

# **Nel Noddings' Care Theory and Outdoor Education**

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This article offers a comprehensive introduction to Nel Noddings' care theory, examining specific examples of when care theory can be useful for both analyzing current practices and establishing a way forward to strengthen the presence of Noddings' care theory in Outdoor Education (OE). A broad-based approach was taken as a means to initiate further discussion and promote research of Noddings' care theory in OE, including its potential and implications.

**KEYWORDS:** care theory, Nel Noddings, outdoor leadership, outdoor education

In the heterogeneous field of Outdoor Education (OE) it is challenging to articulate commonly held values and generalize about programmatic means. However, as Jasper Hunt identified in his opening address at the 2007 International Association of Experiential Education conference, unifying themes include an epistemology rooted in the importance of direct, lived experience coupled with a desire to shape people's view of themselves and their actions/interactions. By fostering positive relationships between and among students, outdoor programs become a means of *moral* education, helping students learn how to be a better person in the world through the group experience. In a classic accounting of the "Outward Bound Process Model," Walsh and Golins (1976) say that the social experience of the "interdependent" group, with a "collective consciousness... is a ... cooperative, enhancing social interaction, which reorganizes the meaning of most people's experience" (p. 5).

Given the centrality of the group process and the focus on developing interpersonal skills within many OE programs, such as Outward Bound and Project Adventure, it would seem that care, and caring for others, would be, and arguably are, central elements. An understanding of Nel Noddings' ethic of care contributes a theoretical foundation for ensuring that care is indeed central to the mission and operation of OE programs. While there are other care theories to draw from (see Tronto, 1993), Noddings' work is explicitly chosen because she was one of the originators and remains the most prevalent author of care-related theory. Her work, beginning in the 1980s, began from similar feminist roots as Carol Gilligan's (1982) psychological/empirical work that focused on the moral development of women.

This article shows that great attention can be given to the relational nature of experience and learning within the OE environment and, though caring may arise in these settings, without intentional effort toward a more specific notion of an ethic of care, "it simply means caring is not essential or constitutive and thus may be absent or avoided" (Diller, 1996, p. 163). To be clear, this is not to say that care is absent in OE. Rather, it is recognizing the centrality of care that has led to our research of Noddings' care theory.

In general, caring is considered to be of immense normative value. Noddings (1992) identified it as a universal value. How each person wants to be cared for varies, but it remains clear that all people want to receive care. Research has shown that there are serious implications, both physically and emotionally, associated with lack of care and connection. For example, a sense of caring and connection has a greater protective function for adolescents against things such as suicide and acting out behaviors, than other protective features like family structure (i.e., one-parent versus two-parent household) (Resnick, Harris, & Blum, 1993).

The question remains, however, as to how care is conceptualized and lived out in different settings, including outdoor education. How does a person know if he or she is caring? Noddings' care theory is presented because without a conceptual analysis of what care actually is, one may be left with commonplace or weak notions of care that boil down to "gentle smiles and warm hugs" (Rogers, as cited in Goldstein, 1998, p. 2). Hereafter, the term caring refers to Noddings' specific notion of caring, a definition that is explicated in the subsequent section.

When it comes to OE and Noddings' care theory, the aim of this article is broad. Following an overview of Noddings' care theory, the paper presents specific examples of when care theory can be useful for both analyzing current practices - including consideration of leadership development and ethical frameworks - and establishing a way forward to strengthen what will be offered in OE, in part by making research-related suggestions. Concerns with care theory and, more specifically, areas within OE where application of care theory may be problematic are addressed.

### What is Care Theory?

This section provides explication of what Noddings meant by care and key elements of care theory. While care might seem like a fairly intuitive notion, Noddings offered a rich conceptualization of care that is different from a superficial, everyday use of the term. According to Noddings (2002b), in order for a caring relation to exist, or for an encounter to be caring, three conditions must be met. To start, take a simple schematic account of A caring for B. On Noddings account, this means: "A cares for B – that is, A's consciousness is characterized by attention and motivational displacement, A performs some act in accordance with [care], and B recognizes that A cares for B" (Noddings, 2002b, p. 19). When these three conditions are met, that is, the one-caring is present and available for the cared-for, acts in a caring manner, and receives feedback from the cared-for that care has been received, then caring in Noddings' sense has occurred. In this definition, caring is translated into action by one person and received by another. The caring person must be consistently present, which Noddings identified as attentive love (2002b). The purpose of the caring relation is to promote growth, prevent harm, and meet the needs of the other.

Three other characteristics of care that specifically relate to and define a caring encounter are *engrossment*, *motivational displacement*, and *reciprocity*. *Engrossment* defines the ways in which a person providing care is present and ready to intently listen to the cared-for's needs (Noddings, 2002b, p. 17); being present for another in this way is a form of empathy and requires effort. As well, the one-caring must recognize the actual needs of the cared-for and not just assume or project his/her own ideas onto the needs of the cared-for. This point cannot be overemphasized, for it is easy to presume one is acting in a caring manner when one's actions are not received as care. Caring for another, in addition to engrossment, also involves what Noddings called *motivational displacement*, which she described as directing one's motivational energy at the service of the person cared for, toward the needs and goals of the cared-for, or their projects. Finally, importantly, it must be recognized that the person being cared for also has a role in the caring relation, a role which involves the "recognition or realization of care" (Noddings, 2002b, p. 18). Termed *reciprocity*, this means demonstrating or indicating in some way that caring has been received; however, it does not necessarily mean an equal give and take of attention and caring, or that a verbalization of received care occurs. For example, a newborn may exhibit reciprocity by simply molding itself into his father's shoulder, a child by riding away on the bike just fixed for her, or a pet may demonstrate it with purring. In each of these examples, the one-caring has received feedback that the care is effective and has been received, even though it was not expressed in words.

At the heart of Noddings' (2002b) care theory are these caring relationships. Note that "many relations are unequal by their very nature" such as instructor/leader-student/participant (Noddings, 2005, p. 91). This does not mean that instructors are exclusively caring or that students are not. According to the ethic of care, the prime commitment is to the 'other' and to the maintenance of caring relationships with that other. These relationships are "the face-to-face occasions in which one person, as carer, cares directly for another, the cared for" (Noddings, 2002b, p. 21). While instructors and leaders are primarily the ones-caring, fostering a community of care is essential so that students and participants are enabled to care for one another and, when necessary, for their leaders.

What if, as Davion (1993) asked, the cared-for holds nefarious goals or knowingly commits a wrong act, such as theft or murder? Does this not "involve... significant moral risk" (p. 162) for the one-caring because of the potential of being corrupted by the one cared-for? If the person in need of care has ill intent or is morally corrupt, then the one-caring possibly places one's self in a compromising position. How does the one-caring respond according to the needs

that the other presents? Noddings suggested that “we have a primary obligation to promote our friends’ moral growth” (2005, p. 99). This means addressing the transgression by appropriate means as well as continuing to uphold and help the other while they face their wrongdoing or ill intent. Another way to respond, though the least desirable, is coercion. Noddings (2002b) pointed out that trust in another is trust that the one-caring will always act in the other’s best interest, and that there are times when the one-caring will need to infer needs. As ones cared-for, it is possible to sometimes misunderstand what is in our own best interest; however, this does not make way for merely paternalistic action. If coercion or other means must be used to prevent harm, the aim of shifting more control to the one who is more dependent must not be lost. The point of a caring relationship is not, as Davion (1993) feared, to do whatever the cared-for wants us to do as ones-caring; the point is to help the cared-for thrive according to their view and definition of flourishing within the community context.

Despite Davion’s (1993) objections, Noddings (2003a) claimed that in face-to-face relationships, the basis of our identity is formed. This is known as *relational ontology* - the perspective of self as always a self-in-relation. While the *self* has been defined as an entity independent of surroundings, largely “characterized by autonomy, equality, rationality, and unity” (Noddings, 2002b, p. 91). Noddings contends that humans are relational beings who construct meaning out of encounters with other people, objects, and environments and then use these encounters both to define ourselves and to be defined by them. Within care ethics, Noddings took the clear perspective that one is not their true self if stripped of all relations, encounters, and obligations; rather, these relations *constitute* one’s identity. As Noddings (2002b) stated, “[T]he self I build in encounters with others is as nearly a true self as we can find” (p. 210). It is through “encounters with other selves” that we grow, learn about care, and care for particular others (Noddings, 2002b, p. 207). Eva Feder Kittay (2003) also emphasizes the point: “We do not become a person without the engagement of other persons” (p. 266) and, “[i]ndependence...is a fiction” (p. 268). On this view, each of us is dependent on the responses of those with whom we engage and thus we cannot separate ourselves, or our development, completely from other people.

Many have asked what is lost in defining caring so narrowly such that caring-for only happens in close proximity. This proximal closeness required to care-for someone is troubling to Fletcher (2000), who asked whether “caring as a moral theory gives us a way of overcoming the ‘distance’ involved that is effective in helping us understand the causes of this suffering and the reasons we have for taking action in response to it?” (p. 108). Jaggar (1995) also argued that the attention that caring as a moral perspective brings to particulars, i.e. “the needs of others in their concrete specificity” (p. 180), can cause us to lose sight of the bigger picture, such as issues of social justice. The emphasis in care theory to care for those close at hand is not, however, to the exclusion of caring about those more distant, but rather a necessary precursor. Noddings (1992) argued that, ideally, in striving to care for people, the needs of those close at hand are met and through that, learning to care about people in the bigger picture occurs.

Another way to characterize the caring relation is to point out that a basic aim of care theory is “cultivating the ability to respond appropriately” to those for whom care is attempted (Noddings, 2002b, p. 166). By developing “response-ability,” a person becomes increasingly capable of receptive attention, motivational displacement, and reciprocity as a means for taking caring action on behalf of another person. As Noddings (2003a) stated, response-ability is “a capacity neither essential nor innate but learned and developed in actual life with other beings” (p. 41). It is through engagement with other people that the ability to respond adequately to the needs of other people increases.

The following example brings to life these aspects of care theory, while briefly examining the potential for common practices within OE to be equated with care theory. On 14-day wilderness courses with 12 and 13 year old girls, one instructor-initiated practice used on many trips

is to have 'doctor's hours'. Each evening, while one instructor supervises the dinner preparation, the other instructor meets one-on-one with each girl to check in about her state of well-being in a concerted effort to find out how she is doing and to hear her needs and concerns. Doing this individually helps create the opportunity for emotional openness and honesty. The instructor is also able to be present (i.e., engrossed) with one girl at a time, instead of attending to the needs of the group as a whole. These types of 'doctor's hours' have the potential to exemplify many features of care theory, though one cannot presume that this practice fits perfectly with care in Noddings' sense. In fact, the intentions and actions of the instructors play a significant role in whether this would be considered a caring encounter as Noddings defined it or as just a logistically efficient way to address the health concerns of each student. In essence, this intentionality would be demonstrated if the instructors decided during their pre-trip planning that fostering a caring community should be central to their course and then worked to identify potential practices that would facilitate it. The key is that caring was held as central within the context of the development of the outdoor trip.

In this caring encounter, instructors are modeling one way in which care may be expressed by having the time and space to be engrossed in the needs of an individual. Ideally, they also have the wherewithal to displace their motivation toward helping each individual in some way. Finally, students will hopefully display reciprocity. That could mean applying the instructor's advice by writing a letter to her family to tell them that she misses them or finding out if any of the other girls in her tent are also missing home. Individual instances of care do not, in the end, make a program in its entirety a caring one, nor do they provide evidence of use of an ethic of care as an overall guiding framework, though the potential exists.

In conclusion, note that care theory is not meant to be a totalizing theory, encompassing all aspects of morality or education. Care theory focuses on building and maintaining relations through caring encounters as modeled in ideal homes.<sup>1</sup> From this specificity, much is accomplished in school, life, and, potentially, in OE. This does not mean that care accomplishes all that needs to be accomplished, nor that it rights every wrong, but Noddings would likely say that it is an organic, ground-up (or home-out) approach that has vast positive implications for learning and development.

### **Care Theory and the Practice of Outdoor Education**

This section examines various approaches to research, practice, and theory within OE in light of care theory. Illustrations are offered to demonstrate what outdoor educators do well and where strong potential lies for growth and development under the auspices of care theory, while continuing to build a conceptual and practical understanding of Noddings' theory of care.

#### **Virtue Ethics and Care Ethics**

Many relate moral education, sometimes called character education, to virtue ethics. As Noddings (2003a) stated, "character education – the deliberate attempt to inculcate virtues – is the oldest and best-known mode of moral education" (p. 157). Many outdoor educators, in speaking of ethics, use a virtue-based orientation, based at the level of the individual. Two questions then follow: which virtues are valued and how are they taught? In their 2006 article, *An*

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<sup>1</sup> While care theory utilizes the concept of "ideal", the authors acknowledge, as does Noddings, that there is more than one notion of an ideal home. Features of "ideal" that remain constant across settings include a love and an environment free of physical harm.

*Ethic of Care and Educational Practice*, McKenzie and Blenkinsop answer these questions using Kurt Hahn's notion of compassion and the ways in which Outward Bound implements this philosophy. As Hahn said: "I regard it as the foremost task of education to insure the survival of these qualities: an enterprising curiosity, an undefeatable spirit, tenacity in pursuit, readiness for sensible self denial, and above all, compassion" (as cited in Neill, 2008). The authors point out a need for learning to care in an increasingly individualized Western world and yet miss the mark on delineating the difference between compassion as Hahn spoke of it and care based on Noddings' conception. Compassion, in the Hahnian sense, is about being a compassionate person, not about being a person with compassionate relations – a subtle, yet, key difference that Noddings (1992) made. The field of OE has, perhaps, been supporting *caring as a virtue* in contrast to the view of care that Noddings (2003b) put forth. The important distinction between the Hahnian view of compassion and care, and Noddings' (2003b) view, is that rather than label individuals as virtuous, "the label virtuous is better attached to the relational interaction" (p. 161).

The following is an example of the difference between care as a virtue, and an ethic of care: On a backpacking trip consisting of two leaders and eight 13-15 year old girls in the Adirondacks, two group members were clearly struggling to shoulder the weight of their packs and keep up with the rest of the group. The leaders saw this as an opportunity to promote caring and thus asked each group member to take something from the struggling girls. Both of the struggling girls protested, not wanting to give up their weight, but they finally relented. The group continued hiking. The leaders were satisfied in witnessing the group's willingness to help one another, hopeful about the emerging camaraderie. Later in camp, one of the girls that had been struggling came to the leaders with tears of frustration. Before coming on the backpacking trip, a verbally abusive parent had made fun of the girl for thinking that she was capable of backpacking and carrying heavy loads. By relieving some of the weight from her pack in the manner done, the leaders had inadvertently confirmed the girl's insecurities and fears that she was weak and incapable.

As this example shows, many well-intended caring acts are not actually *received* as caring. Caring relationships (as opposed to being a caring person) rest on how the care is received. Noddings (1984) herself was prompted to produce care theory because of the large number of high school students complaining that no one cared for them. Noddings knew for a fact that the teachers she worked with cared for their students. What caused this disconnect? Often caring is taught and encouraged without ensuring that the ones cared for actually receive the actions as *caring*. In the example above, one student was relieved to share her load and protested only to save face while the other was devastated, receiving the message that she was incapable. Caring actions must be connected to the one on the receiving end. This requires careful consideration, a relationship based on knowing the cared-for and effective communication. Based on the lessons from this example, it is apparent that answering what is best, how one leads with care and how a group is taught to care stand to be influenced by Noddings' care theory.

Another example of OE literature that addresses care comes short of Noddings' version. In "Community, Caring and Outdoor Education," Quay, Dickinson, and Nettleton (2000) argue that outdoor education programs are a valuable means for teaching caring relations. For instance, in OE, there is a necessity for people to share resources, be concerned with the welfare of other participants, and view their own behavior in the context of the group in a more concentrated, intense manner than in many other educational settings. Combining the four ways of teaching care as laid out by Noddings (1992) (modeling, dialogue, practice, and confirmation) and the four processes for social development, from Berman (1997) (prosocial modeling, cooperative and nurturing relationships, perspective taking, and conflict management), the authors attempt to offer a framework to guide leaders in educating for care. However, the authors rely on a cognitive and individualistic view of learning, which does not take into account development through rela-

tions with other people and does not explicitly discuss caring as an ethical framework. A contradiction then exists: while OE is highly relational, an individualistic, non-relational view of moral education has often been relied upon directly and indirectly.

### **Policies, People, & Staff Training**

Depending on how they are managed, principle-based notions of program policies can also create obstacles to care theory. When creating program policies, is decision making based on ideas regarding the *program* or on caring for *participants*? What is put first and how are conflicts between values resolved? For example, take a program that has a no reading materials on course policy because of the belief that having personal books prevents students from connecting with each other and the program goals. At the start of one such course, a student asked if she could bring a Bible because it was important to her when dealing with challenging situations. As instructors, what is the best response? Programmatically, the policy would lead an instructor to deny her request; care theory, however, would say that the first priority is to care for the individual, opening up the possibility of allowing her to bring her Bible (which is what happened). In this instance, the policy on reading materials is not based in risk management; rather, it is an issue of the perception of how a course should be delivered. In these instances, an ethic of care would contend that the right decision to make is the one that builds or maintains the relationship, the heart of which is caring for the individual in need. This scenario illustrates how tension can arise between program policies and individuals. Care offers us a means of navigating this 'dilemma' in a way that has not been typically offered. In this 'rules versus judgment' tension, holding close the particulars of the caring relationship is what dictates the best way forward.

In OE, there has been a preference, and a lack of justification, for care directing rules and actions, which raises particular issues related to leadership and staff training. Though many experiential educators would likely agree about the importance of holding people as foremost in ethical decision-making, rather than a rule or situation, as in the Bible example, an ethic of care could be more prominently used in staff trainings. The frameworks offered to experiential leaders tend to be rule-based in nature. For example, one of the most significant and useful contributions to ethical decision-making in the field is Hunt's (2002) *Ethical Issues in Experiential Education*. The first chapter highlights various approaches to decision-making in the face of moral dilemmas, shaping how rules are developed; such as determining the greatest good for the highest number of people, or attempting to universalize the action being considered. These approaches are attempts at standardizing decisions or decision-making rules, with the peril, in the perspective of care theory, of adopting an almost mathematical approach to ethics where decisions can be entered into a formula and made for groups before the relationships have even been established. This is not a fault of Hunt's text, for he is highlighting the most commonly relied upon frameworks, however, the opportunity exists to consider care theory as an alternative framework for ethical decision making in OE. For example, one outdoor organization has a mandated organizational policy that states: "With coed groups under 18 years of age, students will sleep in single-gender groups." While at first this seems like a straightforward policy, it does not take into account the potential needs of individual students in the group. What if there is a youth struggling with transitioning gender? To require that student to sleep with a group that may not feel safe will not help him or her develop caring relationships with other members of the group. Relying on utilitarianism as an ethical framework means holding up the greatest good for the highest number of people. In this case, sleeping in single-gender groups would be the decision, with the obvious question of what of the minority group, here, the transitioning gender participant. A non-consequentialist upholds a standard out of a sense of duty, no matter the outcome. Again, in looking at the example, this framework demands upholding the policy of single gender

sleeping groups without consideration for the needs of the individual student. Though this is a rather simplified version of ethical decision making in process, the point may be made that an ethics of care stands in contrast to these frameworks by neither upholding a policy no matter what, nor letting the majority of the group dictate what is best.

With these frameworks, staff members leave trainings with a list of organizational do's and don'ts, or with some consideration given for situational judgment. While caring actions and relations can and do come from, and in some cases arise in spite of, these approaches, they do not prioritize the caring relation, nor equip leaders/teachers to engage in moral decision-making from a care perspective (Hunt, 2002; Noddings, 2003a). What matters most in the ethic of care is not upholding a rule or supporting a decision through justification; what matters most is caring for the other. Some critics might object to the amount of experience required to develop this type of decision-making capacity, and that newer staff might need more prescriptive solutions until they have developed these nuanced skills. With such immense responsibility placed on young staff, perhaps, more time should be devoted to developing these skills prior to sending staff into the field, rather than relying on what seems like less complex formulas.

## Leadership

Leadership, including notions of *effective* leadership, is a specific topic within the OE literature that exemplifies the lack of uptake of an ethic of care and perpetuates under-theorized notions of care. The following brief analysis begins to draw out how care has or has not been taken up in leadership development literature. Although some attempts to develop a "relational" notion of leadership have begun to explore the possibilities of using care as a foundation (e.g. Mitten & Clement, 2007), most notions of leadership presuppose care – that is, that care is an inherent part of leadership. If care is discussed, it typically gets appended onto a list of other virtues.

Graham's (1997) *Outdoor Leadership: Technique, Common Sense & Self-Confidence* laudably dedicates a chapter to caring leadership, pointing out that good leaders are caring and that caring is also in a leader's best interest. Although Graham does identify the importance of building and maintaining a caring relationship, his account would benefit from integrating specific features of Noddings' account of care, including engrossment and reciprocity. *Effective Leadership in Adventure Programming* (Priest & Gass, 2005) lightly addresses this in a chapter entitled "The Process of Facilitation," in which the authors present the CARES model. This model is geared toward enhancing discussions of "risks and responsibilities" (p. 187) and is meant to complement the practices of challenge by choice and the full value contract (FVC). It highlights physical, social, emotional, and intellectual ways in which caring can happen, but does so through a 'cookbook' list of individually based virtues, rather than through a focus on care as a relationally-based, foundational concept necessary for leadership. The closest attempt to incorporate care theory can be found in Chapter 7 of *Outdoor Leadership: Theory and Practice* (Martin, Cashel, Wagstaff, & Breunig, 2006), where the authors take a brief look at care as an alternative view on ethics, suggesting that an ethic of care frees instructors to step away from rules to meet another in that other's need. This text, however, does little to help instructors wrestle with what this actually looks like in practice.

Mitten (1996), and Mitten and Clement (2007) counter these views of leadership with a call for relational outdoor leaders, suggesting in practical, specific ways what this may look like in an experiential education context. The views of these authors are more in line with the illustrations of care put forth in this paper.

By advancing care theory as the center of a notion of an effective leader, the prioritizing of task-oriented, goal-focused leadership over relational leadership focused on group dynamics is



eliminated. With care theory as a foundation, caring for individuals is never set aside or secondary in effective leadership. Instead, relationships between an instructor and his/her participants, between leaders, and among participants, help guide leaders' decision-making about goals, tasks, and skill development. The implication of using an ethic of care at the heart of OE leadership is that it changes the foundation.

For example, the stages of group development (Tuckman, 1965) is often used when training facilitators to work with students in the field (i.e., forming, storming, norming, performing) placing the actions of a group along the above continuum (e.g., Priest & Gass, 2005). There is an assumption embedded in how this model is used that a group must go through each of these stages to reach their peak of performance. Therefore, a leader that cares about her group may encourage the group toward each stage as illustrated in such texts as *The Wisdom of Teams* (Katzenbach & Smith, 2003) and *How to Lead a Winning Team* (Margerison & McCann, 1985). Both books speak to the necessity of groups going through all stages of group formation in order to reach their potential as a group. If leaders hope to care for individuals within their present group, however, they should hesitate before embracing all the stages. Leaders must be trained to recognize the specific needs of each group based on the individuals in that group. Doing so allows leaders to care for, rather than care about the human beings that constitute the group.

### **Challenge by Choice**

Many perceive a tension between challenging a student and caring for a student. Caring, however, is not synonymous with spoiling or indulging. As Noddings (2002a) stated, "There is nothing mushy about caring. It is the strong, resilient backbone of human life" (p. 101). Caring involves having high expectations for our students. To care is to "expect, demand, require, and teach adherence to certain standards of behavior for the sakes of both the child and the community" (Diller, 1996, p. 136). While doing so, however, precedence must not be placed on the tasks over the relational aspects of learning. Caring in this way creates both a community of support and of inquiry. This vision of care and community bolsters and reinterprets one widely used "cornerstone of adventure" (Panicucci, 2007), challenge by choice (CbC).

CbC is often explained as allowing individual participants to define how they would like to engage in the tasks presented and interact with the group (Panicucci, 2007). This approach encourages an individual to be challenged in a way that is right for her or him. Based on the authors' analysis of care theory, how should CbC be enacted in outdoor experiential programs? First of all, CbC should entail the consideration of an individual's participation relationally, through dialogue with other people, ideally the instructor but not necessarily only the instructor. By displaying receptive attention, an instructor would engage in finding out how best to support an individual not only in deciding on her challenge, but also during, her challenge. The instructor would attempt to consider all of the influencing factors (peer pressure, individual expectations of success, etc.) and encourage participants to participate in ways that fit with their individual needs. Secondly, programs should be designed in a way that can truly take into account different ways of being engaged; real options should exist. Haras, Bunting, and Witt (2006), in their comparison of CbC to something they call *Inviting Optimal Participation*, take a step in that direction by arguing for "deliberately design[ing] a challenge environment that balances with participants' individual characteristics and therefore invites active engagement" (p. 342). This may be what happens in many cases regardless of any consciously applied ethic of care framework. For those cases, a theoretical foundation is offered for what is already occurring. There is value in consciously and intentionally operationalizing Nodding's ethic of care.

## Full Value Contract

The second programmatic example is the practice of establishing and maintaining shared group norms with participants, often called creating a full value contract. The process of generating and ‘living up to’ behavioral expectations is meant to be a student-centered process in which participants create, and then attempt to uphold, the ways in which they would like to be together and treat each other (Panicucci, 2007). Not all programs or instructors implement the full value contract in the same way. However, there are specific strategies commonly used that exemplify Noddings’ notion of care. First, the manner in which the contract is created allows individuals to express what they need and how they might like to be cared for. This provides an opportunity for the caring to be made explicit to the student by the instructor; it also makes explicit the expectation that students will be caring for each other. Thus, the full value contract allows for modeling and practicing caring in real situations. Secondly, not just establishing norms but actively facilitating conversation about how the group is doing in living up to the expectations that they have set allows for dialogue, another of Noddings’ (1992) means for developing care as a relation. Finally, a full value contract is a means for establishing the “conditions under which caring-for can flourish” (Noddings, 2002b, p. 23). Unless the environment is conducive to care, awareness, modeling, and practice will not ultimately matter: a full value contract alerts participants to the need to be actively involved in creating the setting in which care can live and grow.

If established by an ethic of care, a full value contract would necessitate engagement in the process beyond the initial creation of a contract. It would have to be about more than just practicing the skills of caring; it would actually facilitate giving people the opportunity to care and be cared for. Also, the more trait- or virtue-based contracts that exist (e.g., Play Safe, Play Fair) would be minimally augmented by, but ideally replaced by, a relationally-centered approach to establishing group norms. As Noddings (2002b) stated, “the curricular and pedagogical recommendations that emerge from an ethic of care are more indirect and yet more pervasive than those usually associated with the direct teaching of virtues” (p. xiii). Through the creation of group norms as an active, somewhat subtle means for modeling, practicing, dialoguing about, and confirming care, a FVC can be re-articulated to be more representative of an ethic of care.

## Research

In this final section, the impact that an ethic of care has on conducting research in OE and on the research of care itself is considered. The authors suggest using a conceptual account of care as a means for crafting and critiquing research questions, as providing direction on specific methodologies, and helping point toward particular ‘sites’ for empirical investigation.

It is possible and necessary to engage in caring research, that is, research that is itself caring. Research conducted from a caring perspective would involve the researcher meeting the subjects as one caring, i.e. prepared to engage in engrossment and motivational displacement in the course of research. Caring research cares for and takes into account the perspective of those being studied, and actively engages those people in dialogue about the research question.<sup>2</sup> This type of collaborative research allows for engagement while expecting a reciprocal relationship between researcher and subject (i.e. carer and cared-for). In the current push toward evidence-based research within the social sciences, and more specifically within outdoor education (Gass, Prouty, & Russell, 2007), individuals within programs can become the means of proving the efficacy of outdoor experiential methodology.

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<sup>2</sup> Research as dialogue, as opposed to that which is one-sided, is a feminist research method that purposely engages a person in working through problems associated with the research (e.g., Kaufmann, 2000; Smith, 1999).

A second implication for the practice of research is to consider methodologies that take relationships (and relational development) into account. Taking the notion of interdependence seriously, and truly believing that we are our relations, an approach to research that allows for an expanded notion of the typical individual as the unit of analysis is necessitated. Thus, from a care perspective, using sociocultural methodologies to look at a system of individuals – one that does not separate individuals from their context and that allows for the empirical exploration of the reciprocal nature of relationships - becomes critical (e.g., Rogoff, 2003). For example, to investigate the nature of relationships on OE trips - both participant-to-participant and leader-to-participant – and how they develop prior to, during and after OE experiences – an interactional approach would be needed. It would not just rely on individual responses to questions, but would use an approach to research that would allow for investigation into what constitutes relationships in certain kinds of OE experiences.

One study that attempted to investigate caring relationships is the second in a series of two articles by Quay, Dickinson, and Nettleton (2002) in which the authors presented an empirical study that relied on a framework they built in their first piece. The authors explored whether students experienced peer-related caring encounters in outdoor education in a deeper way than in classroom settings. They investigated their research questions first through interviews with individual students – which became fodder for survey questions – and then by asking different students to fill out the survey. By analyses of said data, the authors conclude that students in both settings held a similar level of care for close friends, but that students in the outdoor setting expressed a higher level of care for more distant peers. The authors' claim that their study shows the possibility that an outdoor education setting is a more caring one than a classroom. Although the article loosely relies on Noddings' work, it does not adequately move forward a specific ethic of care. In addition, studying relationships through methods inherently disembodied from moments of actual relating to, and with, other students seems to deprive the potential findings from the outset.

Another relevant methodology here would be a design-based approach, where researchers first develop a program based on the premises of Noddings' care theory and then set out to investigate the results. Although not a causal study, this type of research would allow for a qualitative understanding of what OE programming might look like if designed from the outset with caring in mind.

### **Conclusion**

An ethic based on care is one that puts relations and the needs of the other at the center of any moral decision-making. A caring relationship is one in which both members of the relationship are aware of the care-giving and receiving. There is a fulsome recognition that people are dependent on one another; in terms of relational ontology, we are our relations. Though much like situationist ethics in that the answer to "What do I do?" is "It depends", the focus is always on the person in the circumstance in relation to others and not merely on the circumstances.

Outdoor Education has much to gain from a consideration of the relevance of care theory to both its theoretical formulation and its practice. In a similar way that Deweyan principles have often been looked to as the philosophical framework upon which the field rests (Hunt, 1999), Noddings' work (as Noddings is, after all, a self-proclaimed Deweyan) offers the field a necessary grounding in a more comprehensive and relevant ethical framework. Care theory also provides effective methodology, offering opportunities to develop caring individuals within OE programs. Outdoor educators have a unique opportunity to examine care theory for what it offers, both as an explanatory theory and as a more adequate moral foundation upon which to build robust programs.

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