

Unlocking student's potential: What can we learn from care theory in the education of students with vision impairment?

Associate Professor Paul Pagliano
School of Education, James Cook University, Townsville QLD 4814
Tel: 61+(0)747815424 Fax: 61+(0)747815699
Email: paul.pagliano@jcu.edu.au

Abstract

This paper examines care theory literature, especially the work of Nel Noddings, to identify strategies to enhance the education of students with vision impairment. Care starts at home where the child with vision impairment learns to 'care-about' through the experience of being 'cared-for' and continues into education. Care is both an essential need and a deep-seated want making it both a pre-condition 'for' education and a key ingredient 'in' education. Caring educators therefore work closely with families to promote high quality home care throughout the student's education. Four key components of a caring education are: 'modelling, dialogue, practice and confirmation'. A caring educator builds a caring relationship with student and family by paying sympathetic attention in order to read the student and the family as accurately as possible. Reflection on this information makes it possible for the caring educator to respond in helpful and hopeful ways that encourage the student and the family to discern a 'better self'.

Introduction

Good morning everyone and welcome to my presentation. My plan for this paper is to start by drawing attention to the conference theme "unlocking students' potential". I'm then going to introduce care theory and think about how it's applied in education. In particular I'll highlight four key components of a caring education and then reflect on how they might apply to the education of students with vision impairment.

I wanted to begin my paper by drawing attention to the conference theme 'unlocking students' potential'. It's an excellent theme. I believe we help to unlock students' potential by ensuring all students with vision impairment receive an appropriate education. An appropriate education is generally defined as consisting of four parts. The first is to ensure the student is provided with an equal opportunity. The term emphasizes the idea of inclusion – that no child is excluded because of personal traits like vision impairment. Furthermore the child is treated

equally to all other children – which may take unequal amounts of resources to achieve. This leads me to the second point, that the service is accessible or able to be accessed by a student with vision impairment. For example if a sighted student is provided with a sighted resource the same quality of resource must be available to the student who is blind. The third point is the logic behind the educational service design is to help the person become more independent. And the fourth point is the goal of the educational service is to help the student achieve their own highest potential – to do the best they possibly can. So to come back to the conference theme “Unlocking students’ potential” – that’s our focus – that’s what good teachers do.

Care theory

As I said in my abstract this paper will examine care theory literature, especially the work of Nel Noddings, to identify strategies to enhance the education of students with vision impairment in order to help unlock their potential. Nel Noddings was born in the USA in 1929 and worked as a teacher and an academic. She introduced the idea of care theory in 1984 in a book called *Caring: A feminine approach to ethics and moral education*.

So to start off I want you to think about caring. Chat to your neighbour now: *What do you think caring is like?*

For Noddings caring is a two way street. It involves a special kind of attention that has its own feedback loop. We’re receptive in a special kind of way. The carer is open to what the cared-for is saying (or trying to say - which is particularly important when you work with students with vision impairment). The student also needs to be able to reflect on the communication. The carer’s motive energy flows towards the cared for. By motive energy she means the purpose behind the communication. The carer thus responds to the cared-for in ways that are, hopefully, helpful. However for this to be called 'caring' a further step is required - there must also be recognition on the part of the cared-for that an act of caring has occurred. Caring involves connection between the carer and the cared-for and a degree of reciprocity; that is to say that both gain from the encounter in different ways and both give.

Now I’d like you to try. Close your eyes and attempt to communicate with your neighbour in a caring way. Remember caring communication is a two-way street. It involves a special kind of attention with its own feedback loop. We’re receptive in a special kind of way. Both you and your partner need to be aware of this caring. I want you to give it a go with your eyes closed to experiment whether it’s possible to make the feedback loop in non-visual ways. Allow two minutes then ask people what they observed.

Noddings asks: "what are we like" when we engage in caring encounters? We discover that we are especially receptive, we are attentive in a special way. For

students with vision impairment we must be especially receptive in both visual and non-visual ways otherwise there will not be a feedback loop that the student is able to recognise. Remember if the student does not recognise it as caring then it is not caring.

Care starts at home where the child with vision impairment learns to 'care-about' through the experience of being 'cared-for' and continues into education. Care is both an essential need and a deep-seated want making it both a pre-condition 'for' education and a key ingredient 'in' education. Caring educators therefore work closely with families to promote high quality home care throughout the student with VI's education.

What is care like when working with a student with VI?

Discuss with your neighbour: *What is care like when working with a student with VI?* Care strategies are similar to those used in the home. These include receptive attention, motivational displacement and mutual gain. Receptive attention or engrossment is achieved when the educator is open and able to accurately take on board what the client is expressing. This is because the educator reflects on, and checks the message. Motivational displacement occurs when the educator's behaviour is shaped by the needs of the student. This results in mutual gain, where both the educator and the student benefit from the interaction, thereby cementing the caring relationship. Is it different if the student has a VI? No essentially they are the same, however one must take into account the sense information the student is able to access. If the student has vision impairment, then non-visual information is more important. What about you work with your partner. Close your eyes and both try to communicate with each other in a caring way where you focus on attention, motivational displacement and mutual gain. Discuss. How did that go?

According to Noddings there are four key components of a caring education. These are: modelling, dialogue, practise and confirmation.

Discuss with your neighbour: *What ways do you model caring to your students with VI?* Modelling refers to the way we represent something in our own behaviour. Noddings (1995) argues: "We have to show in our behavior what it means to care ... We demonstrate our caring in our relations with them". Of course it becomes much more challenging if the person is blind or has some sensory impairment or other disabilities. *How might modelling be different then?* Close your eyes again and try to model something to your neighbour. Maybe share a fun example.

Talk to your neighbour: *How do you dialogue with your students with VI?* According to Noddings (1992) dialogue is part of the lived experience of caring, where we exercise our engrossment. Through dialogue we model caring communication. According to Noddings: "Dialogue is such an essential part of caring that we could not model caring without engaging in it." As we try to care, the feedback our

students give helps us improve the way we demonstrate it. OK now go back to working with your neighbour. Both close your eyes and have a caring dialogue with each other. *What did you notice?*

Talk to your neighbour: *How do you get your students with VI to practise caring?* Through dialogue we model caring communication. Being bidirectional at the same time the student gets to practice what the educator is modelling. According to Noddings all students: "should be involved in caring apprenticeships" (Noddings, 1984, p. 187). *Are there any special considerations if the student has a VI?*

The goal of this communication is to reveal to the student something to nurture, an ethical ideal. "When we attribute the best possible motive consonant with reality to the cared-for, we confirm" (Noddings, 1984, p. 193). When we confirm something we are identifying a better self and encouraging this better self.

Sometimes when I go into classrooms and observe teachers I observe them being very liberal with their praise and I wonder whether it connects with the student. We need to know the student with VI particularly well in order to be able to recognise what the student is trying to achieve and then to be able to confirm that attempt. This is what makes the experience authentic. We need to make this connection.

A caring educator builds a caring relationship with student and family by paying sympathetic attention in order to read the student and the family as accurately as possible. For students with vision impairment this sympathetic attention must be visual and non-visual.

Reflection on this information makes it possible for the caring educator to respond in helpful and hopeful ways that encourage the student and the family to discern a 'better self', that is providing there is a suitable feedback loop in place that comes from a special kind of attention.

References

Noddings, N. (1984). *Caring: A feminine approach to ethics and moral education*. Berkeley: University of California Press.