assessing their own intended care communication.

**Research Question 3: What Can Be Done to Improve and Enhance Teacher Care Capacity and Their Communication of Educational Care?**

The simplest and most important conclusion of this study is the importance of paying attention to the offering of care. It is far too easy to overlook and ignore the important role that successfully communicated care can play in supporting student growth and learning. Teachers also need to be better prepared to identify the factors that influence the offering of care, particularly in light of the fact that many of these factors are variations on familiar themes and central aspects of a teacher’s role and responsibilities. Teachers do not necessarily need to learn new things in order to successfully communicate care; but, they do need to be more reflective about how they do what they already do in order to ensure that their practices also communicate care successfully. Finally, teachers need to recognize the importance of completion and the need for a caring relationship. Care is a relationship; care is not simply the unidirectional communication of care from a teacher to a student. The final chapter will provide specific suggestions that directly address this final research question.

**Important insights from beyond the research questions.** Very early in the process, the initial participants drew attention to the need to focus on the student’s role in the educational care process. They often observed that student behaviour could also
support, impede, or prevent the successful communication of care and the development of a caring teacher-student relationship. This resulted in a modification of the interview protocol, essentially adding a new research question that directly focused on the student’s contribution to the development of a caring teacher-student relationship. Additional sampling and data-collection consistently advanced this emphasis. Ultimately, the voice of the participants and the insights from the literature (e.g., the need for completion, care as a relationship, and a disconnect between teacher intentions and student experiences of communicated care) led directly to the development of a theory of the establishment of a caring teacher-student relationship. While emerging in response to my original research questions, this second theory was not anticipated in my formulation of these questions. However, the development of this theory is a natural extension to the questions I asked, as well as a response to the practical failure of care, rooted in misunderstanding, oversimplification, brokenness, disconnect, and disengagement.

**What makes this study unique?** The primary studies that focused on student perceptions of the care offered by their teachers (Bosworth, 1995; Cooper & Miness, 2014; Davis, 2009; Garza et al., 2009, Hayes et al., 1994) McKarney 2002, 2011; McCroskey & Teven, 1997; Wentzel, 1997) all resulted in excellent lists of teacher caring behaviours. However, the application of these lists often focused on the perceptions of the teacher, rather than the students. Teachers and educational leaders who focused on how teachers offered care often used these lists as checklists, watching the teachers to see what they did, rather than focusing on the students and their response. The resulting focus on the offering of care, rather than on the completion or successful communication of care is a primary emphasis in the current study. Teacher caring
intentions and teacher caring behaviours are foundational to the offering of care, which is itself an essential starting point for the successful communication of care. The first theoretical explanation, the offering of care or the intended communication of care provides an important contrast to the second theoretical explanation, the successful communication of care that results in the establishment of a caring teacher student relationship. In addition, as noted elsewhere the identification of three dimensions of care also offers an important contribution to the educational care literature, both because it articulates the first two dimensions (personal and pedagogical) already anticipated in the existing literature, and because the third dimension (interpersonal) provides a meaningful extension of the literature.

**Study Limitations**

A critical self-assessment of my project reveals a number of limitations and challenges. In this section, I review what I see as the most important challenges: (1) demographic limitations; (3) the small sample size; (4) the geographical context; (5) retrospective data; (6) self-report data; (7) three theoretical conundrums; and, perhaps most importantly, (8) ecological factors that influence care in education.

Despite these limitations, the fact that all humans have two care-related needs, and that all students are likely to experience both the successful and unsuccessful communication of care, positioned participants to contribute valuable and appropriate data. In the end, their insights rang true, resulting in authentic human responses that led to conclusions that could potentially transfer to other settings – particularly, to other schools and students.
Demographic Limitations

A vast range of factors influence students, teachers, and student learning. Student demographic elements (gender and gender identity, race, ethnicity, socio-economic status) exert a powerful influence on interpersonal and relational dynamics. In this context, it is evident that these demographic factors will also influence perceptions and experiences of educational care, something that, as noted earlier, is indicated by the educational care literature. This study did not focus on gender, racial, ethnic, socio-economic, and cultural differences. Part of the reason for this was practical, given the scope of an unfunded, geographically bounded study. I did not think it feasible to address all of these factors, given the nature of my study. And, part of it was intentional, given my assumptions about the two care-related needs and the likelihood that all potential participants were likely to have experienced both the successful and unsuccessful communication of care. Finally, I also recognize that the successful communication of care is actually more complex than these important demographic elements. Every caring teacher-student relationship was unique and, therefore, legitimately impacted by multiple factors, including demographics. Despite the fact that the study did not sufficiently address these important demographic elements, I firmly believe the study could generate results that contribute to the educational care dialogue and could transfer to other settings. I recognize, however, that this identifies important possibilities for future research.

Small Sample Size

Some reviewers may question my small sample size, drawing on only 13 participants, who collectively represent 68 teachers. However, based on my review of the grounded theory literature, I initially determined that a grounded theory study of this
nature requires 7 to 10 participants. My initial goal, as a result, was 8 to 15 participants. This is a small sample size for potential transfer in most qualitative research context, so it warrants mention. However, a grounded theory focuses on theoretical saturation, which directs the researcher to consider a category or concept to be ‘saturated’ when further data collection does not result in new relevant data, which will be the primary concern when it comes to the number of participants and the size of the sample. If a category did not achieve saturation, more data was needed, and I would solicit additional participants. After six participants, it was clear that the categories had not reached saturation. However, by the eleventh participant, I recognized that saturation had been attained. Because I still had two scheduled interviews, however, I finished the cycle. And, I am glad I did, based on the input of the final two participants, as both contributed rich data.

Geographical Context Limitations

Because I live in Ontario, attend a university in Southern Ontario, and completed an unfunded dissertation research project, I was geographically limited. This factored into my planning from the outset. My selection criteria required that all of my participants be from Ontario, and that they had attended Ontario schools from Grades 6 to 12. This ensured that the data and results that emerged would have some relevance for schools and teachers in Ontario. However, I believe that the results will transfer beyond the Ontario context. That being said, this limitation also implies an opportunity for further study, considering other school contexts in other geographical locations.

Retrospective Data

For practical and ethical reasons, I made a strategic decision not to work with adolescent participants who were currently in school. I chose to focus on retrospective
verbalization (Ericsson & Simon, 1980), whereby the participant verbally reflects on past experience. I recognized that as long as my data analysis methods had legitimate procedures for analyzing data that could handle occasional errors (e.g., CGT’s constant comparison method) and that there were sufficient procedural checks and balances aimed at minimizing such errors (in this case, carefully constructed verbal prompts in the interview guide), the potential limitations of retrospective verbal data would be minimized, leading to the generation of legitimate data for my study.

However, I do recognize that my participants were not adolescents, even if they described experiences from their recent adolescent years in school. And, there were times where some of the participants were uniquely positioned as young adults, looking back on their adolescent experiences, recognizing things about their teacher’s care communication that they may not have been positioned to recognize when they were in the teacher’s class. From my vantage point, these moments strengthened the process, because the participant was able to reflect on both their experiences as an adolescent student, while also recognizing their teacher’s caring intentions (even if care was not successfully communicated). Nonetheless, the fact that my data came from young adult participants rather than adolescent participants is a recognized limitation, even if it did allow me to access data concerning the unsuccessful communication of care, a topic that had not been sufficiently addressed in the educational care literature.

**Self-Report Data**

One of the key challenges in my research is that it relies so heavily on student perceptions. Indeed, the offering of care is completely rooted in perceptions, almost regardless of the intentions of the one-caring. This is the risk of my research, but is also
the risk and challenge of offering care: it is completely dependent on the perceptions of those who experience the social process. Thus, I needed to rely on self-reports. However, the qualitative research literature is clear: insider self-report measures may not be accurate or reliable (e.g., Fan et al., 2006), a legitimate challenge for this study and results. I believe this concern is moderated by the checks and balances of the grounded theory methodology (e.g., constant comparison), my own theoretical sensitivity, and by the confirming and supporting voice of the research literature. Importantly, despite the recognized concerns, self-report data is considered to be a reliable source of information for internal motives, thoughts, and influences (Wang, Jome, Hasse, & Bruch, 2006).

**Theoretical Conundrums**

I also recognize that a number of theoretical conundrums emerged during my analysis and conceptualization that may influence the outcomes of my study.

**Insufficient data for my description of the student’s role.** The most obvious limitation relates to my analysis of the co-produced data concerning the student’s contribution to the development of a caring teacher-student relationship. I added this topic to the interview protocol after my analysis of the first six transcripts, when I realized the participants were directing me to focus on how students also influenced the offering of care and the development of a caring relationship. Even though this emerged from the first six participants, only three of those participants chose to respond to the questions that I added to the protocol after the fact. The remaining participants contributed far more data, relatively speaking. However, when I analyzed the data, I realized that some of the categories were not saturated, resulting in codes that were
indicated, but not enough for me to move forward with the results. I needed more data if I wanted to advance this description with confidence. I plan to do so at some point.

**Theory I – Grounded, but not sequential.** The grounded theory of the intended communication of care is built around the three dimensions of educational care. The theory suggests that educational care can only be communicated successfully if it involves all three dimensions. However, in most circumstances, a grounded theory includes the identification of chronological *sequentiality*: the theory unfolds in a number of identifiable stages. While there are three primary dimensions, the sequence of the dimensions is not discernible. Charmaz (2014) indicates that this usually suggests the need for further analysis. However, I am content that these results fit one of the most important elements of the successful communication of educational care: a teacher needs to develop a unique relationship with each student. And, the needs, perceptions, and experiences of the student determine the reception and completion of care. I would suggest that each student-teacher interaction has its own sequentiality as a result. What is essential is that all three dimensions are needed, not that there is a specific order.

**Theory II – Sequential, but not grounded.** By contrast, the theory of the establishment of a caring teacher-student relationship is sequential, but it is not necessarily grounded in the data – or, at least, it was not subjected to the same rigorous CGT analysis as the first theory. I did not employ grounded theory methods in order to construct this theory. Instead, this theory was developed a) on the basis of the description of the offering of care, which was grounded in the co-produced data; b) on the basis of participant narratives and descriptions of a caring teacher-student relationship, and; c) significantly, on my reviews of the educational care and care theory literatures. As a
result, this second theory was not devised through grounded theory analysis methods – it
is not a grounded theory. However, I do believe it is a valid theory that fits the research of
my study. The participants strongly endorsed this theoretical explanation in the final
member-check process, and it also resonates with the educational care literature.

**Ecological Factors**

One of the most significant limitations of my study is that it seems to suggest that
the only things that influence the intended communication of educational care and the
development of a caring teacher-student relationship are the teacher and student. This is
not the case. The offering of care is more complicated than this, and is influenced by
many ecological and environmental layers and factors. As I observed when I used the
conditional matrix as part of my in-depth analysis, there are numerous non-teacher and
non-student factors that influence care in schools (see Figure 6.1).

Does the school value the communication of care? Do the other teachers value the
communication of care? Do the teachers communicate care for each other? Do the school
leaders value the communication of care? Do the schools leaders communicate care for
the teachers? It is certainly possible for a teacher to successfully communicate care for
their students in an uncaring or toxic school culture, but it is very difficult to offer care to
others if you are not experiencing successfully communicated care yourself. In contrast, a
school that is characterized by successfully communicated care can have an exponential
impact on all people and all interpersonal relationships. Nonetheless, this is an important
limitation of my research, and must be named. Indeed, it is a challenge that has been
raised in a number of my preliminary presentations. I will conclude this section, however,
by reiterating that because care is a human need, and because care emerges
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<th>Influences on Care</th>
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<td>International / Global</td>
<td>Increasing focus on safety, wellbeing, and flourishing</td>
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<td>Shifting perceptions of the nature and purpose of education</td>
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<td>National or Regional</td>
<td>Does the nation value safety, autonomy, wellbeing, flourishing?</td>
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<td>Is Care a Priority?</td>
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<td>Emerging initiatives in Canada and Ontario focusing on mental health and wellbeing</td>
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<td>Shifting vision for/emphases concerning education (e.g., increasing focus on affective, emotional, mental health, TSRs, etc.)</td>
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<td>Community</td>
<td>What is happening in the area around the school?</td>
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<td>What is the nature of parent perceptions of education, teachers, students, learning?</td>
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<td>Organizational / Institutional</td>
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<td>Are they shifting practice and policy to “fit” the emerging shifts?</td>
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<td>Sub-organizational / Sub-institutional</td>
<td>What is the tone of the care relationships between administrators and teachers?</td>
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<td>Are they shifting practice and policy to “fit” the emerging shifts?</td>
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*Figure 6.1. Using the Conditional-Consequential Matrix to Identify Non-Teacher Factors Influencing Care.*
in the interaction between human beings, it is certainly possible for care to be
successfully communicated, even in the most difficult of circumstances. I have seen this
happen repeatedly, including in schools that would be characterized as toxic and
uncaring. The capacity and potential for care to be successfully communicated can trump
the ecological factors that conspire to constrain it.

While I recognize these limitations to the study, the results may potentially
provide valuable insights concerning the successful communication of educational care.
As significantly, the insights that emerged may also provide resources for supporting
teachers in developing their care capacity and the offering of care. These
limitations serve as opportunities for further research.

Suggestions for Further Research

During this research, areas for further research emerged. In this section, I describe
a number of suggestions. These suggestions are divided into four categories: (1)
suggestions emerging from my study; (2) studies emerging from looking beyond my
approach and results; (3) education care-related topics that emerged during my study; and
(4) connecting educational care with other education-related topics. Each provides
opportunities for further clarification and application of the results of my study. They do
not undermine or limit the results of this current, but instead, serve to identify
opportunities to extend and enact the outcomes.

Suggestions Emerging From My Study

A number of possible suggestions for further research emerged from my study,
The nature of the student’s contribution to the development of a caring teacher-student relationship. The initial participants in the study encouraged me to consider how a student impacted the offering of care and the development of a caring relationship. This prompted me to change the interview protocol. In the end, 10 of the 13 participants contributed data that I coded and analyzed, identifying student actions that supported the development of a relationship, as well as actions that impeded or prevented the development of a relationship. However, my categories were not fully saturated, and I recognize that I do not yet have enough data to justify drawing more significant conclusions. Nonetheless, the role played by the second part of the teacher-student relationship seems significant, and certainly warrants further study.

Further interrogation of the unsuccessful communication of care. My research focused on the offering of care, co-producing data related to both the successful and unsuccessful communication of educational care. This resulted in a description of the unsuccessful communication of care, a unique contribution to the educational care dialogue. Because one of the biggest challenges facing educational care is the fact that it fails far too often, this is a topic that warrants closer study on its own. As I have noted, however, it is complicated to investigate this topic directly. How do you enter the field, and how do you find participants when your purpose is to focus on care when it is not communicated successfully? I had to plan very strategically in order to access such data. It may even be appropriate for me to elaborate on these results or to develop a similar study that simply emphasizes this aspect more.

Applying the results of the study. What can be done to act on the results of this research? This study developed a helpful description of the intended communication of
care, as well as two potentially significant theories: (1) a grounded theory of the intended communication of educational care; and (2) a theory of the establishment of a caring teacher-student relationship. The obvious next step is to apply the results, perhaps even initiating a pre-test/intervention/post-test study to assess the impact.

**Assessing and measuring successful care.** How do scholars who study care determine how successful the intended communication of care has been? I have consistently emphasized that the offering of care is not sufficient: it requires successful communication, completion, and the establishment of a caring relationship. Nonetheless, the elements and dimensions that emerged from my study all describe teacher actions that can be assessed – perhaps, even along a Likert-like continuum (e.g., always / usually / sometimes / rarely / never) – providing helpful feedback for the teacher along the way, and thus supporting their intended communication of care and the establishment of caring teacher-student relationships.

**Developing an educational care instrument.** The previous suggestion could also be extended, drawing on the dimensions and elements and the Likert-like continuum to develop an educational care instrument, which would then require testing and refining. My review of the literature also identified at least two other similar instruments that could be further tested and refined (e.g., McCroskey & Teven, 1997; Garza et al., 2009).

**Looking Beyond My Study Approach and Results**

There are also possible suggestions for future research that emerged as I completed my study, in light of the choices I made and the things I did not address.

**Student demographic factors.** As noted, the educational care theory has explored the impact that different student demographic factors (e.g., gender and gender
identity, race, ethnicity, cultural differences, socioeconomic status) have on student perceptions and experiences of educational care. For a number of practical reasons, I did not address these, noting that my focus was actually even more complex, suggesting that every single student-teacher relationship was unique, and that every relationship warranted careful consideration of all of the factors that could influence the individual student’s perceptions of educational care (including demographics).

**Larger sample.** Having developed an approach that makes sense and generated potentially helpful results, there may be merit in refining my study and repeating it with a larger sample. It may be possible to modify the study to use questionnaires or focus groups instead of the in-depth unstructured interviews and transcript-refining process I chose for this particular study.

**Other geographical regions.** Similarly, there may be value in developing a similar study in other geographical regions. Given care theory’s two care needs and my claim that all students have experienced both successfully and unsuccessfully communicated care, it would be interesting to see how results compare in different contexts, including in other countries.

**Ecological/Environmental factors.** It is clear that a teacher’s offering of care is also significantly impacted by non-student factors. What happens when teachers do not experience successfully communicated care from colleagues, administrators, supervisors, parents, and students? What impact does this have on their intended communication of care? These questions could be explored in future studies.

**Losing the will to offer care.** The educational care literature suggests that most teachers enter the teaching profession with intending to care for their students. But,
teaching is stressful, and care is not always successfully communicated. A couple of the participants in my study suggested that they had teachers who clearly no longer offered care to their students. How does this happen? What happens when a teacher loses the desire to offer care? What impact does this have on the teacher, and on their students? Can they regain their commitment to offer care?

Educational Care-Related Topics That Emerged During My Study

A number of important insights and social processes emerged during my reviews of the literature and interactions with participants. These topics did not advance in the current study. However, these topics warrant further investigation.

The relationship between educational care, belonging, and engagement. Is there a causal – or, even an important correlative – connection to be drawn between (A) the successful communication of educational care; (B) a student experiencing school belonging; (C) resulting in higher levels of student engagement? Could I go one step further, adding a link from engagement to (D) student achievement? The relationships between B and C, and C and D already have precedent in the research literature. Is the successful communication of educational care the important first link in this chain?

Chronic disengagement and unrealized student potential. Sulkowski et al. (2012) suggest that almost half of the students in the United States are chronically disengaged from school by the time they reach high school, and the authors recognize that addressing this issue must be a significant priority for educational reform initiatives. The tragic consequences of chronic disengagement and the resulting unrealized student potential and capacity should be at the forefront of educational reform initiatives. More recent emphases on relational and affective dimensions of education are likely positioned
to impact this. The issue needs to be researched and clarified. If chronic disengagement exists, this is another potential entry point for educational care because a caring relationship may increase both belonging and engagement.

**Teacher-class relationships.** Study participants drew my attention to the important role played by the relationship between the teacher and the class as a whole, particularly when it came to the unsuccessful communication of care. This caused me to propose the existence of the construct of teacher-class relationships (in contrast and addition to the more familiar teacher-student relationship construct). Teacher-class relationships (TCRs) are worth studying in their own right, perhaps developing a study focused on construct formation, clarification, and analysis.

**Playing the game of school.** This phrase emerged a number of times in the participant interviews, and was also often described, even if it was not named. The participants used this phrase to describe classmates who were not authentically engaged in their own schooling and did not take school seriously. They simply showed up because they had to, and did the minimum they needed to do in order to keep teachers and parents ‘off their backs.’ They essentially were going through the motions, therefore, ‘playing the game of school.’ This concept could be a basic social process that warrants grounded theory investigation. Interestingly, a couple of the participants also suggested that some teachers were complicit in the process, allowing the students to play the game, or even playing the game along with them.

**Claiming your identity as a student.** This phrase was used directly by one of the participants, but was also implied and described by other participants. The participants observed that many of their classmates did not allow themselves to engage in their own
learning. Instead, they went through the motions, playing the game of school as described above. However, by contrast, some of these students were able to make a transition from this, eventually coming to recognize the importance of their own education and to start to take the process more seriously, ‘claiming their identity’ as a student; and authentically engaging in their own learning. This was a transformation, and one that had a marked impact. As a basic social process, this concept is also worth investigating.

**Claiming your identity as a teacher.** This phrase was also used by one of the participants, in the context of describing the need for students to claim their identity as a student. The phrase describes the need for teachers to recognize there is more to teaching than simply showing up and delivering content. Teachers are positioned to exercise a formative impact on young people, who crave adult support – even if they do not appear to. The participant urged teachers to “claim their identity as a teacher,” and to fully engage in the important relational and affective dimensions of their calling.

**Breaking the cycle.** This final phrase was also mentioned repeatedly by the participants. By the time a student reaches adolescence, they may have disengaged from schooling (an echo of the chronic disengagement referenced above). As a result, not only do they not take their learning seriously, but they are also disinclined to trust their teachers. The participants suggested, however, that one of the reasons for the disengagement is the students’ inability to develop caring relationships with their teachers. For some students, such a relationship has simply never occurred. Because the student has care needs that have essentially been unfulfilled, this has resulted in the student no longer expecting a caring relationship to be possible, let alone to form. A teacher who seeks to offer care faces a double challenge. Not only do they need to offer
care (which is already difficult, particularly since it requires completion), they also need to break through the student’s walls – they need to ‘break the cycle’ that the student has recognized, accepted, and normalized. Fortunately, a number of the participants also described caring teachers who were able to do just that. And, the participants were clearly struck by the significant transformation they saw in their classmates as a result. This is clearly a basic social process worthy of further grounded theory investigation.

**Connecting Educational Care with Other Education-Related Topics**

Finally, one of the obvious aspects of my research as it unfolded was the potent resonance between my focus on educational care and other current emphases in the educational discourse. A number of important initiatives have taken place in education in the past decade or so, many of them addressing affective and relational aspects. While this emphasis is not new, what *is* new is recognition that these initiatives not only support affective and relational dimensions of schooling, but may also have a marked impact on student learning and student achievement.

- What is the relationship between educational care and *teacher-student relationships*?
- What is the relationship between educational care and *school connectedness*?
- What is the relationship between educational care and *student mental health and wellbeing*?
- What is the relationship between educational care and *self-determination theory*?
- What is the relationship between educational care and *autonomy support*?
- What is the relationship between educational care and *social and emotional learning*?
• What is the relationship between educational care and interpersonal theory/teacher interpersonal communication (Wubbels & Levy, 1993; Wubbels et al., 2012)?

• What is the relationship between educational care and invitational education/invitational theory (Purkey & Novak, 2015)?

• What is the relationship between educational care and restorative justice/restorative practices (see Montellanos, 2016)?

Implications for Practice

While Chapter Seven focuses on possible implications and applications of my research into educational care, it is also appropriate to conclude the current chapter by identifying implications for practice. In this section, I briefly review important general implications, as well as a number of overarching recommendations for practitioners (e.g., teachers, educational leaders, and teacher educators).

General Implications

My research has predominately focused on the offering of educational care. But, it is also clear to me that the impact and importance of offering care extends far beyond education. And, some of the key insights that emerged through my research address care-related issues and challenges outside of education.

Pay attention to the successful communication of care. It matters. Perhaps the most significant challenge facing my research is the fact that the successful communication of care seems to be overlooked and undervalued. Perhaps this is a result of the practical failure of care: not enough people had experienced transformational care. Or, perhaps their experiences of care have been trumped by their experiences of the lack
of successfully communicated care, which has been a more potent and common experience. Regardless, an obvious message coming out of my study is that, culturally and socially speaking, we need to pay more attention to the communication of care, because it matters and it makes a difference in the lives of the human beings around us. Of course, this fits with the two care-related needs share by all humans.

**The apparent practical failure of care.** The second general implication is the articulation of the problem of care: the apparent practical failure of care. Given the lack of successfully communicated care, it can appear that care does not ‘work.’ The theory’s premise is simple: people all need to offer and experience care, and if individuals all offer care for those in their immediate contexts, everyone will experience successfully communicated care. Too often, however, this does not happen. As a result, care appears to have failed. My study identifies five aspects of this failure, and there is value in naming them: (1) misunderstanding; (2) oversimplification; (3) brokenness; (4) relational disconnect; and (5) disengagement. However, my study also proposes potential solutions for each of these aspects: (1) clarification; (2) complexification; (3) authenticity/transparency/intentionality; (4) relational reconnection; and (5) relational engagement. The apparent practical failure of care must be challenged.

**Care capacity.** Another dimension of the problem of care is the issue of care capacity. Care theory suggests that all humans need to offer care. This implies that we all have the capacity to successfully communicate care. However, this capacity can be diminished through our experiences of uncaring, or by not experiencing enough successfully communicated care. There is a need to refuel. Care capacity reserves must be buttressed. The size of our tank needs to be increased, or, at the very least, returned to
full capacity. Resources are needed to help people enhance their capacity for successfully communicating care to others.

**Implications for Educational Practitioners**

While there are important general implications for my research, implications which also connect directly to education, the primary focus of this study is the nature and influence of care in education, and the primary implications of my research are intended for teachers, educational leaders, and teacher educators. The topics of offered care and the need for caring teacher-student relationships are often identified or implied in the educational discourse. Unfortunately, scant attention is paid to explaining how care is successfully communicated, or how a caring relationship is formed. More support must be offered to teachers in order to, by extension, provide more support for students.

**The ethical standard of care.** The OCT (2012) identifies care as one of the four ethical standards for the teaching profession. This is an important foundational starting point. Teachers are clearly expected to seek to offer care to their students. But, they need to go further. There is a real danger that simply *saying* that teachers need to offer care without providing resources to help them do so could actually compound the problem of educational care (e.g., misunderstanding, oversimplification, and disconnect). It is too easy for people to say that teachers need to offer care, and for teachers to perceive self-as-caring and care-as-communicated. But, how is care offered? How do students experience care? How do teachers know if their intended care has been received?

**The need for safe and caring schools.** The Ontario Ministry of Education’s (OME) *Caring and Safe Schools* (2010) also makes a direct reference to the need to focus on care, nothing that, “caring for students must be given the same kind of consideration
that we give to our efforts to ensure their safety” (p. 12). I appreciate that this commitment approaches the issue of educational care from the stance of student safety. This is consistent with the words of the participants in my study, who drew attention to the interpersonal dimension of educational care, which focuses directly on establishing a safe learning culture. However, such a declaration runs the risk of falling by the wayside if it is not accompanied by resources to support teachers in successfully communicating their intended care for students.

**Explaining how a positive relationship forms.** Emerging emphases in education have prioritized affective and relational dimensions of learning and development. The introduction of important initiatives such as teacher-student relationships, relational pedagogy, and school belonging and connectedness clearly indicate that relationality is valued. There is significant power in a positive relationship between a teacher and a student. However, despite the clear emphasis on the value of a positive teacher-student relationship, how such a relationship is developed is not sufficiently explained. It almost seems to be assumed that a teacher, given the appropriate disposition and checklist resources, will form a positive relationship with their students. Sometimes, fortunately, such relationships form anyhow, because good people consistently do good things that make a difference. But, my research provides opportunities for intentionality and transparency, specifically describing the communication of educational care and introducing two potentially valuable theories: (1) a grounded theory of the communication of educational care; and (2) a theory of the establishment of a caring teacher-student relationship.
**Drawing attention to the outcomes of educational care.** One of the most exciting elements of the recent emphases on affective and relational perspectives in education is the emerging research describing their impact on student outcomes. As I noted earlier in this document, at this point, the evidence is overwhelming, and it impacts almost every conceivable significant aspect of education. The successful communication of care and the establishment of a caring teacher-student relationship result in a host of positive student outcomes, including student motivation (Davidson, 1999; Murdock & Miller, 2003; Phelan et al., 1994; Wentzel, 1997), student engagement (Davidson, 1999; Muller, 1999; Osterman, 2000, 2010; Wentzel, 1997), student attendance (Cornelius-White, 2007; Goodenow, 1993; Kojima & Miyakawa, 1993; Sickel & Spector, 1996) and student preparedness (Sanders & Jordan, 2000), and is often correlated with student achievement (Bryk et al., 1990; Sanders & Jordan, 2000; Shann, 1999). These outcomes are, in and of themselves, sufficient justification to prioritize educational care and the need to form caring teacher-student relationships.

**Educational care as a protective factor for student mental health and wellbeing.** The province of Ontario has focused significant attention on mental health and wellbeing, ranging from province-wide social media initiatives designed to reduce stigma and raise awareness (e.g., Bell Canada’s “Let’s Talk” movement) to primary initiatives instituted by the OME (2016, 2017). The student mental health and wellbeing literature has introduced the concept of *protective factors*, which Santor et al. (2009) define as, “personal characteristics or environmental conditions that have been shown to reduce the likelihood of the occurrence of a problem behaviour” (p. 25). These elements are intended to provide proactive support for student mental health and wellbeing,
simultaneously raising awareness and providing support for 25% of Ontario students who are struggling with mental health challenges. This has resulted in the identification of a number of significant protective factors that make a difference in the lives of students. Many of these factors have clear relational dimensions.

I believe that the successful communication of educational care should be identified as a protective factor, providing important relational conditions for supporting student mental health and wellbeing. Importantly, there is precedent in the literature. The *Taking Mental Health to School Report* (Santor et al., 2009) identifies, “the presence of a caring adult” (p. 25) as an example of a protective factor. The *Healthy Behaviour in School-Aged Kids* report (Freeman et al., 2011), notes that, “in examining connections between contextual factors and mental health, one key theme emerged. Interpersonal relationships make a difference” (p. 192). The strength of this study is that it provides resources to support and equip teachers in communicating care successfully.

**Developing webs, systems, and pathways of care.** Engster (2005) and Noddings (2012) both describe *webs of care*; these authors make the point that all human beings depend on a network of interpersonal relationships. As Engster (2005) notes, “we are all unavoidably and deeply dependent upon others” (p. 61). The idea of a network of care surrounding our students emerges occasionally in the literature. The Ontario Council of Directors of Education (2012) repeatedly uses such language, referring to the need to develop an overarching and coherent, “system of care” (p. 2), the need to help students to identify and to act on existing, “pathway to care” (p. 3), and the importance of providing resources and supports in order to develop an appropriate teacher care capacity (p. 3). These are potentially powerful concepts, but too easily, they can become mere rhetoric in
the absence of resources that allow the concepts to be enacted and embodied. This is one of the strengths of this study because it focuses directly on putting educational care into action and practice. But, as the student mental health and wellbeing literature suggests, this is bigger than schools. Other social organizations need to be part of these webs, systems, and pathways of care that surround and support our students.

**Building teacher care capacity.** One of the most important goals of my study is to help develop teacher’s care capacity. I am confident that the capacity exists, given the two human care needs, as well as the recognition that most teachers enter the field in order to offer care for students. I was encouraged to see the Ontario Council of Directors of Education advisory report (2012) reference the need to develop teacher care capacity. I believe that building teacher care capacity includes: (1) helping teachers recognize the power of successfully communicated care; (2) helping them to identify the problem of care, both the apparent failure of care in general, as well as the specific disconnect between teacher caring intentions and the perceptions and experiences of too many students; (3) emphasizing the centrality of student perceptions; (4) recognizing the need for completion and relationship; and (5) better understanding the factors that influence their offering of care. This does not mean that teachers do not care. It may mean, however, that their intended care has not been communicated successfully.
CHAPTER SEVEN: POSSIBLE APPLICATIONS

The focus of this final chapter is application: applying the educational care insights that emerged as a result of this study. While my research is rooted in a desire to support students and student learning, my study centers on supporting teachers, teacher educators, and other educational leaders. This study of educational care has resulted in a number of important insights for teachers, potentially encouraging and challenging them to pay more attention to the offering of care and the successful communication of care.

The first two research questions, focusing on adolescent experiences of educational care and factors that impact the offering of care, were directly addressed through my research study and results. The third research question, however, has only been addressed indirectly by implication. The final research question asks, “What can be done to improve and enhance teacher care capacity and their offering of care?”

Care Capacity

Care capacity refers to the potential care a teacher is able to offer, which is dependent on their personality and their perception of the value of care. As emphasized throughout this document, every teacher has the capacity to offer care – like all humans, they have an innate need to care for others. Most teachers entered the profession at least partially motivated by a desire to offer care for their students; however, their care capacity – the amount of care they are capable of offering – will vary from one teacher to another. Part of the purpose of this study is to increase a teacher’s care capacity by drawing their attention to the nature and significance of educational care.
The Offering of Care

The *offering of care* refers to the teacher’s ability to successfully communicate their intended care to their students. It is one thing to have a capacity for intending to care, yet it is another thing to seek to offer this care to their students. And, it is another thing entirely to do so successfully. Teachers vary widely in their ability to communicate care successfully. While there are many different things a teacher can do to offer care to their students, not all teacher actions are as likely to lead to success. More importantly, successful actions vary from teacher to teacher and from student to student. For instance, the same action by the same teacher may be seen as caring by some students, but not by others. And, the exact same action performed by different teachers may be seen very differently by students.

Rationale for a Seven-Chapter Dissertation

Most dissertations studies are five chapters in length, but this dissertation has seven chapters. I have already explained the inclusion of a second literature review chapter: Chapter Two reviews the care theory literature, while Chapter Three focuses on the educational care literature. Both bodies of literature serve as important foundations for my research. Though clearly intertwined, they both play different roles in establishing the context for my study, as well as potentially informing my own future work with care both inside and outside of education.

However, I also chose to add this final chapter, which focuses on applying the results of my study. I am somewhat uniquely positioned in that I have developed educational care expertise – the offering of care that occurs in the context of education – which is rooted in my significant educational experience in a variety of school settings. I
have worked with students of all ages from elementary to secondary, and from post-secondary to adult education (including graduate students, as well as pre-service and in-service teachers). I have been employed as a classroom teacher, a Director of staff development, a Vice-Principal, a Principal, and a teacher educator. My experiences have equipped and authorized me to extend the theoretical results of my study into a variety of educational contexts. I am, therefore, well-positioned to offer suggestions to educators and educational leaders, helping them to apply the results of this study. One of the key tests of qualitative research is its ability to transfer to other settings. Because of my professional experience, I seek to provide resources and guidance for those who wish to attempt to transfer the results of this study into their own unique contexts.

**Chapter Purpose**

The purpose of this chapter is to provide resources and guidance to support teachers in successfully communicating care for their students, as well as in establishing caring relationships with their students. The educational care literature suggests that the primary problem of educational care is the disconnect between teacher caring intentions and the perceptions and experiences of their students. Too often, the teachers seek to communicate intended care that is not recognized and, therefore, not experienced. The solution is *relational reconnection*, finding ways to reconnect teachers and students. Care theory reminds us that care is defined as a relationship: teachers and students need each other, and they need to care for and experience care from each other. This can only happen in the context of a caring relationship.

I believe that, too often, educational care breaks down because too many teachers do not understand the concept of completion, but perceive and define the intended
communication of care as the offering of care, focusing on caring intentions and teacher caring behaviours. When their intended care fails to have an impact, they do not have the knowledge or skills to assess their care communication and, therefore, are not able to develop plans to recommunicate their intended care. As a result, their students do not experience successfully communicated care. The teacher’s caring intentions fall by the wayside. It is my hope that my research challenges teachers to:

- Recognize the disconnect between intentions and experience;
- Consider that they may be personally implicated by my research;
- Develop/practice their attention and empathy skills;
- Look at themselves through the lens of the results of this study;
- Find an appropriate way to seek relevant feedback about their own care communication;
- Develop a plan to develop and enhance their communication of care;
- Ensure that communication leads to completion and relationship;
- Position their students to experience the profound outcomes resulting from educational care.

**Educational Implications**

In the previous chapter, I concluded with a number of important educational implications, which provide an important context for the applications that are the emphasis in this chapter. These implications included:

- **The Value of Successfully Communicated Care:** There is a critical need to draw attention to the importance and impact of successfully communicated care in general, and to educational care in particular.
• **Completion, Not Intended Communication:** It is essential to recognize that offering care is insufficient for the successful communication of care. The intended communication of care is an essential first step, but the process is incomplete if it does not lead to completion and relationship.

• **Paying Attention to Student Perceptions:** It is critical to recognize that it is student perceptions that define the successful communication of care. Teachers must play attention to how their intended care is received and responded to.

• **Relational Reconnection:** The key problem of educational care is the disconnect between teacher intentions and student experiences. Teachers and students need to be relationally reconnected. Care is a relationship.

• **The Ethical Standard of Care:** It is important to remind teachers that offering care is an ethical and professional obligation. They must offer care in order to fulfil their responsibilities as professional educators and, more importantly, as human beings who interact with other human beings in their classrooms, school hallways, and playgrounds.

• **The Need for Safe and Caring Schools:** A safe school must also be a caring school. Students are not cared for if they are not kept safe. But, they will not feel safe if they are not cared for.

• **Explaining How a Positive Relationship Forms:** The intended communication of care is a necessary first step in establishing a caring relationship between teachers and students. But, it is only the first step. There are a number of steps involved in forming a caring teacher-student relationship.

• **Drawing Attention to the Outcomes of Educational Care:** Teachers and educational leaders need to recognize the research-affirmed influence of successfully communicated care on students. The successful communication of care can have a transformational impact.

• **Educational Care as a Protective Factor for Student Mental Health and Wellbeing:** The current global emphasis on student mental health and wellbeing powerfully underscores the essential proactive and protective role successfully communicated educational care can play.

• **Developing Webs, Systems, and Pathways of Care:** The mental health and wellbeing movement has issued a call to establish a network of care support systems, ensuring that each student has a pathway to care.
• **Building Teacher Care Capacity**: Support is needed in order to enhance and develop teachers’ care capacity and successful communication of care.

**Application Elements to Consider**

There are five primary application elements that could emerge from my study, which I have ranked in order of significance and potential impact: (1) the voices of the participants; (2) the emphasis on perception; (3) the need for completion and relationship; (4) the content of my results; and (5) teacher care assessment.

**The Voices of the Participants**

I believe that the most important application element in my study is the collective voice of the participants. I believe the voices of the participants are so significant because they are so potent and convicting. I was very fortunate to access the stories and experiences of the participants in this study; they shared powerful tales of the successful and unsuccessful communication of care. They also shared stories that captured the complexity where it was clear to me and to them (when they shared their experiences with me) that their teacher was attempting to do the right thing for the right reason, but ultimately, failed to communicate their intended care. If my research is going to affect change in teacher perception, behaviour, and the offering of care, these stories are likely to play a leading role. I believe that if a teacher hears the participants’ stories, particularly stories about the power and impact of both successful and unsuccessful care communication, as well as stories that describe a clearly well-intended and caring teacher who failed to communicate their care successfully, they are more likely to consider their own impact and care communication. Such stories may challenge teacher perceptions and could be strategically used to initiate a *disorienting dilemma* (Mezirow, 1991, 1995), an important dimension of adult learning.
I have struggled with this throughout the writing of my dissertation. At what point do I bring in the voices of the participants? I considered including vignettes throughout the dissertation, particularly in Chapters Five and Six. I also considered including them as appendices, and referencing them throughout the document. But, I chose to hold off, essentially saving them for what I consider to be the point where they are likely to have the greatest practical impact: in direct interactions with teachers where the stories can be strategically placed for greatest impact. I will, therefore, develop case studies or scenarios based on participant narratives that will be used with teachers in workshops and presentations where I attempt to challenge teachers to consider their own care communication. Stories from the participants will serve as examples that may help teachers see how intended care can fail to become successfully communicated care.

The Emphasis on Perception

The second most significant application element is the primary focus on perception. In my experience, perception is too easily overlooked in the context of the behaviours that result from the perceptions. It is quite common and understandable for people to focus on behaviour, particularly for busy teachers who are confronted with student behaviour all day long. However, this research highlights the central role played by student perceptions – that intended care is effective only when the cared-for perceives it as successfully communicated care – and the foundational role played by teacher perceptions – that the care process is only initiated when the teacher perceives care-as-important and self-as-caring, and then attempts to act on their perceptions. Both perceptions are essential for the successful communication of care: completed care cannot occur without them.
Perceptual theory reminds us that if behaviour is going to change, the focus must be on the person’s underlying perception. In the context of the application of this research, it is essential that the application process prioritizes challenging teacher perceptions, recognizing that a change in perception is likely to lead to a change in behaviour. This is one of the reasons transformational learning theory (Mezirow, 1991, 1995) – particularly, the approach’s focus on disorienting dilemmas – is so important to this project. A teacher who experiences a disorienting dilemma is likely to be positioned to critically reflect on their perceptions. Indeed, transformational learning theory and perceptual theory are very compatible, another possible topic for further exploration.

The Need for Completion and Relationship

The third most important application element is the emphasis on the need for completion and the development of a relationship. Too often, when teachers and educational leaders focus on the offering of care, they focus almost solely on the intended communication of care. Again, this is understandable, because it is the variable that the teacher has the most control over. It is also the easiest to observe. If teachers act in caring ways, care is more likely to be communicated successfully.

Care theory reminds us, however, that care is defined as a relationship. Successfully communicated care is not just the offering of care, but requires completion. The student must recognize and experience the intended care their teacher offers if care is to be successfully communicated: only then can a caring relationship form.

Content Knowledge: Study Results

Perhaps somewhat surprisingly, the actual content of this study is only the fourth most significant element of the application of the results, which is one of the main
reasons I recognized that this dissertation required an additional chapter. This research generated seven significant findings: (1) rearticulating the problem of educational care as disconnect, rather than as a loss or lack of care; (2) recognizing that the problem of educational care results from failing to distinguish between the offering of care and the completion of care; (3) recognizing that the successful communication of educational care has 3 distinct dimensions of care (personal, pedagogical, and interpersonal) that can be further distinguished by 13 elements; (4) recognizing that the unsuccessful communication of care can be described using the same 3 dimensions and 13 elements; (5) determining that the three dimensions of educational care provide a theoretical explanation of how educational care is offered; (6) describing the role students play in developing a caring relationship; and (7) developing a theoretical explanation of how care is successfully communicated, establishing a caring teacher-student relationship.

It is clear that some (or all) of this content needs to be the focus of any dissemination and application processes. How much content is addressed will depend on the audience and context (impacted significantly by available time, appropriateness of the forum, and the available mental energy and commitment of the participants). I explore specific content/application possibilities below.

**Care Assessment**

Perhaps most surprisingly, the actual assessment of teacher care is the fifth most significant element of my application strategizing, and the last topic on my list. Some might see this as the most important element. It is certainly the most practical: find an instrument that provides the teacher with feedback about their intended communication of care, and then use it to provide the teacher with feedback. The problem is, however,
that such instruments and related research-affirmed checklists of teacher caring
behaviours have been around for over 20 years. They actually have not worked all that
well. As noted, one of the challenges is that focusing primarily on teacher caring
behaviours can actually prevent teachers from fully understanding the successful
communication of care – hence, my focus on misunderstanding/clarification and
oversimplification/complexification. Placing the emphasis on teacher caring behaviours
generally leads to addressing only half of the process. In order for care to be
communicated successfully, a teacher must begin with the offering of their intended care
(e.g., teacher caring behaviours), but completed care requires that the student perceive,
experience, and respond.

Instead, I have focused attention on the pre-conditions of successfully
communicated care, and the elements of the offering of care that are required in order for
care to be completed, resulting in the formation of a caring relationship. Yes, lists of
teacher caring behaviours are helpful. Yes, care can only be communicated if teachers
actually act in caring ways. And yes, an assessment of a teacher’s caring behaviours is
helpful, providing them with feedback about the effectiveness of their care
communication. But, these elements only address the first half of the process: the offering
of care. They stop short of completion, and can, therefore, hinder the development of a
caring teacher-student relationship. As this project concludes, it is imperative that this
point be raised clearly, lest this study actually contribute to the problem, rather than being
part of a possible solution.
Application Options

Despite my focus on application, this chapter does not provide a ‘package’ for disseminating the results of this study. Having led teacher professional development in multiple formats and settings, I recognize that each unique context requires a unique action plan, one that is developed by someone who has, at the very least, a rudimentary knowledge of the specific audience – and, hopefully, who has worked with key stakeholders to develop a strategic plan. However, recognizing that it is quite likely that some people will seek to develop a strategic plan for a particular audience, I would like to provide some guidance. I also wish to clearly express my commitment and support: if someone chooses to do so, please feel free to get in touch with me to draw on my experience and expertise as a sounding board, or to find out if I have developed or know of resources that others have developed that could be shared or purchased.

In this section, I outline the key content elements and application options that could serve as the foundation for an approach to apply or disseminate the results of my research. I begin by reviewing the central content elements, and then identify possible content application options, before proposing a potential application delivery sequence.

Content Elements

As noted, there are seven primary content elements or findings that have emerged in this study, and these results should serve as the foundational content of any application strategy. The scope of the application project will determine how many content elements are addressed. These elements include:

- A description of the problem of care, including five primary aspects of the problem;
A rearticulation of the problem of educational care, which is a disconnect between teacher intentions and student perceptions (not a loss or lack of care);

A recognition that the problem of the offering of care has been a failure to differentiate between the offering and completion of care;

A description of the successful communication of educational care;

A description of the unsuccessful communication of educational care;

A grounded theory of the offering of educational care;

A description of the student’s contribution to a caring teacher-student relationship;

A theory of the establishment of a caring teacher-student relationship.

I will note that the two theories are the most significant contributions, while the descriptions of the problem and of care itself both serve as foundational content elements and background contexts for the theories that emerged. In other words, these elements are all intertwined. Potential leaders and facilitators will need to be strategic about identifying where to start and how much to include.

Content Application Options

Drawing on my experience as an educational leader and my educational care expertise, I have identified a number of possible application options, methods that leaders and facilitators could use to disseminate or apply the results of my research:

- **Care Self-Study:** Providing resources to 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;
• **Teacher Peer-Assessment**: Providing resources for teachers to draw on a trusted peer to help them assess their communication of educational care;

• **Educational Leadership Feedback Processes**: Providing educational leaders with resources for assessing a teacher’s or staff’s intended communication of educational care;

• **Pre-Service Teacher Education**: Educating pre-service teachers about the offering of care, using the findings as the content (shared in the context of challenging perceptions and reflecting on prior experiences);

• **In-Service Staff Professional Development I – Expert Facilitator**: Bring in a facilitator to direct an extended/multi-session professional development plan;

• **In-Service Staff Professional Development II – PLC Modules**: Develop an in-house staff professional learning community (PLC) extended or multi-session professional development modular project;

• **A 10-Step Transformative Learning Structure**: Develop a staff development project built around the ten steps of transformative learning theory (Mezirow, 1991), intentionally and strategically transitioning from disorienting dilemma to worldview transformation (e.g., emphasizing a change in perception that leads to a change in behaviour)

• **An Educational Care Intervention Study**: Develop a study designed around an educational care intervention in a specific school or district (such a study could involve a pre-test/intervention/post-test structure);

• **Extending My Research Process**: Develop a larger-scale study or draw on a different demographic in order to replicate or adapt and adopt this study to further contribute to the educational care dialogue, thereby leading to greater clarification concerning the offering of educational care and the establishment of a caring teacher-student relationship.

**A Proposed Delivery Sequence**

Drawing on my educational leadership experience, my curriculum design proficiency, and my educational care expertise, in order to further support the potential dissemination and application of my research study results, I have developed a possible
ADOLESCENT EXPERIENCES OF EDUCATIONAL CARE

skeleton outline of an application option. This project is built around a four-stage sequence, transitioning from perception, to problem, to communication, to relationship.

<table>
<thead>
<tr>
<th>Stage I: Perception</th>
<th>Stage II: Problem</th>
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<tbody>
<tr>
<td>Beginning with teacher perceptions, highlighting the significance of perception:</td>
<td>Considering the problem, naming the problem, and aspects of the problem:</td>
</tr>
<tr>
<td>• Initial self-reflection</td>
<td>• Initial reflection/discussion</td>
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<tr>
<td>• Participant voices</td>
<td>• What is the problem?</td>
</tr>
<tr>
<td>• On perceptions and dispositions</td>
<td>• The four aspects of the problem</td>
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<tr>
<td></td>
<td>• Resources: The description of the “problem” of care</td>
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<table>
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<tr>
<th>Stage III: Offering Care</th>
<th>Stage IV: Relationship</th>
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</thead>
<tbody>
<tr>
<td>The first stage in the process – offering care:</td>
<td>The second stage in the process – completing care and establishing a relationship:</td>
</tr>
<tr>
<td>• Offering vs. completion</td>
<td>• Two stage process: Intended communication/establishing a relationship</td>
</tr>
<tr>
<td>• The danger of lists of teacher caring behaviours</td>
<td>• The need for completion</td>
</tr>
<tr>
<td>• Resources: Research-based outcomes of educational care including the description of the successful communication of care; the description of the unsuccessful communication of care; the grounded theory of the communication of care; the three dimensions of care; lists of teacher caring behaviours; instrument(s) for assessing educational care</td>
<td>• The outcomes of a transformed relationship</td>
</tr>
<tr>
<td></td>
<td>• Resources: The description of the student’s contribution to a caring teacher-student relationship, and the theory of the establishment of a caring teacher-student relationship</td>
</tr>
</tbody>
</table>

Seeking Feedback about Student Perceptions

I have consistently emphasized the potential danger of focusing on the offering of educational care and overlooking completion and relationship. However, if teachers are convicted and implicated by the results of this study, and if they experience a disorienting dilemma that enables them to challenge their perceptions and consider the possibility that
they may need to change their behaviour, the next step is to help them assess their current offering of care. Provided the assessment of a teacher’s offering of care occurs in the context of the possibility of developing caring teacher-student relationships, a focus on the intended communication of care is appropriate, and potentially significant.

**Challenging the Teacher**

In this context, one of the primary goals of my study is to challenge teachers to:

- Recognize the disconnect between teacher intentions and student perceptions of educational care;
- Look at themselves through the lens of the results of this study;
- Consider that they may be implicated by this study;
- Develop/practice their attention and empathy skills;
- Seek relevant feedback from other eyes (e.g., trusted peer, students, supervisor);
- Develop a plan to improve their offering of care;

Once a teacher recognizes the potential significance of educational care and the need to transition past intended communication to completion and the establishment of a caring relationship, assessing the offering of care is absolutely essential. The challenge, of course, is that assessing the offering of care prior to these foundational recognitions is problematic, so timing is of the essence.

**Care Assessment-Related Skills**

A caring teacher is characterized by a number of care-related skills. In order for a teacher to assess their offering of care, they must recognize and develop these skills.

**Self-awareness.** A caring teacher recognizes that their words, actions, and
nonverbal communication influence their students. A caring teacher is aware of their interpersonal communication and impact.

**Noticing skills.** It is quite possible for an individual student to go through an entire day of school without making eye contact with a teacher. Such students are aware that they are not noticed. A caring teacher notices their students, making regular eye contact with each one. Their students also know that their teacher keeps an eye on them throughout the day. A caring teacher ensures their students know they have been noticed.

**Attention.** A caring teacher pays attention to their students. And, when interacting with an individual student, the teacher attends fully. Noddings (1984, 2013) describes this as *engrossment*, suggesting that such a teacher is completely engrossed with the student, giving them their full attention. The teacher sends a clear message to the student: you matter to me.

**Empathy.** A caring teacher identifies with their students. This one is tricky for a busy teacher, particularly when student concerns seem minor or inappropriate. Noddings (1984, 2013) refers to this as *motivational displacement*, referring to a teacher’s ability to completely empathize with a student from the student’s perspective. The teacher sets aside their own ideas and interpretations and seeks to see through the eyes of the student.

**Relationship-building.** A caring teacher seeks to establish a relationship with each student, and knows that relationships are always in progress. Care is a relationship, developed and confirmed through the successful communication of care and completed through the student’s response. A teacher commits to a caring relationship with each student. If their intended care is not recognized, received, and responded to, the teacher re-strategizes, looking for a different way to encode and offer their intended care. They
know that care is only communicated successfully when the student believes they have been cared for.

**Care Communication Feedback Options**

Perhaps the clearest implication of this study is that teachers need to become more aware of how their offering of care is perceived and experienced by their students. The study suggests that there often is a disconnect between a teacher’s caring intentions and the student’s perception and experience of educational care. If the student does not recognize the teacher’s intended care, care is not successfully communicated – regardless of the teacher’s intentions, caring personality, and caring actions. There are a number of different ways for a teacher to receive feedback about their care communication. Unfortunately, they are all somewhat problematic.

**Student feedback.** If student perceptions define the existence of successfully communicated care, it seems obvious that a teacher needs to seek feedback from their students about their offering of care. While the results could be quite valid, the approach can also cause complications. There is a very real danger that the results could be invalid as well: there is no guarantee that the teacher will hear the truth, even if the students do respond. The teacher-student relationship is structurally characterized by asymmetric power imbalance: the teacher has proportionally far more power than their students, even if the teacher does not believe this is the case. If a teacher asks their students for feedback about the teacher’s offering of care, the students may simply tell the teacher what they think the teacher wants to hear. Whether or not they tell the truth depends predominately on the level of trust and relationship between the teacher and their students. A student may not feel safe to self-disclose. As significantly, it is also quite possible that the
students will abuse the opportunity, using the feedback process to vent and express frustration. There is no guarantee that a student feedback process will provide the teacher with accurate results. However, because the issue of student perceptions is so central, this is a topic warranting further investigation. How can the teacher safely access student feedback about the teacher’s offering of care?

**Peer feedback.** A second option is to seek feedback from another person. A teacher could ask a trusted colleague to watch them in action and provide them with feedback. It is even possible that the trusted colleague may also have a trust relationship with the students, providing them with access to student perceptions, as well. This option, too, has weaknesses. The perception of a trusted colleague is not the same as the perceptions of the students. It is also possible that teacher behaviour or student behaviour may change in the presence of the trusted colleague, invalidating the results. Nonetheless, this is an approach worth considering because: (1) the colleague’s insights are likely to be trusted; and (2) the perception of someone who is not the teacher or their students could provide legitimate observation-based feedback. Another pair of eyes can be helpful.

**Supervisor feedback.** A third option is to seek feedback from a supervisor or administrator. It is certainly possible that a classroom teacher may not have an option: their educational leader may be the one initiating a feedback process and identify the intended communication of educational care as a focal point of their observation and feedback. Once again, the validity of the feedback is potentially impacted by multiple factors. How does the teacher behave in the presence of the supervisor? Do the students change their behaviour in the presence of the supervisor? Does the teacher trust the supervisor’s judgement? Is the supervisor using the feedback process to support the
teacher’s growth and development, or for other purposes, as well? This approach has potential, particularly if the supervisor has theoretical sensitivity for the offering of care and has experience providing care-related feedback – and does so with care.

**Neutral third-party feedback.** A fourth option is to draw on a neutral third-party to provide feedback. For example, an outside expert could observe the teacher in the classroom, or could use some type of instrument or questionnaire to solicit student feedback and data, either anonymously or face-to-face. Once again, there are limitations to such an approach, and it, too, faces validity concerns. What impact does the presence of an unknown individual have on the classroom dynamics, and on the teacher’s behaviour? Do the students take the data collection process seriously? Do they trust the process?

However, a well-developed educational care assessment process could provide valuable data and insights. This, too, warrants further exploration and research.

**Self-assessment.** Perhaps the best place to start is for a teacher to self-assess their own offering of care. While the results may not be as complete or accurate, the process itself has potential, at least partially because such a practice indicates that the teacher is focusing their attention on their own intended communication of educational care – a very worthwhile endeavour. A classroom teacher could draw on one of the many research-affirmed lists of teacher caring behaviours, including the 3 dimensions and 13 elements of educational care described by this study.

**Instruments for Providing Care Feedback**

My review of the educational care-related literature and this research study can also provide specific instruments related to the teacher’s offering of educational care. As noted in the previous section, use of such instruments must occur within the proper
context. Assessing the offering of care is most appropriate when the feedback is intended to (1) help a teacher assess and develop their care communication and (2) recognizes the importance of developing caring teacher-student relationships with each student (i.e., not simply offering care to their students).

In this context, I draw the reader’s attention to four possible resources, including two research-affirmed instruments that specifically address educational care.

**The Perceptions of Teacher Caring Instrument (PTC)**

Garza et al. (2009) developed the empirically validated Perceptions of Teacher Caring instrument that draws on 28 teacher caring behaviours based on three subscales: (1) validating student worth; (2) individualizing academic success; and (3) fostering positive engagement. The instrument was designed to be used with high school students.

**The Perceived Teacher Care Construct and Scale**

One of the most commonly referenced studies of perceived teacher care is the Perceived Teacher Care construct and scale developed by McCroskey and Teven (1997). Their well-developed empirical study involved 783 undergraduate students in a large Eastern university. Their study resulted in three perceived teacher care dimensions: (1) empathy; (2) understanding; and (3) responsiveness.

**The Questionnaire on Teacher Interaction (QTI)**

At one point, I reached out to care theorist Heather Davis, asking her if there was an instrument that could be used to assess a teacher’s communication of educational care. She recommended the Questionnaire on Teacher Interaction (QTI) (den Brok, Beijaard, & Wubbels, 2013; Wubbels & Levy, 1993). The QTI does not directly assess educational care. The instrument is based on interpersonal theory research, and specifically focuses
on (1) describing a teacher’s interpersonal behaviour and communication and (2) identifying a teacher’s interpersonal style. Drawing on 30 years of rigorous validity and reliability testing, the results that emerge will provide teachers with very helpful feedback about their interpersonal behaviour and communication. The model and instrument is based on the interaction of two dimensions – agency and communion – two concepts that resonate with the offering of educational care. Agency describes the extent to which an individual exercises control or power over/on an interaction, while communion describes the nature of relational and emotional closeness between individuals.

**The Three Dimensions of Educational Care Instrument**

One of the possible next steps in my own educational care research program may be to develop an educational care instrument based on the 3 dimensions and 13 elements that emerged in this study, perhaps drawing on the criteria levels that emerged in the application of the reflective coding matrix (RCM) instrument during the in-depth analysis processes. I believe that such an instrument could provide very helpful feedback for teachers and educational leaders.

Readers are challenged to not be distracted by this section’s emphasis on educational care instruments and the assessment of a teacher’s offering of educational care. As I have observed, they are not sufficient on their own, and could potentially mislead and compound the problems associated with the successful communication of care. However, such resources may potentially have value as a mid-point strategy, after teachers have had their perceptions challenged and experienced disorienting dilemmas. At that point, they may be well-positioned to want to determine the effectiveness of their
offering of care in order to improve their care communication and to begin to develop caring relationships with each of their students.

**Conclusion**

This study focused on exploring adolescent student experiences of educational care. The objective of the study was to support teachers in successfully communicating care, and in developing and enhancing their care capacity, thereby leading to more successfully communicated care. It was my hope that my study would also lead to the development of a theory of the offering of educational care.

This study resulted in a number of important contributions, beginning with the identification of the problem of care, which rearticulates the particular problem of care in education: a disconnect between the teacher’s caring intentions and their students’ perception and experience of the teacher’s intended care, and recognizing that part of the problem of educational care is that people often fail to distinguish between the offering of care and the completion of care. The study also developed a number of important resources, including three descriptions – the successful communication of educational care, the unsuccessful communication of educational care, and the student’s contribution to a caring teacher-student relationship – and, perhaps most importantly, two theories – a grounded theory of the offering of educational care, and a theory of the establishment of a caring teacher-student relationship. I believe that each of these contributions has the potential to advance the educational care dialogue and, more importantly, to contribute to an increase in the successful communication of care in education.

In response to the problem of educational care, I advocated 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 offer care for their students, while very likely present, is often unrealized. Throughout the dissertation, I have identified resources and suggested steps that could be taken to develop teacher care capacity and support their offering of care to their students. It is my hope that this study will allow teachers to increase their successful 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.

This study is built upon a central premise of perceptual theory: that every person can find their own best way, provided that they are supported, and that 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. The offering of care is a complex, complicated, messy concept. But, nevertheless, it is an important one. This research provides resources that can help identify obstacles to the successful communication of care. But, it also provides resources that can support teachers in successfully communicating their intended care. I am confident that if teachers are positioned to respond to the results and claims of this study, more successfully communicated care may result. And, successfully communicated care can transform people, relationships, and, indeed, local and global communities. Successfully communicated care could change the world. But, not if it is only intended care, or if it only results in unidirectional caring actions. It can only change the world if it is communicated successfully.
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Halwani, R. (2003). *Virtuous liaisons: Care, love, sex, and virtue ethics*. Peru, IL: Open Court.


Ontario Ministry of Education (2010). *Caring and safe schools in Ontario supporting students with special education needs through progressive discipline, kindergarten to grade 12*. Ottawa, Canada: Queen’s Printer for Ontario.


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Teven, J. J. (1998). *The relationships among teacher characteristics, student learning, and teacher evaluation* (Doctoral dissertation). West Virginia University, Morgantown, WV.


Theory, research, and educational implications of the ethic of care (pp. 3-18).


Appendix A

Recruitment Poster

Faculty of Graduate Studies: Joint PhD in Educational Studies

Exploring Adolescent Experiences of Educational Care

**Potential Applicants**

- Are you between the ages of 18 and 24?
- Did you attend and graduate from a school in Ontario?
- Do you have stories about **caring** and **uncaring** teachers to share?

**Student Principal Investigator**

Sean Schat
ss12bm@brocku.ca

**Faculty Supervisor**

Dr. Trevor Norris
(905) 688-5550 Ext. 5897
tnorris@brocku.ca

The purpose of this research project is to explore adolescent student experiences of *educational care* (the care communicated to student by their teacher). This study seeks to identify the factors that **facilitate** (support) or **constrain** (impede) the communication of educational care from a teacher to their adolescent student.

This study has been reviewed and received ethics clearance through the Research Ethics Board at Brock University [file #15-330].
Appendix B

Interview Protocol

**Cover Page**

<table>
<thead>
<tr>
<th>Interviewee</th>
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<tbody>
<tr>
<td>Interviewer</td>
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<tr>
<td>Date</td>
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<tr>
<td>Location</td>
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</table>

**Protocol Sections Covered**

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>Introductory Protocol</td>
</tr>
<tr>
<td>B</td>
<td>Pre-Interview Script</td>
</tr>
<tr>
<td>C</td>
<td>Possible Questions and Prompts</td>
</tr>
<tr>
<td>D</td>
<td>Post-Interview Script</td>
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</tbody>
</table>

**Post Interview Key Insights/Comments**
A. Introductory Protocol

Before we begin our discussion of educational care, I am required to (1) obtain your consent (or permission) to participate, and (2) to let you know that I will be recording our conversation. In order to support my research I will be recording our interview so that I can review it again later. After our dialogue is over I will transcribe (or write out) the text of our conversation. Only the two researchers involved in this project, myself and my supervisor, will have access to these recordings and transcriptions, which will eventually be destroyed after they have fulfilled their purpose, leading to data that can be used for my research project.

In order to participate in this research study you need to sign what is called a consent form, a document that essentially says three things:

1. That you know about the study you are participating in.
2. That you are willingly participating.
3. That you give me permission to use the information that emerges in our conversation.

The consent form also lets you know that all the information that emerges in our conversation will be kept confidential, that your participation is voluntary and you can stop at any time if you feel uncomfortable, and that I do not intend to harm you through the questions I ask.

Please read and sign this consent form

Thank you for agreeing to participate. This interview should last about 90 minutes. During this time I have a few specific questions I would like to ask of you. However, the focus of this conversation is your experiences and your words in response to the research topic. If time runs short, it may be necessary for me to interrupt you in order to complete the questions, which are an important part of our conversation.
My name is Sean Schat. I am a graduate student and PhD Candidate at Brock University. I used to work as a classroom teacher and educational leader. I taught primarily middle school and high school, but have taught students from grade 1 to university. In my interactions with students I came to realize that a teacher’s care for their students can make a big difference. But I also realized that communicating care can be tricky. The longer I taught, the more curious I became about the nature and influence of a teacher’s care, which I call educational care.

My study seeks to develop a theory that explains adolescent experiences of the educational care communicated to them by their teachers. My research will also identify factors that facilitate or support educational care, as well as those which will constrain or impede educational care.

It is my hope that this study helps us to better understand educational care. Your experiences of the successful and unsuccessful communication of care from your teachers will provide very important information for my study. It is quite possible that your participation in this study will contribute to more effective communication of care from teachers to students.

When I think big picture that is what I am excited about. My goal is to support student learning. That’s what education is about. But I know from working as a teacher and as an educational leader that one of the ways I can support student learning is to support teachers teaching. The focus is still the students that are learning, but the teachers influence that. Sometimes teachers are not as aware of their care communication as they could be, and I think this is something that a good teacher wants to know about.
Possible Interview Questions

Community Building/Icebreakers
- Identify 1-2 icebreaker questions for each participant based on information from the application document.
- Identify 1 transition question for each participant based on their “interest in educational care” response from their application document.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth (mm/dd/yyyy)</th>
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<tr>
<th>Which schools did you attend from grades 6 to 12?</th>
<th>School 1:</th>
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<td>School 2:</td>
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<td>School 3:</td>
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**Topic 1: Defining Educational Care**

**EC1. Tell me about educational care.**

Possible Prompts:
- How would you define educational care?
- What factors influence educational care?

**Topic 2: Teachers Who Successfully Communicate Care**

**C1. Tell me about a teacher who successfully communicated care for you and/or your classmates.**

Possible Prompts:
- What did this teacher do to communicate their care for you and your classmates? How did you know they cared for you and your classmates?
- What words or actions were evidence of their care?

**C2. Tell me about a teacher who successfully communicated care for you and/or your classmates.**

Possible Prompts:
- What did this teacher do to communicate their care for you and your classmates? How did you know they cared for you and your classmates?
- What words or actions were evidence of their care?

C3. Were there other things that other teachers did that showed you that they cared for you and your classmates that are different from these two teachers?

C4. Is there anything else I should know about teachers who care?

**Topic 3: Teachers Who Fail to Communicate Care**

**F1. Tell me about a teacher who failed to communicate care to you and/or your classmates.**

Possible Prompts:
- Why do you believe they failed to communicate care to you and/or your classmates?
- What did they do or say that indicated to you that they did not care for you and your classmates?
• Describe some of the key differences between this teacher and a teacher who did successfully communicate care.

F2. Tell me about another teacher who failed to communicate care to you and/or your classmates.

Possible Prompts:
• Why do you believe they failed to communicate care to you and/or your classmates?
• What did they do or say that indicated to you that they did not care for you and your classmates?
• Describe some of the key differences between this teacher and a teacher who did successfully communicate care.

F3. Were there other things that other teachers did that caused you to believe they did not care for you and your classmates that are different from these two teachers?

F4. Is there anything else I should know about teachers who fail to communicate care?

---

**Topic 4: Student Role in a Caring Relationship**

The Educational Care literature emphasizes the importance of establishing a caring relationship between teachers and students. A relationship implies two parties. Thus far we have focused on the teacher’s role, which is the focus of my research. I would like to take some time to explore the contributions students make to educational care relationships with their teachers.

SR1. Tell me about the role of the student in a caring teacher-student relationship. Are there things you have seen students do that have helped to develop a caring relationship?

Possible Prompts:
• What are the things a student might do or say that make the development of a caring relationship more likely to occur?
• Do you have any examples?

SR2. Are there things that you have seen students do that prevented or hindered the development of a caring relationship?
Possible Prompts:
- What are the things a student might do or say that could make the development of a caring relationship more difficult or less likely to occur?
- Do you have any examples?
- Have you seen students of a well-intentioned teacher prevent a caring relationship from developing? Tell me about what happened.

Topic 5: Anything Else

AE1. Is there anything else you want to say about educational care?

Post-Interview Script

Thank you for your time and for your willingness to participate. I very much appreciated hearing your insights. I hope that your participation contributes to the improved communication of care from teachers to students.

Over the next few days I will transcribe our conversation, typing out the text of what we both said. I will email the text of this document to you for you to review. If there is anything you wish to add or change or clarify, please let me know.

It is also possible that as my research study advances I will learn more that raises key issues or questions that require me to ask you a few additional questions. For example, I might hear something from someone else and think “Oh, I should have asked you that when we were talking.” If this is the case, I will contact you to either follow up via email or set up an appointment to meet again. However, you are under no pressure to do that. You are free to say no at that time, if you wish.

I will also send you a copy of my completed study so that you can see what I did with my research and the data I collected from you and other study participants.

Thank you, once again, for your time and for your willingness to participate. Here is a small token of my appreciation and gratitude, two $10 Tim Horton’s gift cards.
Appendix C

Identifying Participants Who Did Not Pursue Post-Secondary Education

This document will be provided to initial participants in my research study, *Exploring Adolescent Experiences of Educational Care*. The purpose of this document is to invite participants in my study to further support my research study by helping identify potential participants who have NOT pursued post-secondary education.

My initial participant recruitment approach was to display a recruitment poster at three different universities (Brock University, Niagara College, Redeemer College). This provided me with access to a number of potential participants for my study.

However, this approach left me with a gap in my research participant pool. While it gave me access to young adults who had chosen to pursue post-secondary educational opportunities, it did not give me access to young adults who had NOT chosen to go on to further education after high school. I struggled to find a way to gain access to such participants. It is quite possible that a young adult who has chosen to NOT continue with their education may possess unique experiences with educational care that can contribute to my study.

Here is where you come in.

| Supporting My Research: Other Participants |
---|
*I would like to ask a number of the initial participants in my study to consider helping me to identify potential participants who have NOT pursued post-secondary education.*

I ask that each of you consider passing my contact information on to two other individuals who (1) have not gone on to post-secondary education who (2) may be interested in participating in my study. These individuals must have attended and graduated from a school or schools in Ontario, and must be between the ages of 18 and 24.

For the purpose of appropriate research methods, please do not forward their names to me. Instead, provide them with my contact information and encourage them to contact me, if they are interested and willing.

At that point they will become potential participants, and I will be able to get in touch with them.

If you are unable to think of anyone, or are unwilling to support me in this regard, that is perfectly acceptable. I already appreciate what you have done. However, it may be that you can think of one or two people who might be positioned to contribute, and if that is the case, I ask that you simply approach them once, informing them of my study and inviting them to consider applying to participate.

Thanks for your support!

Sean Schat
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Department of Graduate Studies in Education: Joint PhD in Educational Studies
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### Appendix D

**Student Contributions to a Caring Teacher-Student Relationship**

#### SR1: Teacher-Student Relationship

<table>
<thead>
<tr>
<th>Supporting Behaviours</th>
<th>Impeding/Preventing Behaviours</th>
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<tbody>
<tr>
<td>• <em>Being honest</em></td>
<td>• Abusing the relationship</td>
</tr>
<tr>
<td>• Caring for the teacher</td>
<td>• <strong>Disrespecting the teacher</strong></td>
</tr>
<tr>
<td>• <strong>Participating in the relationship</strong></td>
<td>• <strong>Failing to participate in the relationship</strong></td>
</tr>
<tr>
<td>• Recognizing that the teacher cares for you</td>
<td>• Not being open</td>
</tr>
<tr>
<td>• Recognizing the teacher is not perfect</td>
<td>• <strong>Not wanting a relationship</strong></td>
</tr>
<tr>
<td>• Recognizing the teacher’s role</td>
<td>• Preventing the relationship from developing</td>
</tr>
<tr>
<td>• Recognizing the teacher’s responsibility</td>
<td></td>
</tr>
<tr>
<td>• <strong>Respecting the teacher</strong></td>
<td></td>
</tr>
<tr>
<td>• <strong>Seeing the teacher as a person</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### SR2: Learning Readiness

<table>
<thead>
<tr>
<th>Supporting Behaviours</th>
<th>Impeding/Preventing Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Being engaged</strong></td>
<td>• <strong>Failing to engage</strong></td>
</tr>
<tr>
<td>• Being interested</td>
<td>• Focused on marks, not learning</td>
</tr>
<tr>
<td>• Being ready to learn</td>
<td>• Not coming to class on time</td>
</tr>
<tr>
<td>• <strong>Coming to class on time</strong></td>
<td>• Not completing your assignments</td>
</tr>
<tr>
<td>• <strong>Doing your homework</strong></td>
<td>• Not participating</td>
</tr>
<tr>
<td>• Following instructions</td>
<td>• Not wanting to learn</td>
</tr>
<tr>
<td>• Paying attention</td>
<td></td>
</tr>
<tr>
<td>• <strong>Working hard</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### SR3: Community

<table>
<thead>
<tr>
<th>Supporting Behaviours</th>
<th>Impeding/Preventing Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Being involved</td>
<td>• Bullying</td>
</tr>
<tr>
<td>• Caring for classmates</td>
<td>• Disrespecting others</td>
</tr>
<tr>
<td>• Contributing to the learning culture</td>
<td>• Failing to contribute to a positive learning community</td>
</tr>
<tr>
<td>• Participating in student-to-student</td>
<td></td>
</tr>
</tbody>
</table>
### Adolescent Experiences of Educational Care

<table>
<thead>
<tr>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Playing a role in the community</td>
</tr>
<tr>
<td>Respecting the learning community</td>
</tr>
<tr>
<td>Obstructing the development of a learning community</td>
</tr>
<tr>
<td>Putting others down</td>
</tr>
</tbody>
</table>

####SR4 Communication

**Supporting Behaviours**
- Asking questions in class
- Asking questions outside of class
- Listening effectively
- Participating in class discussions
- Providing feedback

**Impeding/Preventing Behaviours**
- Grumbling and complaining
- Not asking questions
- Not listening
- Unwilling to participate in class discussions

####SR5 Self-Advocacy

**Supporting Behaviours**
- Asking for help
- Explaining reasons for your behaviour
- Making an effort to be known
- Sharing your interests and experiences
- Taking responsibility for behaviour
- Telling the teacher about your learning needs

**Impeding/Preventing Behaviours**
- Not letting yourself be known
- Not telling the teacher what you need
- Unwilling to share personal information

####SR6 Misbehaviour

**Supporting Behaviours**
- These behaviours are generally described in the previous five categories
- Students who are invested in their own learning and in the development of a student-teacher relationship are not perfect, but their behaviours do not challenge the teacher or significantly disrupt learning

**Impeding/Preventing Behaviours**
- Being rude
- Causing trouble
- Disobeying
- Not following instructions
- Opposing the teacher
- Showing off
- Seeking attention