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When care trumps justice: the operationalization of Black feminist caring in educational leadership

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In this study, I discuss the benefits of Black feminist caring (BFC) in educational leadership. I suggest that the ethic of care in educational leadership is a manifestation of strength when serving disadvantaged student populations. This article is based on a qualitative, exploratory, multicase study that examines the ethic of care in the leadership of five African-American women serving in various capacities of educational leadership. This study employs a BFC framework because the women in this study were selected because of their reputation for caring and addresses the following guiding question: how do the African-American women educational leaders in this study operationalize caring? Findings in this study indicate that caring African-American women educational leaders display the characteristics of BFC. Their experience of marginalization stirs empathy and encourages them toward an activist leadership style. As such, they are compelled to act as other mothers and activist risk-takers in their roles as educational leaders.

Keywords: ethic of care; Black feminist caring; African-American women educational leaders; urban education

Revolutionary leaders must realize that their own conviction of the necessity for struggle was not given to them by anyone else – if it is authentic. This conviction cannot be packaged and sold; it is the leaders' own involvement in reality that leads them to criticize a situation and wish to change it. (Freire 1970)

Introduction

Students who know they are genuinely cared for by the adults in their schools have added incentive to perform to their highest potential (Noddings 1984; Siddle Walker and Byas 2009; Siddle Walker and Snarey 2004). One of the primary excuses underachieving students proffer for low academic performance is “no one cares.” These students generally lack the necessary motivation or incentive to perform at high levels academically (Bass 2009; Noddings 1984). Conversely, when students feel cared for and are given voice, they are willing to exert the necessary effort to achieve academically because they do not want to disappoint supportive adults, who through their care, have shown they have a vested interest in their future (Mitra 2004). Genuine relational or interpersonal caring for students is the precursor to winning student trust, providing a forum for student voice, and enhancing student efficacy and interest in school (Mitra 2004; Noddings 1984).

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In many ways, this genuine form of caring is provided by adults and educators who themselves have suffered from acts of discrimination and oppression and are sensitive to social injustice because of their own personal experiences. For example, research on the lived experiences of African-American women educational leaders reveals their heightened perception and understanding of inequality and oppression in the USA (Bass 2009; Thompson 2004). In fact, one such area in which African-American women who work in education continue to experience oppression is in the policies and practices observed in the US public school system (Skiba 2000; Skiba and Peterson 1999). Their familiarity and awareness of blatant injustice provide African-American women with the insight necessary to promote positive change (Thompson 2004). Additionally, oftentimes their personal journeys have led them into professional arenas where oppression has assigned them outsider-within status, referring to the disempowerment within both professional and private societal institutions where the interactive systems of power, race, gender, and social class limit their mobility (Collins 1986). Their oppressed status can increase their sensitivity to the oppression of others, stirring within them a desire to rescue oppressed and disadvantaged peoples (Parker and Ogilvie 1996). This desire springs from an ethic of care, which conveys the message that they are morally obligated to do everything in their power to remedy oppressive situations (Noddings 1984). For many women in educational leadership, including the women in this study, disadvantaged students are the oppressed group that they champion.

The purpose of this analysis is to examine how the ethic of care is implemented among a purposely selected group of caring African-American educational leaders. Their leadership practices and experiences in many ways reflect a leadership model that values the ethic of care, and more specifically, the operationalization of Black feminist caring (BFC) in real-world, urban school settings. I am not suggesting that all Black women exhibit the ethic of care in their practice, however, this study seeks to highlight the leadership styles and practices of some who do. This article will contribute to the literature on caring in educational leadership in ways that demonstrate how caring leadership practices can positively impact the learning experiences and achievement of students in urban schools.

Employing a BFC framework, this study addresses the following questions: how do the African-American women educational leaders in this study define caring? How does caring frame their leadership and decision-making? How do the leadership experiences of the African-American women leaders in this study represent the operationalization of caring? The article concludes with implications for the field of educational leadership to include the implementation of care-promoting policies.

African-American women leadership in urban schools: the impact of race, class, and gender on caring

A leader's personal experiences or personal realization of injustice often move them to critique a situation and change it (Freire 1970). Larson and Murtadha (2002, 364) acknowledge, "the experiences that African-American women have with the intersecting systems of race, gender, and social class oppression contribute to their ability to understand and negotiate issues of difference in diverse school communities." Because the participants in this study are all African-American women, the connection between the triple influence of race, gender, and social class; their worldviews; and how their intersectional identities fuel their strong propensity to

care, are acknowledged in their experiences. As Freire (1970) observed, oppressed people that become freed and enlightened may respond by acting as agents of change and serve to liberate other oppressed peoples.

African-American educational leaders, including African-American women, are disproportionately placed in challenging urban schools that many leaders would shudder to lead (Bloom and Erlandson 2003; Dillard 2005). The climates of such schools are not conducive to optimum levels of teaching and learning, particularly given the conditions that are often present when African-American women assume the principalship. Though there are exceptional, high-achieving urban schools, many are still characterized as being wrought with negativity, chaos, and various levels of confusion (Cuban 1990). Therefore, effective leaders of schools in urban settings learn to wield their power as school leaders to promote safe, effective learning environments for students, to include leveraging leadership influence in the interpretation and administration of school policies in ways that serve the best interests of students, even within the context of harsh district mandates.

Skiba and Peterson (1999) traced the origin of zero tolerance to the Navy in 1983, when 40 submarine crew members were reassigned due to suspected drug activity. This was the first time the concept of zero tolerance, which prescribes that all infractions should be punished uniformly and often harshly, regardless of the severity of the infraction, was publically enforced (Skiba 2000). In the years following, zero tolerance policies were phased out in the greater community, but emerged as common practice in schools. It is noteworthy that the greater society found the policies to be inappropriate when used to punish adults, yet they prevailed in schools when disciplining children. Zero tolerance policies were introduced to schools in 1989 and operational by 1993 (Skiba 2000). They became popular in school districts as school disciplinarians became frustrated with the increasing frequency and severity of disciplinary problems involving students. Unfortunately, the enforcement of zero tolerance policies has produced negative consequences that many argue have proven detrimental to disadvantaged populations, which are more suspended or expelled from school at higher rates (Dunbar and Villarruel 2002; Skiba and Peterson 1999).

Theoretical framework

This study draws upon feminist care-focused frameworks (Gilligan 1982; Noddings 1984), Black feminist theory (BFT) (Collins 1990), and BFC (Thompson 2004). BFC was employed as the central framework for this study because it most closely exemplifies the spirit of the ethic of care demonstrated by the study participants. The foundation for Black feminist pedagogy was laid in the writings and speeches of prolific scholars like Sojourner Truth, Frederick Douglass, WEB Dubois, Ida B. Wells, Anna Julia Cooper, and Zora Neale Hurston (McClaurin 2001). Prior to the framing of Black feminist or womanist¹ pedagogy, caring and other actions expressed by Black women were not distinguished from those perpetrated by traditional mainstream feminists. Black feminist scholars viewed this lack of representation in the literature as problematic because they knew that their actions and the motivations behind them were different than those of others. They realized the impact of their marginalized lived experiences (especially those associated with slavery, segregation, and classism, along with sexism), on their epistemology and their actions.

Feminist theorists (Beauboeuf-Lafontant 2002; Collins 1990) posit three main principles of womanism:

First, womanists understand that oppression is an interlocking system, providing all people with varying degrees of penalty and privilege. Second, they believe that individual empowerment combined with collective action is key to lasting social transformation. Last, they embody a humanism, which seeks liberation of all, not simply themselves. (72)

Thus, it is important to comprehend the role of womanism in the quest to understand the caring demonstrated by African-American women educators and leaders (Beauboeuf-Lafontant 2002). Black feminist/womanist pedagogy was born not only out of the need for Black feminist scholars to more accurately define, describe and discuss their experiences, but also because of “their need to ameliorate their own conditions for empowerment on their own terms” (Taylor 1998, 235). While African-American feminists framed BFC to delineate the essence of caring when gender, race, and class are variables, mainstream feminists also laid the foundation for care work.

Gilligan (1982) conceptualized care by noting the liberating qualities embedded within it when the needs of those cared for are met and their welfare is actively promoted. The investment of people who care can be monumental, especially when the situation(s) they wish to impact are long-standing and complex. In fact, caring often means departure from one’s own personal comfort zone while pursuing the best interest of those cared for. According to Noddings (1984), an ethic of care is demonstrated when people genuinely care enough about another’s unjust situation to respond to it by taking corrective action. In this sense, action means investigating and investing: investigating what the problem is, why it exists, and how one can act to remedy it, followed by investing the necessary resources to discover an appropriate solution in order to appropriately act on it. Given the depth of action that often accompanies care, the question of why people care inevitably arises. Why do people choose to go out of their way to help others when it would clearly benefit them more to seek their own interests? Why are certain people compelled to make a difference regardless of the personal cost, while many others are content simply to walk away if they are inconvenienced in any way? Although both Noddings and Gilligan examine and discuss the ethic of care, there is a difference in what they identify as the motivating factor for caring. Noddings connects caring, especially in education, to moral obligation, but Gilligan believes that caring springs from empathy. Gilligan purports that educators should demonstrate caring not only because caring facilitates learning, but because they are moved by compassion for the fate of another to do so. Caring out of empathy, as suggested above, is the way in which African-American women often demonstrate care for oppressed and disadvantaged students, due to their personal experiences and identification with oppression.

Bell-McDonald (1997) contributes to the research frameworks on caring in her discussion of normative empathy and empathetic caring. Motivation behind caring and caring acts are at the center of these frameworks. She suggests that those who care out of a sense of what is right according to societal or political standards exhibit normative caring, while those who care because they feel empathy for another display empathetic caring. This distinction is important because those who are moved by empathetic caring are more likely to act out of emotion and to go the extra mile to help others. Additionally, according to Bell-McDonald, their actions are not out of a selfish desire to appear heroic or righteous, but out of genuine

concern for the cared for. The women in this study as well as the women in Bell-McDonald's study exhibited both levels of caring in their practice. Though the care by Black women in Bell-McDonald's study was toward helping women and families, and the care in this study was toward school children, the same manner of mothering, relational care was administered to accomplish the objective of helping the disadvantaged other.

While these care-focused frameworks are promoted by feminist literature and applicable to women in general, an ethic of care can also be linked to BFT and the response that African-American women have shown historically to unjust conditions and situations emerging from a legacy of oppression. Collins (1990) frames an ethic of care within BFT as a foundation of African-American women's epistemology that combines history, culture, and experiences with individual uniqueness, expressiveness, emotion, and empathy. Thompson (2004) combines ideals put forward by Noddings and Collins in her discussion of BFC. She maintains, however, that BFC takes into consideration issues of race as opposed to more colorblind approaches advanced by Brown and Gilligan (1993), Martin and Gordon (1992), and Noddings (1992). For Thompson, these considerations set BFC apart from other care theories that suggest that children be shielded and protected from a corrupt social order. To solidify this point, she offers the following in reference to BFC: "it means promoting cultural integrity, communal and individual survival, spiritual growth, and political change under oppressive conditions" (29).

Methodology

This qualitative, exploratory, multicase study was designed to examine the lived experiences of five African-American women educators and administrators who employed the ethic of care (Merriam 1998; Yin 2004, 2009) in a large urban school district located in a city in the US midwest. These women, known in their respective communities for their caring educational practice, were identified through convenience and purposeful sampling strategies (Patton 2002). Participants were selected based on their reputation for demonstrating an ethic of care in their leadership. Participants included three former students; a principal from a local urban elementary school, not associated with the university; and one professor from my educational leadership program – all were known to exemplify care in their daily interactions and in their work. None of the participants, however, were my students during data collection, nor would they be after the study. They included one public school teacher, one elementary school principal, one alternative high school principal, one urban district-level superintendent, and one professor of educational leadership (reflecting mostly on prior experiences in working with public school teachers and children). Definitions of caring, coupled with evidence of care translated into action, as provided by each participant, further demonstrated their fitness for participation in this study (see Table 1). These phrases included: "paying attention to," "administering to," "assuming responsibility for," "sharing time and space," "understanding," "showing concern," "taking into account the whole person (mind, body, and soul)," "providing students with a sense of feeling safe and secure," "a way of responding and how I conduct my actions," "being responsive to the needs of others," "helping others," "showing concern," and "showing sympathy and empathy." These definitions are in alignment with Black feminist care theory in explaining the motivation behind why and how these women demonstrate caring.

Table 1. Study participants and their definitions of caring.

Participant	Age range	Position/ occupation	Definition of caring
Claudia	50–55	District superintendent	Attending to someone else's needs. It can be a physical, mental, spiritual, or emotional need. Nurturing someone (or self). Paying attention to and administering to someone by assuming responsibility for that person's needs
Betty	50–55	Alternative school principal	Sharing of time and space to become knowledgeable of another, to better understand not only that person, but how their beliefs or circumstances may affect their behavior
Cynthia	25–30	Teacher leader	Showing concern for someone else's well-being; to take into account that person's whole mind, body, and soul; in the educational perspective it means to provide students with a sense of feeling safe and secure so that students can function at their fullest potential
Mary	40–45	Elementary school principal	Caring is not just a way of feeling, but a way of responding and how I conduct my actions. I express caring by being responsive to the needs of others and showing concern
Tonya	35–40	Professor of educational leadership	Helping others, lending a hand, showing sympathy and empathy for people

Data were collected by email questionnaires, a focus group, and follow-up telephone calls for clarification when necessary. I contacted participants by phone and email, and all participants responded in the affirmative, followed through with the request to complete the email protocol, and completed the questionnaire prior to the focus group so that their answers from the questionnaire informed the questions I asked during the focus group. Immediately prior to the two-hour focus group, I distributed the questions to the participants, but also had the questions on *PowerPoint* slides in extra large print so that the study participants could refer to them if necessary. Participants were informed in advance that the session would be audio-recorded and transcribed. All of the study participants were eager to participate in the study and extremely open and forthcoming with their responses. The participants appeared to take comfort in knowing there were other women who employed an ethic of care in their leadership and decision-making, appeared comfortable during the focus group, and transparent in their responses and comments to questions. During the focus group, the women provided thought-provoking and emotional replies to the questions; even above my expectations. I followed up with participants through member checks for clarification and to ensure credibility (Etter-Lewis 1993; Lincoln and Guba 1985).

Data were analyzed using the constant comparison method (Glaser and Strauss 1967; Strauss and Corbin 1998) and coded to form common themes, which are presented in this article (Patton 2002; Strauss and Corbin 1998). Time was a limiting factor in collecting data for this study. Given more time, I would have conducted a series of in-depth face-to-face individual interviews with participants in addition to the focus group, questionnaire, and telephone interviews. Individual interviews

would have allowed me to ask questions about each participant's background and her lived experiences with injustice and oppression, providing additional data that could have possibly connected my participants more directly to BFC.

Key findings

The themes presented here reflect how the participants responded with an ethic of care in their leadership when they witnessed the potential of injustices within their purview. Their demonstrations of caring are reflected in the tenets of BFC. Though connection to spirituality emerged as a tertiary theme in this study, the themes mothering and other mothering and "care trumps justice" are discussed because of their strong alignment with BFC.

Mothering and other mothering

Caring and nurturing are both common expressions of motherhood. African-American women have a long history of mothering and other mothering that emerges from the historical oppression of African-American people (Bell-McDonald 1997; Cooper 2007, 2009; Siddle Walker and Snarey 2004). Hence the role of mother is often perceived as the most honored and powerful role in the African-American community. Henry (2006, 330) notes, "Historically, Black mothers have considered their parenting pedagogies as a serious responsibility, inherently political, and critical to the survival of a people." Ironically, limited research has been done on the parenting of African-American mothers; however, much of what has been done speaks to their self-sacrifice so that their children might be positioned to take advantage of opportunities that they themselves were not afforded (Henry 2006; Osler 1997). The foundation for the parenting style characteristic of African-American women was laid during slavery.

During the period of slavery, Mammy emerged as a powerful and pervasive symbol in domestic servitude. This image of the African-American woman is depicted as a highly maternal, family oriented, and self-sacrificing individual that demonstrates a caring demeanor for those under her charge (West 1995). According to Collins (1986, 14):

Countless numbers of Black women have ridden buses to their White families where they not only cooked, cleaned, and executed other domestic duties, but where they also nurtured their other children, shrewdly offered guidance to their employers, and frequently, became honorary members of their White families.

Although Mammy was well respected for her domestic role, subordination, servitude, and self-sacrifice were expected (Jewell 1993; West 1995).

The African-American community, or neighborhood, has traditionally been an institution in which African-American women served as neighborhood mothers. African-American women often disciplined, fed, and watched over children in the neighborhood when their biological mothers were not at home – and sometimes when they were (West 1995). When the women in the present study came together in the focus group, they were asked whether they considered themselves to be other mothers. Although the nurturing other mother role is evidenced in the participants' answers, only one woman in the focus group, the youngest, readily identified herself in the role of other mother. According to her:

... I actually see myself as the other mother, and I realize, in some of the households, they don't have mothers. And I take on that role, but I believe that my kids put me in that role as well, and so they're looking for the guidance and the structure that a mother would give if she was in the home. So I do take on that role, and I gladly take it on because I want more kids, personally, but it's very rewarding for me to give hugs and kisses. I know we probably shouldn't be doing that (in the profession), but I do give hugs and kisses, and my kids absolutely love it. I visit my kids at home, I go to some of their sports events, and it's just ... they're elated.

Regardless of the desire to disassociate themselves from the image of the other mother, however, there were reported incidences where the women's stories characterized the role. For example, the principal of the alternative high school had this to say regarding how she dealt with a difficult student who was habitually late:

Well she was upset and screaming, and I said, "have you had breakfast?" She hadn't eaten since the night before. So it had got to the point that every day this child had an issue, and normally she hadn't eaten since lunch the previous day at school. I gave her a spot in my office ... and to her, that was strange, because caring – I could have given her just a sandwich or something and told her to hurry up and eat it and walk down the hall – but she got to sit and eat in a comfortable area instead of eating on the run.

Making sure a child ate in a comfortable spot without having to eat on the run is definable as an act of mothering. Another respondent, currently an urban area superintendent, shared a tearful story of a time she acted as other mother when confronted with a student who she felt needed her care. Her story begins:

I had a student, this is when I was principal of a middle school, and the young man had reportedly shot at someone ... And I found out about it, and the police came to school, handcuffed him, and brought him to the principal's office. Michael² was a foster child, or he was a child who didn't have a home ... I don't know why I decided to go in at that moment and talk with him at that moment because he was handcuffed. But I did. I went in and I spoke with him, and in talking with him, something made me ask, "are you hungry?"

Only a mother figure would think to ask a child or even care whether or not a child was hungry while he was handcuffed after being arrested for attempting to shoot at another person.

Participants in the study not openly identifying themselves in the other mother role might have perceived it to be unflattering; especially given their levels of professional and educational attainment. While not always acknowledged, other mothering appears to be linked to the legacy and spirit that has been a part of African-American women's legacy and caring.

Caring trumps justice: invoking an ethic of risk

Educational policies, especially zero tolerance policies, often do not favor disenfranchised, disadvantaged children (Casella 2003; Skiba 2000; Skiba and Peterson 1999). Zero tolerance policies leave no room for grace, mercy, or caring when dealing with less than perfect students; like most of the children cared for by the women in this study. Most of the women readily admitted to having "broken the rules" in the best interest of the children they cared for.

Breaking the rules in an educational setting involves tremendous risk; the risk of damaging one's professional reputation, the risk of losing job security, and, in some cases, the risk of litigation. Despite the high stakes, risk-taking often accompanies care because the ethic of care is based on the best interest of the child, and demands corrective action – regardless of personal cost (Gilligan 1982; Noddings 1984; Thompson 1998). Further, the ethic of risk often presses caring educators to implement nontraditional or creative teaching and leading strategies in order to effectively educate disenfranchised students. Therefore, caring teachers and administrators are willing to take radical measures to provide a secure, fair, and productive learning environment for their students.

Asked whether or not rule-breaking conflicted with their spiritual or religious beliefs, the principal of the alternative school responded:

it's an everyday thing for me ... I get the most problematic children and I'm their last chance. Every day there's drama in these children's lives. There is accountability, but it's also about choosing the mountain you want to die on.

The story she shared was about a young man who was habitually late. According to the rules, because of incessant tardiness, the student was to be suspended until his mother came in; however, his mother could not be reached by phone. Rather than sending him home, the principal walked the child to the cafeteria, got him lunch, took him to the counselor's office to get a schedule, and later hand-delivered the paper-work to the boy's home so that he could remain in school. In defense of her actions, she said:

I would like to say that this is the worst thing I've ever done. If it comes down to a child going hungry and not getting an education because of a parent, I'll bite that bullet.

The superintendent agreed with the principal and noted that there are times when it is necessary to break rules in the interest of the child. This was reflected in her response:

um, yes, there has been a time when I have – more than one time – relaxed the policy. I do believe care trumps justice.

Two other respondents, the teacher and the professor, each had a story of a time when they covered for students who had marijuana in their possession. The professor shared the following:

I recall the name Shawn,³ I believe, it might have been ninth or tenth grade, and it's that student who comes to school smelling rank of reefer. You know something happened on the way to school, and I knew this was a student that I was starting to have a breakthrough with. That I was starting to connect with ... and being the disciplinarian ... do I go tell and say "here's the policy," or do I turn the other cheek ... that tough love, that conversation. I'm giving you a break, and I make that decision because I thought about it, contemplated ... this was it. There were a number of things he had done over a period of time – so this would have been "it." You're gone. And for me, I thought, we couldn't afford to put him on the street. The second part of the question ... does it pose a conflict with my spiritual beliefs – well I'm a sinner. As many times as God has forgiven me for things I've done ... hey, I'm being tested.

In sharing this account, the professor displayed a sense of responsibility and commitment toward helping this young man and to afford him another chance, another opportunity to stay off the streets. This level of caring demonstrates the sacrifice of personal well-being. If it had been discovered that she or any of the other women in this group had covered for students, especially in drug-related incidences, they might have lost their employment.

The teacher shared a similarly risky account:

I do believe care tr[un]umphs over justice. There has been a time where I have relaxed a policy for a student. He was coming to my class, and I had asked him . . . “where’s your pencil?” And he said, “it’s here, it’s here.” And he started searching in his pocket and found it. He pulled the pencil out and there on the floor dropped his drugs. His marijuana. Um, he picked it up quickly, but I pondered turning him in to the administration. And in the end I didn’t turn him in. I did confiscate it from him . . . Disposed of it. I believe flushed it down the toilet. I asked him, “why did you bring this to school, because this can get you the rest of the year.” And he said, “I’m going to be honest with you. I, um . . . Me and my mom, we sometimes roll up in the morning before I leave, and I just forgot to put it in my backpack, or put it in my stash, or up under a brick at school . . . but my mom knows I do this, and you can’t turn me in. I really want to stay in school . . . I really want to graduate.”

This incident was even more risky than the last since the marijuana was actually found on the student at school. Handling the drug and disposing of evidence could have been treated as a criminal offense, especially as it relates to a child, had this incident been discovered. This level of risk is reflective of the magnitude of care these women felt as they were almost blinded to the possible consequences of their actions. The tendency to risk self-harm is consistent with Gilligan’s (1982) framework for caring. Further, the care that these women demonstrated by risking their own self-interest demonstrates their opposition to injustices in institutional policies – even to the point of forsaking justice.

Discussion

This study examined the ethic of care from the perspectives of African-American women who demonstrated care at their various levels of educational leadership. The ethic of care is discussed as a changing force in school reform. Though many traditional leadership theories would suggest that “caring” is not a characteristic that defines great leaders, findings from this study indicate that caring is a powerful and effective force toward positive change. In fact, caring is shown to be strength in educational leadership, as research on the ethic of care, as well as the women in this study, supports the notion that children and adolescents respond positively to care (Kropiewnicki and Shapiro 2001; Noddings 1984; Pazey 1995).

The common theme emerging from these women’s definitions of care is that they are all passionate about helping others to the point of forsaking justice in their attempt to care for students. Informed by their social location within intersecting spheres of race, gender, and social class, these women responded to injustices within the educational system often without considering the consequences; even when it involved placing themselves at risk. This expression of caring is an example of the ethic of risk, which encompasses identifying with the cause, being responsible to take action, and being willing to accept the consequences. The women in this study shared their stories and their personal definitions of caring.

From these conversations, we learn that there are still educational leaders and teachers who care enough to lead in the best interest of students; even when that means elevating the ethic of care above the ethic of justice.

In this study, African-American women leaders respond to the oppression of disadvantaged students by acting out of an ethic of care. Their personal struggles with oppression based upon race, gender, and social class fuel their relentless pursuit to show the necessary mercy for the students they care so deeply for (Bass 2009). Therefore, many African-American women who exhibit care out of an obligation to help the oppressed do so in the spirit of BFC (Thompson 2004).

In this study, the women's personal awareness and experiences with the agony of injustice engendered empathy and an ethic of care in their professional practices. These women demonstrated resilience in that they were able to effectively navigate and function within a system they perceived as unjust to accomplish their purpose of helping those for whom they cared. The resulting action was that they chose to go the extra mile for the vulnerable clientele they served.

The study participants believed not only in the one-on-one demonstration of interpersonal caring in schools; they also believed that the key to promoting a positive school climate is to encourage policies that support institutional care (Siddle Walker and Byas 2009; Siddle Walker and Snarey 2004), which is reflected by a combination of caring institutional policies and interpersonal caring. To promote institutional care, the leaders in this study purposely hired caring staff, provided continuous professional development, created a visually welcoming learning environment, and implemented fair discipline policies and practices. The resistance to zero tolerance policies by the leaders in this study is further evidence of their prioritization of their students' well-being and their commitment to institutional caring and BFC pedagogy. Their care ethic and ethic of risk free them to lead with courage in the best interest of children. The caring African-American women leaders in this study facilitated a climate for student achievement by discerning how best to govern, educate, and advocate for disadvantaged students.

Despite challenges they face in the arena of urban education, the African-American women leaders in this study often refer to the schools in which they are employed as "my school" and to the students in their charge as "my students," "my children," or "my babies." Their possessive, often affectionate language is indicative of the fact that they value close, positive, nurturing relationships, and that they view relationships as central to their demonstration of care. Relational principals are aware of the needs of those around them and seek to assist others in meeting their needs (Gilligan 1982).

A current example of care in action is the manner in which study participants administer strict zero tolerance policies. The women in this study shared stories of how they have overlooked district zero tolerance policies in order to protect their students. When confronted with real-life urban discipline dilemmas, each leader in this study chose alternative discipline strategies to expulsion when their students clearly committed infractions that should have had them expelled from school according to zero tolerance policies.

Acting out of BFC, African-American women in this study assert their power as educational leaders by selectively administering zero tolerance and other policies they find are not in the best interest of students. Their resistance to implementing potentially harmful mandatory policies is evidence of their commitment to an ethic of risk.

African-American women are in a unique position to see multiple oppressions and consequently seek strategies of institutional transformation (Collins 1990; Siddle Walker and Byas 2009; Siddle Walker and Snarey 2004). According to BFT, African-American women's social activism consists of efforts to transform injustices within organizations and institutions including corporations, government agencies, and educational systems. As such, African-American women leaders, including those in educational leadership, appear to be more sensitive to the needs of marginalized children as a result of their own marginalized status in society. This increased sensitivity often moves them to radical advocacy for the students in their charge. Collins argues that, "Black women have had an enduring interest in not just resisting racist and sexist laws and customs, but in changing a broad segment of the rules shaping American society" (217).

When the rules developed by a patriarchal justice system dictated zero tolerance, the participants in this study responded by extending mercy to the children they passionately advocated for. The dichotomy between African-American women's propensity to care and the system of justice perpetuated in schools has the potential to generate conflict in the decision-making power of African-American women; however, the women in this study dealt with injustices by using their power to reshape the rules so that they better served the students they care for. For example, each woman described a time when a student should have been punished according to school protocol, but they extended mercy, demonstrating that care trumped justice for them. If their undercover care tactics had been discovered, these women may have been reprimanded because, according to the rules, the children should be punished. Their acts demonstrated their selflessness and self-sacrifice in their work, which is consistent with the ethic of care principle of helping or protecting others at the risk of personal or self-harm (Gilligan 1982).

Implications for policy and further research

Findings from this study and other work on the ethic of care in leadership are explicit in demonstrating that a caring school works to improve school climate and conditions for teaching and learning. Conversely, zero tolerance policies are care-adverse and have a negative impact on school climate and student performance. Given these findings, I would suggest the development and implementation of "care promoting" policies – policies that are developed according to the tenets of the ethic of care. Characteristics of care-friendly policies include: they consider individuals and their best interests, they are developed to serve their clientele, they are fair yet flexible enough to extend mercy (when warranted), and they invite the voice of the disenfranchised. Care-promoting policies are likely to be more effective because they take into consideration the needs of the clientele they are developed to serve, above the needs of those administering the policies. Therefore such policies are not burdensome or oppressive because they are developed with an understanding of the social context of students and their parents, as well as the implications that context can have on students' behavior and performance.

I propose six steps toward promoting institutional care through implementing care-promoting policies:

- (1) *Commit to employing caring teachers, faculty, and staff.* If the teaching and building staff already have a bent toward caring for students, they are more likely to buy into care-centered leadership.
- (2) *Commit to continuous, purposeful professional development* (Darling-Hammond and McLaughlin 1995). Educate teachers and other school faculty staff about the backgrounds of the students served. This will rouse empathy in those serving students from disadvantaged backgrounds. People who do not understand the population they serve will not be able to effectively meet their needs. Training should be thorough and ongoing to maximize effectiveness.
- (3) *Facilitate relationship development* (Hoy, Smith, and Sweetland 2002). Relationships between educators and parents and students should be encouraged and nurtured. This will break down barriers between schools and parents who typically do not feel comfortable in schools. Schools must reach out to disenfranchised parents through home visits, parent-, and student-centered activities and build meaningful and lasting relationships.
- (4) *Parent-friendly communication* (Tillman 2002). Schools should implement policies that call for regular communication between parents and the school. Not only should parents be expected to communicate, but the school must open the channels of communication and make interaction with the school as simple as possible for parents.
- (5) *Involve parents and students in leadership and decision-making* (Tillman 2002). Involving parents and students in leadership and decision-making gives them a voice and validates their significance in their child's educative process. When parents feel valued, they are more likely to get involved in their children's education.
- (6) *Implement culturally relevant discipline policies and procedures* (Ladson-Billings 1995). Develop policies that take into consideration the students being served. This can only happen after the leadership and teachers invest in getting to know their students and parents and give them voice. Parents can assist in providing suggestions for discipline and procedures that are culturally relevant.

The ethic of care is an attribute proven to promote leadership and discipline practices that are in the best interest of children. This study provided a forum for African-American women in educational leadership to discuss the ethic of care and how it framed their decision-making and leadership. In future work, I would like to study the ethic of care in African-American men as well as women and men from other racial and ethnic groups, in order to investigate the impact of gender on caring as well as the manifestations of caring among other racial and ethnic groups. I would also like to conduct in-depth individual interviews to better understand the influence of participants' backgrounds and how their backgrounds shaped their beliefs and practices as they relate to caring. This research would provide additional insight on caring and the sociocultural implications of race and gender while adding depth and understanding to the body of literature on caring in the study and practice of educational leadership.

Notes

1. Womanism or womanist is used interchangeably with Black feminist thought.
2. A pseudonym.
3. A pseudonym.

Notes on contributor

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