Chapter 1

CARING: THE HEART OF CARING SCHOOL LEADERSHIP

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We begin our exploration of caring school leadership by examining the concept caring. We make a case for why we should care about caring in schools. Then, we turn to what we mean by caring. We examine key elements that make a person's actions and interactions caring. Following this discussion, we explore how caring works, that is, how it leads to particular outcomes for ones cared for and ones who are caring. As part of our analysis, we examine conditions that enable or constrain caring and its functions. At the end of this chapter, we explore briefly the problematic aspects of caring. We speak of caring with few references to school leadership. Our purpose in this chapter is to develop a general understanding of caring before we apply it to school leadership.

A Case for Caring in Schools

There are four important reasons to care about caring in schools and to work to promote it. First, caring is an intrinsic good, a key element of the human condition. Second, caring contributes significantly to students' learning, development, and success in school. Third, the alternatives to caring are unacceptable. And fourth, although caring is thought to be what schools are by definition, caring's presence cannot be assumed. There is evidence that caring is highly variable in schools today and that caring is made difficult by

the ways in which schooling is organized and by the primary approaches to school improvement that we have pursued. Indeed, this problem of caring in schools is symptomatic of broader social trends and a long-term "crisis of caring" across human service professions.

Caring Is an Intrinsic Good

The first reason to care about caring is because it is an intrinsic good, a worthy human endeavor in its own right. It is elemental to the human condition, a foundation stone of being moral. Education philosopher Nel Noddings (2013) contends that

> Natural caring [is] the condition that we . . . perceive as "good." It is that condition toward which we long and strive, and it is our longing for caring—to be in that special relation—that provides the motivation for us to be moral. (p. 5)

In a similar vein, philosopher Milton Mayeroff (1971) argues that

> through the caring for others, by serving them through caring, a [person] lives the meaning of his [or her] own life. In the sense in which a [person] can ever be said to be at home in the world, he [or she] is at home not through dominating, or explaining, or appreciating, but through caring and being cared for. (pp. 2–3)

Such observations about caring can be found in literature and the arts, religion, and the human service professions. For example, in his 1957 play *Simply Heavenly*, through the voice of the character Jesse Simple, author Langston Hughes writes, "When peoples care for you and cry for you—and *love* you—they can straighten out your soul" (L. C. Sanders, 2004, p. 201). Emmanuel Levinas (1969), scholar of Jewish philosophy and theology, calls caring a moral imperative. Nursing theorist Patricia Benner and medical researcher Judith Wrubel (1989) speak of caring as "the most basic human way of being in the world" (p. 368). According to occupational sociologists Pamela Abbott and Liz Meerabeau (1998) and political philosopher Joan Tronto (1993), caring is particularly important in human service enterprises and political and social institutions that affect the lives of those who are vulnerable and in need.

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Caring Is Crucial to Student Success

A second reason that we should care about caring is because it is crucial to the learning and development of children and youth and to their success in school. We agree with former school administrators Helen Regan and Gwen Brooks (1995), who write, "We understand care to be the essence of education" (p. 27). And we concur with Noddings (2005), who calls caring the "bedrock of all successful education" (p. 27).

Students tell us this as well. Research repeatedly emphasizes the importance students place on caring (Jeffrey, Auger, & Pepperell, 2013; Luttrell, 2013; Murphy, 2016b). Students see teachers' willingness to care and their ability to bond with students as essential ingredients of a positive school climate and an effective classroom environment (Howard, 2001). Among the things students say they like most about school is when adults, particularly teachers, care about them and work hard to help them learn (Poplin & Weeres, 1992). Among the things they like least are feeling invisible, unsupported, and uncared for.

Students see caring as a crucial dimension of their relationships with teachers, in their perceptions of the quality of instruction they receive, and in how much they care about their own education. They see caring as key to their success in school. Students say that when they feel cared for, they are more likely to engage in school and work harder academically. They say they are less likely to behave in ways that might jeopardize their success. Conversely, students say that when they do not feel cared for, they do not invest much time and energy. These perspectives are clearly summarized in the common sentiment of highly successful African American and Latino young men, graduates of New York City high schools, naming the primary source of their success: "Teachers really care" (Harper & Associates, 2014, p. 21).

There is abundant additional evidence that caring benefits children and youth in and out of school (Murphy & Torre, 2014). These benefits derive from the positive nature of relationships with adults and peers. They also derive from the academic and social supports and resources that can be provided through these relationships. Caring relationships and commensurate support seem particularly powerful for students placed at risk, a subject we will explore in Chapter 2.

Research has linked caring relationships with adults and peers to healthy brain development and functioning (Cozolino, 2014). This relationship is especially strong during infancy and early childhood, when the brain is most rapidly developing. Early interactions build neural networks and establish biological "set points" that can last a lifetime. Because the brain remains malleable and experience dependent, caring relationships can shape the brain and its functioning throughout childhood, into adolescence, and across the lifespan.

Caring and nurturing relationships contribute to brain development and to cognitive and social-emotional functioning in several ways (Hawley, 2000; Newman, Sivaratnam, & Komiti, 2015). They provide positive emotional and cognitive stimulation that biochemically promotes healthy brain development and function. They provide safety, comfort, and pleasure that mediate stress, threat, and trauma, which further shapes the brain in healthy ways. Finally, in caring and nurturing relationships, adults (and peers) can provide repeated experiences of emotional responses and behaviors that become sources of social learning, which also contributes to brain development and function.

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In school, experiences of caring lead to a number of positive psychological states, including self-concept, self-esteem, and self-efficacy. They also include feelings of psychological safety, hope, and persistence. Research indicates that caring by adults in schools can help develop children's capacity for resilience when they experience stress and mitigate some of the direct negative effects of trauma (Allensworth et al., 2018). Experiencing caring leads to social-emotional development and prosocial behaviors, such as cooperation, communication, empathy, and responsibility. These, in turn, enable academic learning and performance (Farrington et al., 2012; Reese, Jensen, & Ramirez, 2014).

Caring in schools also promotes students' sense of connection and belonging, trust in others, and social integration (Crosnoe, 2011; Jennings & Greenberg, 2009). Caring can lead to student interest and engagement in school and in classroom activities (Cherng, 2017; Roorda, Koomen, Spilt, & Oort, 2011). It also can result in improved motivation and effort, as well as persistence and retention (Kotok, Ikoma, & Bodovski, 2016; Rutledge, Cohen-Vogel, Osborne-Lampkin, & Roberts, 2015). These effects have been found from elementary grades through high school.

Students also experience academic success from caring and the social and academic supports that come from it. When their relationships with teachers and peers feel caring, students' academic achievement can increase (Roorda et al., 2011). The effects of caring on achievement are best understood in relation to academic challenge—high expectations, rigorous pedagogy, intellectual demand, and accountability. It is the mutually reinforcing combination of what Hallinger and Murphy (1985) long ago called *pastoral care* and support with *academic press* that makes the greatest positive difference (see Bryk, Sebring, Allensworth, Luppescu, & Easton, 2010). Indeed, academic challenge without sufficient caring and support from teachers and fellow students can lower performance.

Caring student–teacher relationships are also related to students' expectations for success in school and aspirations for postsecondary education (Cherng, 2017). Indeed, there is evidence that supportive, caring relationships have an indirect positive effect on college enrollment (Demi, Coleman-Jensen, & Snyder, 2010).

A final benefit is that caring can beget caring (Luthans & Youssef, 2007; May, Chan, Hodges, & Avolio, 2003). Children and youth who experience caring from adults and peers are more likely to act in caring ways themselves. Experiences of caring can model and teach caring (Noddings, 2013). Caring can neurologically and behaviorally promote caring among those experiencing it, biasing those cared for toward *tend-and-befriend* behavior—contributing to safe and protective school environments—and away from disassociation or *fight-or-flight* behavior (Newman et al., 2015). This can be seen in neuroscience research on infant and child development. And it can be seen in neuroscience research examining adults who serve as caregivers. Adults' ability to be caring is influenced positively by their own earlier and contemporary experiences of caring relationships. Experiencing caring (or lack of caring) as a child can have long-term consequences.

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The Alternatives Are Unacceptable

We also should care about caring because the alternatives are unacceptable. Lack of caring or harmful uncaring can impede positive learning and development. Neuroscience research indicates that lack of caring and support can negatively affect the development of cognitive capabilities and of caring social behavior (Perry, 2002). It can negatively affect children's ability to regulate stress and form attachments with others (Newman et al., 2015). High-level stress and trauma that might otherwise be mediated by caring can be particularly damaging. The more *adverse childhood experiences* or *toxic stresses* a child has, the greater the chances of long-term physical and behavioral health issues that can even affect mortality (Felitti et al., 1998). Chronic stress and trauma can affect brain development and influence children's capacity to focus attention, recall information, exercise planning and self-control, and get along with others (Bailey, Stickle, Brion-Meisels, & Jones, 2019). These effects, in turn, can have negative consequences for children's lifelong learning, behavior, and health (National Scientific Council on the Developing Child, 2005/2014). As we suggested earlier, even persistent low-level stresses can bias the brain toward hyperarousal and dissociative fight-or-flight behavior rather than the tend-and-befriend behavior associated with caring. Even as social and emotional development can suffer, so too can intellectual and language development.

Lack of caring relationships in schools can negatively affect students. It can lead to feelings of isolation and detachment (Kotok et al., 2016). Students who perceive their teachers as not caring say they do not pay as much attention in class and lack concern about classroom rules. In their review of research, McGrath and Van Bergen (2015) found that the effects of negative student–teacher relationships are extensive, including antisocial behavior, peer rejection, negative attitudes toward school, adjustment difficulties, lower attendance, and poorer academic engagement. Others have made similar findings (Cherng, 2017; Jennings & Greenberg, 2009; Roorda et al., 2011). Not surprisingly, lack of caring is also associated with lower achievement gains (Jennings & Greenberg, 2009; Roorda et al., 2011). Students are more likely to drop out of school and hold lower expectations for their educational attainment when they do not see their schools as caring (Kotok et al., 2016).

On the other hand, when students at risk of experiencing negative relationships with adults in school experience a positive relationship, particularly valuable benefits can accrue. McGrath and Van Bergen (2015) tell us that these benefits include reducing student aggression, promoting positive peer relationships, improving students' attitudes toward school (particularly for students who perceive school to be a hostile and unsafe place), and facilitating social, behavioral, emotional, and academic adjustment. A negative student–teacher relationship history can shape students' and teachers' expectations negatively. But as McGrath and Van Bergen (2015) observe, where positive relationships form despite such expectations, the impact may be particularly positive and powerful.

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Caring Should Not Be Assumed

A fourth reason to care about caring in schools is that we cannot assume that caring is a present and unproblematic quality of schooling. There is a paradoxical notion that caring is present and strong in schools because caring is what schools are supposed to do. This is an *assumption of caring*, an idealized sense of what health and social-care expert Ann Brechin (1998a) calls *spontaneously occurring* caring (p. 2). When we ask educators whether they and others in their schools care about their students, they respond with a unanimous and resounding "Yes!" Yet, when we ask whether caring receives the same attention as academic instruction and assessment, whether their schools enact strategies to bring caring to life, and whether their schools have evidence that individual students feel cared for, very few respond affirmatively or without equivocation.

Educators often see caring when students do not (Murphy, 2016b). This point is made clearly by Poplin and Weeres (1992), whose research finds that teachers generally perceive themselves to be very caring people who go into teaching to serve children and youth. Yet teachers are shocked when they learn the extent to which students feel that adults in their schools are not caring for them. The principal of the high school featured in the 2018 docuseries *America to Me* speaks eloquently and sincerely of how much he cares about the students in his school, especially, as an African American, how much he cares about the educational opportunities afforded to African American students. Yet this principal is disconnected from his students. Late in the docuseries, when he realizes that he needs to have greater presence among them, students react to him with ambivalence, wondering who he is and questioning what he is doing.

This assumption of caring is further illustrated in research conducted by the Making Caring Common Project at Harvard University (Weissbourd & Jones, 2014a). Data collected from ten thousand middle and high school students and a sample of teachers and parents in thirty-three school districts revealed that most teachers and parents say that caring and developing caring children is a top educational priority. They rank caring as more important than children's individual achievement and personal happiness. According to students, however, teachers' and parents' daily actions and the messages they send about individual achievement and personal happiness drown out messages about caring for others. In this contradictory-message environment, the assumption of caring is not borne out.

The fact is that caring is highly variable in schools today, particularly for students of color, students of low socioeconomic backgrounds, low-performing students, and students placed at risk (McGrath & Van Bergen, 2015). A national study found that of nearly 150,000 sixth- through twelfth-grade students surveyed, only 29 percent indicated that their schools provided a caring, encouraging environment (Benson, 2006). Another study focusing on racially and ethnically diverse high school students found that barely a majority reported that their teachers cared about them as both persons and

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learners (Cherng, 2017). Further, this study observes that not all teachers have positive personal relationships with students of color and children of immigrants. Some students reported no interactions with faculty and staff or discriminatory experiences. Indeed, de Royston and her colleagues (2017) observe that positive teacher–student relationships are not the norm for African American males.

Other research has reported similar findings. One study of middle-grade students in Chicago found that only 24 percent reported high levels of school social support for learning that reflects caring, whereas 26 percent reported low levels of such support (Lee & Smith, 1999). African American and Latino students were less likely than white students to report high levels of support. A more recent survey of Chicago students revealed that 14 to 19 percent reported that their teachers did not provide personalized academic support in ways that would suggest caring (Consortium on Chicago School Research, 2012).

Ironically, the way in which schools are organized makes caring problematic. Bureaucratic structures and hierarchical relationships, lack of resources, inconsistencies among programs and policies, and the stresses and strains these conditions impose restrict space and create obstacles to meaningful, caring relationships in schools (Green, 2014). The size of schools and classrooms, the way that time is allocated, the focus of teaching on transmission, the selection of content, and the singular emphasis on academic achievement together make caring difficult (Noddings, 2005). According to Murphy (2016b), rule-based hierarchy, a guiding principle around which we have organized schools for more than a century, is not designed to foster care. Indeed, Murphy observes, such hierarchy impedes caring in human service organizations generally and schools in particular. According to Poplin and Weeres (1992), when they feel pressed to cover the curriculum and to meet bureaucratic demands, and when they are asked to do too many activities unrelated to students, teachers say that there is little time left in the day to build relationships with students.

Moreover, the approaches we have taken recently to improve schools, notably regimes of curricular specification, testing, and accountability, have made it all the more difficult to develop supportive, caring relationships among adults and students. Even as reforms have focused on improving the instructional core, we have emphasized accountability and largely ignored developing the social, emotional, and academic supports that also are necessary for students to succeed (Rutledge et al., 2015). The corrosive effects of high-stakes testing and accountability-based reforms on teacher and student attitudes and emotions have been documented for some time (e.g., Smith, 1991). Recent research suggests that these reforms continue to make teachers' efforts to develop caring relationships with students complicated and challenging (Jeffrey et al., 2013; Wellman, 2007).

Educators with whom we speak tell us the same thing. They say that pushing and pulling students to success through specifying curricula and routinizing

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instruction, increasing the frequency and scope of testing, and focusing on high-stakes accountability impose substantial challenges for teachers in developing meaningful relationships with students and colleagues. Also complicating matters is the growing emphasis on data, dashboards, and metrics that can, even as they may disaggregate information by groups and favor depersonalization and objectification, pull educators further away from meaningful personal relationships. Educators with whom we speak point to an unhealthy shift in balance away from nurture, support, and community orientation in the classroom toward individualistic performance, accomplishment, and success. Said one elementary school teacher with whom we spoke during the writing of this book, "All this testing takes away time to develop good relationships with the kids." According to a middle school teacher with whom we spoke, "Relationships? Yea, well. . . . We've got to work on that."

The variability of caring in schools and the factors that make its presence difficult mirror strains and tensions in other human service professions. More than thirty years ago, psychologist Seymour Sarason (1985) noted a historical shift in medicine, psychology, psychiatry, and education toward more scientifically based, technical approaches to practice. With this shift came a de-emphasis on the human, relational side, on caring and compassion. Maintaining that the rise of technical approaches to practice have done much to advance these professions, Sarason argued that lack of attention to caring and compassion has harmed them. Historian Susan Reverby (1987) has also observed the emergence of a powerful dilemma in contemporary American nursing—how to fulfill the professional norm and duty to care in a society that refuses to value caring. And sociologist Susan Phillips (1994) has observed that caring in the helping professions has lost ground to "efforts to simplify, codify, categorize, control, explain, and diagnose" (p. 2).

Finally, the problems of caring in schools are symptomatic of broader social trends. To some observers, we are experiencing a long-term societal crisis of caring. Political philosopher Joan Tronto (1993) argues that "care has little status in our society" (p. 122). She contends that "care is devalued and those who do caring work are devalued" (p. 265). Children's advocate Diana Rauner (2000) contends that the idea of caring has been "made irrelevant to the public sphere," that "care no longer has a voice in discussions of how we act as workers, or what we expect of our peers or leaders" (p. 130). Phillips (1994) makes a similar argument that

> personhood and caring have been eclipsed by the depersonalizing procedures of justice distribution, technological problem-solving, and the techniques and relations of the marketplace. . . . Our culture has omitted a significant dimension of human being from consideration and attention. (p. 2)

Political scientist Robert Putnam has documented long-term trends in the breakdown of community, the weakening of social bonds, and the rise of individualism in American society. In his groundbreaking book, *Bowling Alone*,

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Putnum (2000) argues that by virtually every conceivable measure—community organizational life, engagement in public affairs, community volunteerism, informal sociability, and social trust—social relationships and resources have "eroded steadily and sometimes dramatically over the past two generations" (p. 287). His data show that the weakening of civic and social connections has made us less healthy, less wealthy, and less wise. The erosion of relational bonds within families and communities weakens systems of social support and caring for children and youth. More recently, psychology and education scholars Naomi Way, Carol Gilligan, Pedro Noguera, and Alisha Ali (2018) documented similar trends, lamenting a worsening societal "crisis of connection."

What Do We Mean by Caring?

So far, we have used the word *caring* generally to represent qualities of relationships and of actions and interactions that exhibit concern, provide support, nurture, meet students' needs, and promote their success and well-being. Within these broad parameters, we have glossed over differences across literatures with which we are working. As we move toward our central subject of caring school leadership, it is important that we be more specific about what we mean by caring.

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A Basic Definition

Writers in philosophy, ethics, and various human service professions make important distinctions between *caring*, our particular interest, and concepts of *care* and *caregiving*. *Care* is an action provided on behalf of another (Benner & Gordon, 1996; Noddings, 2013)—a nurse turning a bedridden patient, a doctor setting a child's broken arm in a hospital emergency room, or a pastor making a house call to a bereaved congregant. It is easy to think about the many acts performed by teachers and principals that constitute care for students in schools: providing academic assistance and emotional support, holding high expectations, and promoting prosocial behavior. Associated with particular vocations, such acts are considered professional care or caregiving (P. Abbott & Meerabeau, 1998).

Acts of care are clearly very important to address a person's needs and concerns. However, caring involves more. *Caring* is not only what one does but also *why* and *how* one does it (Benner, 1994; Mayeroff, 1971; Noddings, 2005). One can imagine a nurse turning a patient, a doctor setting a broken arm, a pastor making a house call, a teacher challenging students academically, or a principal disciplining students each done in caring or uncaring ways. Caring involves the matter, manner, and motivation of care, as well as its competent provision. It is a particular way of being in relationship with others. Caring involves observing and assessing, identifying with, and responding to the situations, needs, interests, joys, and concerns of others. It involves expressing particular virtues such as compassion, empathy, and respect. Caring does not rest on contractual obligation, power of authority, coercion, or expectation

of return. It is grounded in and driven by motivation toward the betterment of others.

Caring holds the prospect for mutuality, in that persons in caring relationships may be, at different times and in various ways, both the ones caring and the ones cared for (Noddings, 2013). Mutuality need not be symmetrical and indeed is often asymmetrical, as in student–principal and student–teacher relationships. But the notion of mutuality provides for the possibility that caring can be two-way, that it can extend in multiple directions among individuals and groups. Caring can take on a covenantal quality that acknowledges asymmetry but also recognizes reciprocal responsibility of persons caring for one another (DePree, 2004; Sergiovanni, 1992).

Caring is not simply caring about—that is, having concern or sentiment for—someone or something. It is important to care about students and their success. However, it is another thing to be caring of them. Caring includes but goes beyond feelings of concern and sentiment to actions and interactions—practices—of being in relationship with others and achieving particular aims on their behalves (Benner & Gordon, 1996). However, caring is not defined by a specific set of actions, interactions, or activities. Indeed, caring cannot be defined by a particular set of activities that are necessarily different from those in which one regularly engages (Noddings, 2013). Caring is not necessarily another responsibility that adds to one's job description and workload. All actions and interactions, all activities, can be viewed through a lens of caring. Caring may be reflected in proactive initiative, in direct support, in being with, even in doing and saying nothing (Benner, 1994). Again, caring, as we define it, is a quality of a relationship—the matter, manner, and motivation of personal and professional action and interaction.

There is another important aspect of caring. Caring is perceptual, subjective, and imbued with personal meaning (Noddings, 2013; Tarlow, 1996). It is not simply what the person caring—the teacher or principal—intends or does. It involves the extent to which the person cared for—the student—considers that intention and action to be caring. In the extreme interpretation, caring is not genuinely caring unless it is experienced as such by the one cared for. In this sense, the effects of caring are dependent, in large part, on the ways in which intention and action are interpreted. This personal subjective aspect of caring helps to explain the effects of caring more fully. It helps to explain how teachers and principals can claim to care and be caring of students, but students can say, at the same time, that teachers and principals do not care or are not particularly caring and respond accordingly.

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Elements of Caring

In our reading of various literatures, we find three elements that together make actions and interactions caring: (1) aims, (2) positive virtues and mindsets, and (3) competencies. These elements form a related system of antecedents to caring. Each element may have personal and professional

dimensions. The enactment of these elements in caring action and interaction may be promoted or impeded by a system of contexts, which we will explore shortly.

Aims

Caring is neither aimless nor agnostic in purpose. For actions and interactions to be caring, they must focus on achieving particular aims. Caring can be a worthwhile endeavor in itself, promoting fulfillment of the human condition (Greenleaf, 2002; Vanier, 1998). It seeks to promote the functioning, success, and general well-being of others, as individuals and as groups (Liedtka, 1996; Tronto, 1993). Caring addresses particular needs of others and promotes their interests and projects (Mayeroff, 1971). Caring aims to help others grow and flourish in their own right. Caring is sometimes framed as a response to pain, suffering, and trouble (Dutton, Worhne, Frost, & Lilius, 2006). But it can also be proactive and an affirmative expression of joy and celebration.

In human service professions, the aims of caring are shaped by professional orientations and domains of work that distinguish one profession from another and that distinguish the professional from the personal. In nursing, for example, the aims of caring are not only to treat illness and promote health but also to promote hope and comfort and to protect and enhance patient integrity and dignity (Gadow, 1985; Watson, 2008). In disability services, caring aims to promote functioning and general well-being but also empowerment and autonomy (Morris, 1993; Swain & French, 1998). In ministry, caring seeks to respond to suffering and need and to affirm and celebrate joys. It seeks to promote general well-being but particularly spiritual growth and well-being in a person's relationship with God and with other human beings (Gerkin, 1997; McClure, 2014). It also seeks to develop communal or congregational caring. In education, we consider the general aims of schooling to provide for students' safety and nurturance; support their learning, development, independence, self-reliance, prosocial relationships, and ability to function in and contribute to community; promote academic success and general well-being; and prepare students for work, further education, and citizenship (Murphy & Torre, 2014).

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Caring can aim to address particular needs, problems, and concerns of individuals or groups. It can aim to achieve tangible and instrumental benefits, the manner in which they are provided being as important as the benefits themselves. By tangible and instrumental benefits, we refer to what we characterized earlier as care: particular services and provisions. Caring can aim to promote certain experiential benefits—social, psychological, emotional, and behavioral—that accrue from being in caring relationships and feeling cared for. Finally, caring can aim to promote further caring.

Positive Virtues and Mindsets

A second element of caring consists of positive virtues and mindsets that are brought to the pursuit of the aims of caring (Mayer, Aquino, Greenbaum, &

Kuenzl, 2012; Parris & Peachy, 2013). These *virtues* include compassion, empathy, patience, sympathy, and kindness. They include fairness and justice, authenticity, humility, and vulnerability. They also include prudence, transparency, honesty, trustworthiness, and respect for others and their integrity. As caring involves perceptions and interpretations, virtues can be variously meaningful with different people at different times and in different situations. These positive virtues may be held personally and may also form a system of professional norms and values with which people identify. In nursing and medicine, this system derives from occupational traditions, institutions, and professional codes (Watson, 2008). In ministry, it derives from theological principles and faith traditions (Dykstra, 2005; Gerkin, 1997).

Four positive *mindsets* are particularly important to this second element of caring. The first is attentiveness to others. If caring is to address others' needs and interests, one must be attentive to understand, deeply and genuinely, who persons are and what their needs, concerns, interests, projects, and situations might be. Another mindset is motivational orientation. If caring truly means acting on behalf of others, one must be motivated accordingly, and this orientation cannot be diminished by attention to one's own needs and self-interests. Importantly, as Noddings (1996) argues, attentiveness and motivational orientation "need not lead to permissiveness nor an abdication of responsibility for conduct and achievement" (p. 22). "Rather," she continues, each "maintains and enhances the relatedness that is fundamental to human reality."

Personal and professional identities are also mindsets important to caring (see, e.g., Barley, 1989; Willetts & Clarke, 2014). How persons see themselves as human beings, as caring or uncaring, as capable or incapable of caring, is likely to affect their efforts to be caring. Likewise, how persons see themselves in a professional role, what they perceive the norms of the profession to require of them, and what they perceive as others' expectations for them in their role may influence caring. One's personal and professional identities may shape perceptions of others' personal and professional identities and their sense of caring (A. Abbott, 1988; Showers, 2015). For example, if a principal's professional identity is deeply entwined with her position in the administrative hierarchy, she may view teachers and students as subordinates, which can affect how she thinks about a principal's caring and, in turn, teachers' and students' caring.

Another mindset is playfulness. This mindset reminds us that caring is not a dour enterprise (Hamman, 2014b; Koppel, 2008). Albeit difficult and taxing at times, it can be joyful and fulfilling. Hamman (2014b) considers playfulness "a way of knowing and a way of seeing and engaging the world" (p. 47). It manifests creativity, inventive thinking, flexibility, and adaptability. Playfulness can reveal the world through others' eyes, a view that can be essential to understanding others, their situations, and ways to be caring of them.

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Competencies

In addition to aims and virtues and mindsets, to be caring requires competency. According to Benner and Gordon (1996), caring professional practice "is always bound up in knowing and doing" (p. 50). As we noted earlier, one important area of knowing is the authentic understanding of others and their needs, problems, joys, concerns, and conditions. If educators have inaccurate understanding of who students are and what they want and need in relation to care, they may make well-meaning attempts to be caring but ultimately miss the mark as to what is caring and helpful in the eyes of students (Jeffrey et al., 2013; Murphy, 2017). Developing such understanding is related to one's ability to inquire, listen and hear, observe and see, assess and understand, and learn about others (Autry, 1991; Greenleaf, 2002). Also important is understanding persons' and groups' races, classes, genders, sexual orientations, languages, cultures, religious beliefs, and relevant contexts. As feminist education scholar Audrey Thompson (1998) argues, because "the possibility of adequate responsiveness to others depends upon our being able to understand their situations in ways that do not simply reduce them to projections of our . . . assumptions, . . . [school] administrators need to understand the full picture of the worlds in which their students move" (pp. 543, 541). For example, while it is critical to understand an African American tenth grader for who he is as an individual learner and person, he cannot be fully understood without also seeing his experiences as an African American male, with all the historical, contemporary, and personal contexts entailed, as well as an adolescent in a particular phase of human development (Van Dierendonck & Patterson, 2015).

A second area of competency concerns understanding the relative effectiveness of strategies to address the needs and concerns of others and to promote their interests (Benner & Gordon, 1996). This includes knowledge and skills to enact these strategies successfully. Effort and sincerity are important and may be appreciated, but particular actions and interactions may not be perceived as caring or very helpful if they are uninformed, misguided, inadequate, or inept. Caring requires knowledge and skill to develop or select, adapt, and enact practices that pursue the aims of caring, that bring virtues of caring to life, and that align with the understanding of others, their situations, and their joys, needs, and concerns. Caring further requires the ability to wrestle with ethical and practical dilemmas posed by different and competing needs and considerations.

A third area of competency concerns knowledge of self and the ability to develop and deepen one's capacity for caring. This area receives substantial attention in human service professions, such as medicine, nursing, and the ministry (Hamman, 2014a; Turkel & Ray, 2004; Watson, 2008). Knowledge of self involves understanding one's orientations and inclinations, strengths and limitations, and predispositions and prejudices. Recognizing the sources of one's fears and joys may be crucial in thinking and acting in a caring manner.

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A fourth area of competency consists of knowledge and skills for developing caring among others and creating organizational contexts conducive to caring (Boyatzis, Smith, & Blaize, 2006; Fuqua & Newman, 2002). This area includes understanding how to think about caring as a property of classroom and school organization, not only as a quality of interpersonal relationships. It includes knowledge and skill related to professional learning and development and organizational change. It encompasses knowledge and skill to create supportive structures and processes, to design work and social arrangements, and to develop organizational cultures imbued with the virtues and mindsets of caring (Deshpande, 1996; Gossling & van Liedekerke, 2014).

Social-Emotional Intelligence

An area of competency that is particularly important to caring and caring school leadership is social-emotional intelligence. Because of its importance, we give it special attention here and again in later chapters. Social-emotional intelligence is usually defined as the ability to perceive, understand, and regulate emotions in oneself and others (George, 2000). It is linked in social-psychological research to the quality and stability of social relationships. Social-emotional intelligence can be particularly influential in relationships when coupled with cognitive intelligence. Social-emotional intelligence can help individuals navigate and adapt to the social environment. It can set the emotional tone for interpersonal encounters both positively and negatively. Social-emotional intelligence can guide thinking and motivate action, set expectations for encounters, and convey information about people's thoughts and intentions. It can facilitate communication and help coordinate encounters, influence one's focus of attention and decision making, and help manage conflict. Particularly important are abilities to discern the emotions of others and to understand and regulate one's own emotions. These associations emerge in research on social relationships of children and adults, and relationships both inside and outside the work setting (Lopes, Salovey, Côté, & Beers, 2005).

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Social-emotional intelligence has been associated with leadership effectiveness. As Bernard Bass (2002), a noted scholar of organizational leadership, explains, social-emotional intelligence is particularly important because of its contribution to a leader's ability to inspire and build relationships with followers. Social-emotional intelligence has been associated with a positive approach to leadership (Murphy & Louis, 2018). It is strongly associated with a leader's ability to understand and shape others' emotions. It has been associated with leaders' appraisal and expression of emotion, including the use of emotion to enhance cognitive processes and decision making (George, 2000). Moreover, social-emotional intelligence has been linked to forming and shaping the quality of leader–follower relationships and exchanges (Jordan & Troth, 2011) and to employees' perceptions of supervisor and executive leader performance and effectiveness (Kerr, Garvin, Heaton, & Boyle, 2006; Rosete & Ciarrochi, 2005).

While the literature on educational leadership has not explicitly connected social-emotional intelligence and caring, such an association seems reasonable. In their book, *Primal Leadership*, Goleman, Boyatzis, and McKee (2013) define emotional intelligence (what we have referred to until this point as social-emotional intelligence) as "how leaders handle themselves and their relationships" (p. 6). They, along with many other scholars (e.g., George, 2000; Riggio & Reichard, 2008; Salovey & Mayer, 1990), place social and emotional intelligence at the center of effective leadership. Arguing that great leadership works through emotions, they contend that no matter what leaders do, their success depends on *how* they do it. Even if they get all else right, if leaders fail to drive the emotions of others in a productive direction, "nothing they do will work as well as it could or should" (p. 3). In this regard, the emotional work of leadership is both the first and most important act of leadership. This perspective is supported by studies that demonstrate a strong relationship between emotional or socioemotional intelligence and transformational leadership (e.g., Bass, 2002; Harms & Credé, 2010; Kerr et al., 2006). Moreover, educators Maurice Elias, Harriet Arnold, and Cynthia Steiger Hussey (2003) contend that *EQ*—emotional intelligence—complements IQ, which is intelligence of a cognitive nature. They write, "If IQ represents the intellectual raw material . . . EQ is the set of social-emotional skills that enables intellect to turn into action and accomplishment. . . . Without EQ, IQ consists more of potential than actuality" (pp. 4–5).

Goleman and his colleagues (2013) describe four domains of competencies that compose leaders' emotional intelligence. The first domain is self-awareness. Self-awareness includes how leaders are attuned to their feelings and how those feelings affect them and their job performance. It also includes how leaders are attuned to their guiding values, see big and small pictures in complex situations, and intuit the best courses of action. Self-awareness involves leaders' ability for accurate self-assessment, knowledge of their own strengths and limitations, and understanding where they need to improve and how to engage the means for improvement. Self-awareness can lead to humble self-confidence. In knowing their abilities, feelings, values, and limitations, leaders can work toward positive strengths with a sense of presence and self-assurance.

A second domain of emotional intelligence is self-management. Self-management involves self-control and the ability to regulate emotions and impulses and channel them in useful ways. Self-management also involves positive transparency, an "authentic openness" to others about one's feelings, beliefs, and actions. This allows leaders to act with integrity, to openly admit mistakes, and to confront unethical behavior in others. Self-management also involves adaptability, an orientation toward improvement in oneself and in others, and a sense of efficacy that promotes initiative. Self-management further includes optimism. Optimistic leaders see others positively and expect the best of them. They see possibilities where others may see threats or setbacks.

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A third domain of emotional intelligence is social awareness. One important aspect of social awareness is being attuned to the emotional signals of others. Another is empathy. Socially aware leaders listen attentively and grasp others' perspectives. An important aspect of social awareness is organizational awareness, that is, the ability to be socially and politically astute and read key power and interpersonal relationships accurately. A final aspect of social awareness is what Goleman and his colleagues call *service competence*. This is the ability to foster an emotional climate in an organization so that people working directly with customers or clients keep those relationships on the right track. Leaders with strong service competence monitor customer or client satisfaction to ensure they are getting what they need. They make themselves available to customers and clients as needed.

The fourth domain of emotional intelligence is relationship management. Relationship management involves the competency to inspire others, to guide and motivate them with a compelling vision, and to model that vision in one's own actions. It involves the ability to influence others, to be engaging and persuasive, and to build support among them. Relationship management involves the ability to develop others, to show a genuine interest in people leaders are helping, and to understand their needs, goals, strengths, and weaknesses. These competencies include the ability to manage conflict effectively—to surface conflict, to understand and acknowledge the feelings and views of all sides, and to find a shared ideal that everyone can endorse. Finally, relationship management involves the ability to promote teamwork, collegiality, and collaboration. It involves the ability to model respect, helpfulness, and cooperation; to draw others into active commitment to collective effort; and to build spirit and identity.

As we will see later, important elements of emotional intelligence, as outlined by Goleman and others, are embodied in caring school leadership. They overlap in significant ways with the aims and the values and mindsets of caring school leadership. They can be seen in the inventory of competencies that make leadership caring.

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How Does Caring Work?

Having laid out a definition of caring and discussed its elements, we now examine how caring works to achieve the outcomes we discussed earlier in the chapter. First, we examine how caring functions for the ones cared for, particularly children and youth. We will make the important point that the outcomes of caring should be understood systemically, that is, as a totality of caring relationships that a person may experience. Then, we examine how caring functions for the ones caring. Next, we consider conditions that may enable or constrain caring and how it functions. We conclude with a look at the pitfalls of caring and potential negative outcomes.

For the Ones Cared For

At the beginning of this chapter, we discussed a number of positive outcomes associated with caring. In the literatures we reviewed, three explanations are given for how and why caring may contribute to these outcomes. One explanation focuses on the psychological mechanisms triggered by caring (Cozolino, 2014). These mechanisms are described by two general theories. The first, *attachment theory*, suggests that positive social relationships—in this case, caring relationships—promote feelings of safety, security, and comfort through the mediation of threat and stress (Newman et al., 2015). These emotional states are considered necessary preconditions for exploration, managing threat and stress, facing uncertainty, risk taking, and engagement in learning. Through modeling and social learning, caring attachments are thought to build a foundation for future social and emotional interactions. The second theory, *self-determination theory*, posits that for persons—children and youth in our case—to become motivated, three basic psychological needs must be fulfilled. These are needs for relatedness, competency, and autonomy. Adults can satisfy these needs through caring, providing clear rules and expectations, and giving children freedom to make their own choices. This theory holds that if these needs are met, children will be more confident and motivated to engage in learning activities. Consequently, they will learn more and achieve at a higher level.

A second explanation comes from what we might call logic models of caring. These models are built inductively, largely on evidence concerning relationships among particular elements bound together. One logic model of caring in schools and classrooms (Murphy, 2016b) argues that the care and social support received by students are related to four "intermediate" outcomes and two "end" outcomes. Caring and support are thought to promote student affiliation in schools and classrooms. Affiliation refers to students' sense of belonging and social integration. Caring and support are also thought to promote students' sense of competency and self, notably, academic self-concept, self-efficacy, and other positive psychological states. In addition, they promote student motivation to learn and academic engagement. Through these intermediate outcomes, care and support promote social and academic learning. The evidentiary and logical connections among these elements constitute the "big" argument that caring social relationships "power up" certain psychological states of students, which deepen engagement, which, in turn, fuels social and academic outcomes, leading to the conclusion that "without care, learning cannot occur" (Murphy, 2016b, p. 262).

A third explanation is that of instrumental benefits. As caring may prompt actions that provide tangible support and bring resources to bear on the needs, interests, and concerns of others, benefits may accrue. For example, out of caring by a teacher or a principal, a child may receive eyeglasses that help them see better in class, become more engaged in learning activities, and be more successful academically. Out of caring, a principal may

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initiate an instructional program to reduce bullying among students. Such support, resources, and services that come via caring can be consequential in and of themselves, without considering social-psychological benefits of caring.

Of course, these several explanations can be taken together and provide a robust understanding of how caring works. Psychological theories of attachment and self-determination help us understand how and why particular elements of logic models relate to each other. They help explain what it is about the caring nature of student–adult relationships that promotes students' sense of self, motivation, and engagement, among other things. The prospect of tangible and instrumental benefit fills in the picture.

The literatures we reviewed make the important point that caring and how it functions is best understood systemically, in terms of the totality of caring that persons may experience across social settings, including family and friendship networks, schools, churches, and other institutions (Luttrell, 2013). We must also consider outcomes in terms of the history of caring relationships and caring experiences. For children and youth, relational systems can be extensive. Recently, Marshall (2017) mapped the range of people who might influence a student's life. Between kindergarten and twelfth grade, a student may be taught by as many as one hundred teachers. This does not include others in school who may be in relationship with students—administrators, professional and nonprofessional staff, and student peers. Beyond the school is the family and the home environment; friends and neighbors, both peer and adult; leaders and participants in non-school-based programs, lessons, and sports; and persons associated with various community institutions, including religious congregations, social-service agencies, and community organizations. There are social media, the Internet, and television with and through which both positive and negative relationships can form. As Marshall (2017) contends, a crucial challenge of school leadership is creating *synergy*, helping to make these potential influences on students' lives add up to more than the sum of their parts (p. 45). We adopt a similar perspective and will show in Chapter 2 how different arenas of caring school leadership practice can strengthen and coordinate this broader system of caring relationships within and beyond the school.

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Such systems of relationships are dynamic, and their elements likely influence each other. For example, while the close relationships they have with family, teachers, and close peers may affect students most, more distant relationships with other adults in their extended families, schools and communities and with other peers will also affect them. The characteristics and conditions of schools and families may shape students' close social relationships. The characteristics and conditions of communities and broader institutional contexts may influence schools and families and relationships within them. It is important to consider that elements of a system of relationships may be differentially strong and weak or absent for different students. Caring may be particularly strong for some students in family and community but weak or absent in school (M. G. Sanders, 2001)—and vice versa.

The strength of caring in some relationships may compensate for weakness in others. Again, it is the totality of caring that is important (Gomez & Eng, 2007; Noddings, 2013).

For the Ones Caring

Caring can have important benefits for the ones caring (Brechin, 1998b; Caldwell & Dixon, 2010). It can lead to joy and personal and professional satisfaction and fulfillment (Caldwell & Dixon, 2010; van Dierendonck & Patterson, 2015). It can also increase self-esteem, motivation, agency, persistence, and overall mental health (Cozolino, 2014; Savage & Bailey, 2004). These positive outcomes for the ones caring can, in turn, enhance the prospects of caring for the ones cared for.

Research on professional caregivers indicates that being caring and giving care can increase social and emotional closeness with those being cared for (Savage & Bailey, 2004). Neuroscience research on mother–child relationships shows the positive neurological and biochemical impact of caring contact on attachment bonds, strengthening and deepening them (Cozolino, 2014). The experience of caring for the one caring can beget more caring as it satisfies a sense of personal and professional calling (Noddings, 2013). However altruistic and selfless the one caring might be, the benefits of caring may be enhanced when the one cared for recognizes caring and responds in a positive way. Such recognition and response can enhance the esteem, motivation, and persistence of the one caring, which may enhance the intensity and quality of caring (Noddings, 2013; Tarlow, 1996). And this may increase the prospects for further and greater caring, creating a virtuous *cycle of caring*.

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A number of factors in schools can complicate caring recognition and response. We previously mentioned asymmetry in relationships among adults and students in school. In addition, children and youth may have varying ability to acknowledge and respond to caring. Caring for students who are not otherwise familiar with caring may pose different challenges and opportunities for schools than caring for students who are familiar with caring (Cyr, Euser, Bakermans-Kranenburg, & van Ijzendoorn, 2010; Murphy & Torre, 2014). Further complicating may be the "scale" of caring in schools, say for a teacher and a classroom or for a principal and a school. Also complicating may be role-based, generational, racial, and other "distances" between the ones caring and the ones cared for, say the caring of a principal and that caring as experienced by an individual student.

Enabling Conditions and Constraints

Contexts can affect caring. Earlier, we wrote of three related contexts that are important to the function of caring—the interpersonal, the organizational, and the extraorganizational. We take a brief look now at how these contexts can enable or impede caring.

Noddings (2013) argues that caring occurs in and through social relationships that are enacted in *interpersonal context*. Most conducive to caring are interpersonal contexts that are enduring; that are personally deep, open, honest, and revealing; that are characterized by trust; and that are continuous. By continuous, Noddings means that attention is given both to the present and how the present relates to the past and the future. Such continuity creates opportunities for those in a relationship to know and understand each other and to deepen the motivational orientation to act on behalf of one another. Accordingly, in interpersonal contexts that are shorter in duration, are more shallow, are lacking in transparency and honesty, grow from mistrust, or fail to acknowledge the past or consider the future, caring is less likely to form and grow.

Organizational contexts can also enable caring. Particularly relevant to caring in schools are structures that create opportunities for students, teachers, principals, and other staff to interact and learn about each other; to develop long-term, deep, and trusting relationships; and to engage in caring action and interaction (Louis, Murphy, & Smylie, 2016). These structures include the ordering of programs, goals, roles, responsibilities, and relationships. They include the organization of time and work, as well as programmatic and informal systems of social and academic support and press, particularly performance expectations and means of accountability. They also include incentives and rewards that can direct attention and action toward caring (Murphy & Torre, 2014).

In addition to structural elements, school organizational climate and culture can enable or impede caring (Murphy & Torre, 2014). The climate of a school reflects the perceptions that students, teachers, and administrators have of each other, of their relationships, and of the school as a place for caring and learning. Particularly important to caring and other supportive behavior is how students and adults perceive the ethical climate of the school, that is, how they perceive one another as ethical (Arnaud & Schminke, 2012). Research in settings other than schools has shown ethical climate to be associated with attitudes and behaviors of caring, such as commitment to others and their success (Simha & Cullen, 2012). A school's organizational culture—that is, its system of orientations, taken-for-granted assumptions, and values, as well as the symbols, rituals, and routines by which they are communicated—can set expectations for caring and establish a foundation for mutual accountability in caring (Schein, 2010). Both climate and culture can be strong or weak, their content clear or ambiguous. Both can emphasize, be ambivalent about, or be antithetical toward caring.

Other aspects of organizational context may be important for caring in schools. One is governance and politics. Power and authority relationships and processes of school decision making create conditions that can support or impede caring (Slater & Boyd, 1999). Particularly relevant are how a school balances collective interests and individual interests and how it might engage in competitive and adversarial (win–lose) or consensual and constructive

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(win–win) politics (Blase, 1991). Also relevant is how a school may rely on consolidated or expansive distribution of power and influence (Bryk et al., 2010). The nature of micropolitics in schools—that is, how people exercise power outside formal structures and governance processes—can also influence whether and how caring is perceived and pursued.

Beyond the school are *extraorganizational contexts* that can affect systems of caring relationships. These outside-of-school contexts include families, communities, and broad policy and social-historical-cultural institutional environments. Earlier in this chapter, we referred to elements of the current policy environment that make caring in schools difficult. We can also consider other aspects of education policy, such as school codes and regulations that govern relationships between educators and students and relationships among educators themselves. We mentioned briefly social, historical, and cultural trends concerning the meanings and value of care and caring. We also considered the influence of particular social norms and values. Notable are those norms and values that emphasize the individual, such as independence, self-sufficiency, competition, and individual success, responsibility, and accountability, in juxtaposition with those that emphasize community, such as interdependence, cooperation, and collective responsibility and accountability.

A useful way to think about family and community contexts is the extent to which they provide *social capital* conducive to caring (Benson, 2006; Putnam, 2015). We think of social capital as resources for caring that reside in the presence and particular qualities of social relationships. In families, these resources can include the strength of love, attachment, and familial values. They can include understanding of children and their development, as well as their needs, interests, and situations. They also can include values and competencies of parenting. Parents' and caregivers' own experiences of caring may influence their capacity and approach to caring for their children. So too may the presence of supports and stresses on parents, caregivers, and families, including but not limited to financial and employment situations; educational, mental, and physical health issues; housing and food stability; networks of friends and extended family members; and community resources that constitute a broader system of social and emotional resources.

In communities, resources for caring include community values and orientations toward families and toward children and youth and their development. They also include social-emotional support from peers and from nonparent adults, such as relatives, family friends, and neighbors. Last but not least are the prospects for caring and support that come through community organizations and services. These include civic organizations, recreational and youth development programs, health care and social-support services, religious congregations, businesses, and local government. Economic and political forces, crime and violence, and population instability can mitigate the impact of these community resources.

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Cautionary Notes: Problems and Pitfalls of Caring

Caring does not always function in a straightforward or positive manner, even when it is enacted with the best intentions. Boundaries must be negotiated. Relationships need to be monitored and managed. It is difficult to strike the appropriate point between professional underattachment and caring too little and overattachment and caring too much (Kroth & Keeler, 2009). According to Murphy (2016a), caring can cause embarrassment and make persons feel vulnerable. If not careful, caring can evoke a sense of obligation and reciprocity that is inappropriate or impossible to fulfill. Caring can reinforce asymmetries in power relationships. And caring can lead to objectification—people can be seen as inanimate problems to solve and relationships can become contrived. Caring is fraught with hazard, and missteps can occur.

Acting on particular virtues can create dilemmas as one virtue may bump up against another. Every dilemma presents choices to be managed. Education researcher Ernestine Enomoto (1997) illustrates this point when examining the dilemmas endemic to student attendance and truancy. School leaders must consider "the rules" and weigh actions that try to balance collective fairness and justice with an understanding of and concern for individual students and their problems, needs, and situations. The dilemma is this: To address a problem of truancy in a manner that is equally fair and just for all, principals may fail to support and address the unique and often heartbreaking needs of individual students. Likewise, to address the problem of truancy considering only the individual student's unique situation may violate an ethic of fairness that is defined in the setting as equal treatment of all.

Some virtues that drive caring can present benefits and unexpected problems at the same time. Empathy, the ability to share the feelings of others, is one such virtue. According to psychologist Paul Bloom (2018), empathy can be a positive force on how we act and interact with others by making it possible to resonate with their positive and negative feelings. Research has found that teacher empathy, coupled with warmth and encouragement of learning, is strongly associated with positive affective, behavioral, and cognitive student outcomes (Roorda et al., 2011). At the same time, Bloom argues, empathy can be superficial and biased. It can pose a cognitive trap by which presumptions and predilections can be reinforced to the detriment of another person. Empathy is usually aroused through vivid, concrete instances of individuals or small numbers of persons. It is less often aroused when large numbers of people are concerned, even though their needs and problems may be similar to those of individual cases. When large numbers of persons are concerned, empathy may not be a strong enough impetus for caring.

According to neuroscientists Tania Singer and Olga Klimecki (2014), empathy can lead the one caring in conflicting directions. Through empathy, we feel happy when we vicariously share the joys of others. We feel pain when we share the suffering of others. Shared happiness can be pleasant, but shared

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feelings of pain and suffering can be difficult, sometimes leading to stress and distress, which then can lead to negative feelings, withdrawal, antisocial behavior, and burnout. These negative outcomes can be problematic for human service professionals who address acute and persistent human need, making it difficult to be engaged and be caring. To guard against this prospect, Singer and Klimecki, as well as Bloom (2018), argue for linking empathy with compassion, another virtue underlying caring. Compassion consists of feelings of warmth, concern and care for another, and motivation to improve the other's well-being. Compassion directs empathic thinking in positive directions and helps avoid empathy's pitfalls and problems.

These examples only begin to reveal the complexities of caring and how it functions. They can, however, help us understand how caring can lead to unintended and potentially harmful consequences (Lilius et al., 2008; Swain & French, 1998). As mentioned earlier, caring can be extremely demanding and it can be psychologically, emotionally, and physically stressful (Frost, 2003). For persons in human service professions, caring and caregiving may lead to low life satisfaction and negative affect (Savage & Bailey, 2004) or stress, worry and depression, poor physical health, and burnout (Kroth & Keeler, 2009). Caring can result in *compassion fatigue*, the emotional overload that occurs when one gets overinvolved emotionally, overextends oneself, and feels overwhelmed by the emotional demands imposed by others (Boyatzis et al., 2006; Kinnick, Krugman, & Cameron, 1996). These problems are common concerns in professions that require constant work on behalf of others, where need is acute, and where environments are not conducive to caring (Brechin, 1998b). When associated with historically female-gendered professions, such as teaching, caring often becomes socially, organizationally, and politically marginalized work, placing undue burden on women (Finch, 1984; S. Gordon, 1996).

Finally, caring can spawn unintended harmful consequences for the ones cared for (Peterson, 1994; Swain & French, 1998). Caring relationships can develop inappropriate dependencies, codependencies, and transference. They can result in unwarranted control, subjugation, and infringement of privacy, autonomy, and rights. In the worst instance, the interpersonal closeness of caring can create opportunities for abuse and victimization. Without careful attention, without mindfulness and self-regulation, and without the monitoring and watchful support of others, the risk of negative consequences can emerge.

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Questions for Reflection and Discussion

1. In what ways does the case for caring play out in your school? Can you think of examples of how your school may not be as caring as generally assumed? Can you think of examples of "headwinds" in your school and community that make caring difficult?

(*Continued*)

(Continued)

2. Can you think of how the actions and interactions that you consider caring reflect the three key elements of caring: aims, virtues and mindsets, and competencies? Can you give examples of your actions and interactions that, while emerging from caring intentions, "miss the mark" because of the absence of any of these three elements?

3. How do the organizational conditions of your school support and impede the development of caring relationships with students? How might the attitudes and expectations of parents and the policies of your school district support or impede the development of these relationships?

4. Think of three ways in which actions and interactions intended to be caring can go awry. Looking back to the key elements of caring—aims, virtues and mindsets, and competencies—think about how these examples of missteps and mistakes might be avoided.

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