

Enhancing Caring Capacities: A Case Study of an International Service-Learning Program

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Abstract

This article highlights the theoretical framework of care to describe the relationships nurtured among students and community members who were involved in the International Partnership for Service-Learning Program in Guayaquil, Ecuador. The data for this article derive from participant observation, field notes, semi-structured and informal interviews, and students' extensive reflective writings collected during the summer of 2001. This article presents the outcomes of the program as they relate to the framework of care. These outcomes are presented in four categories: (1) building connections; (2) sharing feelings toward the cared-for; (3) being a "family"; and (4) responding to the cared-for's needs. These outcomes generate questions about the challenges of fostering caring relationships among diversely situated groups of individuals engaged in international service-learning experiences.

Introduction

Care entails being concerned about something or someone. According to Noddings (1984), caring is a sensibility that enables an individual to share feelings of love and empathy toward others. Noddings presents caring as an active capacity that leads the one who cares, whom she refers to as the one-caring, to act on behalf of the one who receives the act of caring, or the cared-for.

In the act of caring, not only are there feelings of concern toward the cared-for, but the one-caring also sees the reality of the ones he or she cares for as his or her own individual reality and acts toward fulfilling the needs of the other. Noddings posits that caring involves "stepping out of one's own personal frame of reference into the other's" (1984, 24). Caring is related to "giving back" to others for all the benefits received and especially giving back to the most needy (Eyler and Giles 1999). Care is a capacity that enables individuals to share feelings with others and respond to those who are in need. For Noddings (1984) the sense of care

prompts an individual to act in order to protect or enhance the welfare of the cared-for.

Eyler and Giles (1999) and Rhoads (1998) point out that service-learning programs can enhance the caring capacities in students by exposing them to people from different backgrounds and by giving them the opportunity to work on community-identified needs. Participants become more sensitive to social problems because they have direct contact with people in the community and see more closely what their problems are. This article looks at ways students and community members involved in the International Partnership for Service-Learning program in Guayaquil became more caring individuals. It presents the capacities that emerge from nurturing a sense of care.

The International Partnership for Service-Learning

The International Partnership for Service-Learning (IPSL) is a not-for-profit organization that has for over two decades sponsored international programs that tie academic study with community service. This program is committed to international and cross-cultural exchanges, and has partnered with local higher educational institutions in various countries. Students travel abroad to serve other citizens in these member countries.

The host institution in Guayaquil, Ecuador, is Universidad Espiritu Santo, a private institution committed to community service and service-learning. Universidad Espiritu Santo partners with the IPSL. Their shared mission and goal is to advance the students' personal growth by addressing the needs of the community.

During the Guayaquil 2001 summer program, students were placed in five different agencies: a medical center and home for patients with Hansen's disease, also known as leprosy; a school for low-income children; a shelter for girls from the streets; a medical facility; and a foundation for the adoption of small children. Five American students served in these agencies over a period of one to two months, for approximately twenty hours per week.

The community service component is tied to a course titled "Institutions and Society." This undergraduate course focuses on issues of poverty, inequality, health, and education. Using the particular agency where students provide service as real-world examples, they analyze broader societal problems and engage in reflection activities, key components of service-learning courses. Students receive credit for the course, and this credit may count toward either a required or an elective course.

Throughout the course, students were asked to reflect on core issues. Data about their experiences were elicited before, during and near the end of their service experiences. For example, students were asked to describe the relationships they formed with those they served and to respond on such topics as: what it means to be a citizen; what social aspects of Ecuadorian society and of their service agencies became clearer to them throughout their service; what they gained or learned from serving others; and how the experience influenced their present and future plans as they relate to those they served. Feedback to these questions was provided orally and in writing.

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Methodology

The data for this interpretive study derive from a series of semi-structured and informal interviews and observations carried out during the summer of 2001. The subjects are five American undergraduate students and twelve community members. The community members are administrators or care providers in the service agencies. In addition to interviews and observations, students' reflective essays for their service-learning course were also included as data sources for this study. The data were systematically analyzed using the NUD*IST software for qualitative studies (Richards 2000). This software was used to manage the data, create categories for coding, and identify common themes and exemplary statements.

Outcomes of Care

This section presents four outcomes of care that emerged from the data. They raise questions about the challenges of fostering caring relationships among diverse situated groups of individuals. These outcomes were: (1) building connections; (2) sharing feelings toward the cared-for; (3) being a “family”; and (4) responding to the cared-for's needs.

Building Connections: Caring is context sensitive, has a situated self, and is fundamentally concerned for relationships (*Strike 1999*). It is not a touchy-feely sentimental concept; rather it is about living in relation to others. This living in association is put in motion with caring, which according to Miller is a “requirement for the existence of human beings” (1978, 88).

The case of the center for patients with Hansen’s disease shows how care had a poignant effect on the patients this foundation serves. Stacy was a student assigned to this agency. Her sensitivity and warmth heightened the patients’ awareness of being the cared-for. She treated the patients with the dignity and respect they deserved. In the past, patients in this center were mistreated and lived in extreme poverty and unhealthy conditions. They were forgotten and neglected by their own families and, in order to change their views about themselves, needed demonstrations of care and respect.

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In her years working with these patients, the director of the institution saw how the hearts of the patients gradually opened up as a result of the IPSL students like Stacy who kept coming to serve. In the past, patients would fight over food, soap, sheets, and other resources. Their sour disposition was due to the pain they experienced in their pasts, not from the disease itself, but from the more profound emotional wounds of abandonment. Students like Stacy would come every day. Over the summer, Stacy worked with the female patients making a quilt. During its design and sewing, Stacy, along with the patients and the staff, shared laughs, smiles, questions, and stories. The patients were not accustomed to expressions of love, but the caring environment fostered by the staff and the students who kept coming year after year opened a space of trust and friendship.

Sharing Feelings Toward the Cared-For: As a caring person, one must accept the unique otherness of the cared-for in a receptive and nonjudgmental way (*Noddings 1984*). When students sympathetically understood the situation of the cared-for, they were able to identify with them. Feelings for the cared-for play a

part in the caring relationship. These feelings can vary from sharing happiness with the cared-for to sharing empathy and love. Dana, a student assigned to the shelter for the girls from the street, shares with us an interesting story. During her work, she learned the compelling yet horrific stories of these girls' pasts. She tells us:

My time spent at this home has been gut-wrenching and enriching, inspiring and exhausting. There is a common thread between all of these young girls; they have had a life of pain, hunger, abuse (physical, sexual and mental), neglect, crime, and drug addiction. Despite their atrocious pasts, the girls seem to have adjusted well. Despite their greatest struggle [with] learning which I suspect maybe connected with their unstable, malnourished childhoods, they crave for attention. This [has] got to be somewhat of a conflict at first, but since learning about their lives, my heart ached for them and I love to show them any kind of love in return. I hope that I can convince them that they are strong and beautiful and worthy of love.

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Learning about their pasts after being familiar with their girls' names was painful for Dana but helped her establish closer connections with them. She finally commented, “This way, I was able to feel and mourn for each one of them personally and understand that faraway, hidden, somewhat despondent look in their affectionate, beautiful, accepting eyes.” Knowing their

pasts changed Dana's reactions toward the girls. At the beginning of her service, it was hard for Dana to get used to the overwhelming numbers of hugs and kisses that the little girls demanded. Learning about each of their pasts made her more receptive to their needs and more willing to give them the love that they had been deprived of in their lives. Dana continued her work in the agency, showing the girls the love and affection they needed. The feelings that the one-caring shares with the cared-for elevate the sense of care, making care an authentic and sincere act of receiving the other as one's own.

Being a “Family”: For Noddings (1984), the ethic of care is an ethic of relations. Relationships were established between students and community members by their direct contact and through their daily interactions. Community members repeatedly referred to students as being part of a family. This family was not characterized by bonds of blood but by moral bonds that had sprung from the sense of mutual caring. For Dana, for instance, the shelter for street girls is a “family” for the thirty kids who had been rescued from the physical, sexual, and emotional abuse of their parents’ home. In this place, they receive affection, clothing, a stable environment, love, and support. As Dana put it, “They have a family, with people who fill the roles of mother, father, aunt, and grandparents, all of whom are interested in their well-being and are prodding them to succeed.” As described by Dana, this “family” saw to the welfare of the girls in the shelter and as a mission wanted to provide them with a good future. By providing the girls with love and affection and by educating them as if they were their own daughters, the staff in this agency ensured a caring and nurturing environment for the girls. A teacher in this foundation referred to this goal:

We want the girls to finish their high school studies, so that they can become cashiers, they can work, they can get jobs. A girl can work as a cashier, or secretary, or seamstress. In other words, we look for a school where they can learn a profession and they could work after they graduate, where they can support themselves and they can return to their own homes, and if they do not want to return they can stay here helping the girls who stay.

The main goal of the staff is to educate the girls so that they can learn a profession through which they can become more independent, and provide for themselves and for their future families. Another student, Rebecca, describes the adoption center where she served. When Rebecca expresses the idea that the kids in the adoption center live as a family, she says, “Even though the kids are orphans, they are not without a family, they have each other, in addition to staff members and volunteers who truly do care about them.” In many of the service agencies the staff tended to refer to their clients and to the IPSL students as “our children,” “our daughters,” or “our brothers and sisters.” Students and community members nurtured closer relationships and seemed to recognize their mutual interdependence.

Responding to the Cared-For's Needs: The ultimate drive of caring is acting toward the cared-for (Noddings 1984). Caring is incomplete when the act of caring is left in the “feelings toward the cared-for” stage. For genuine caring to occur, the one-caring needs to move beyond the “feelings” stage, and enter in the “responsive” stage. This stage involves a response from the one-caring. The one-caring must decide to act or not depending on whether acting or not can be in favor of or detrimental to the cared-for. Caring actions must be done with the cared-for’s best interests in mind. Caring requires responding to the “I must do something” impulse to commit to action on behalf of the cared-for (Noddings 1995).

Students made caring concrete in the actions they took to respond to the needs of the cared-for. For students, the relationships with the cared-for were more than feelings toward others. Feelings are important, but they need to be complemented with a response to the cared-for’s needs.

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Responding to the cared-for’s needs involves responsibility. According to Sernak (1998), caring entails responsibility on the part of the one-caring. Responsibility is central to caring (Tronto 1993). In order to say that we really care for someone, we must act with the underlying desire to help the cared-for. In the next section, I present two ways students and community members responded to the needs of those they cared for.

4.1 Responding in affective and material ways—Noddings (1984) posits that caring is largely reactive and responsive. Sometimes the acts carried out by the one-caring can take the form of verbal or non-verbal expressions of love toward the cared for. These are affective ways to respond toward the cared for. A hug, a kiss, or a touch on someone’s shoulder can constitute an action toward the cared-for, as these acts can affect their lives. For example, in the medical center for Hansen’s patients, these expressions were meaningful for the patients, who were not accustomed to having someone hug and kiss them. Visitors in the past would not enter the foundation; they would leave food at its door without coming

in and meeting the patients; sometimes others would come, but they tried to avoid physical contact with the patients as a way to prevent “contamination.” Having students and staff who came daily and who were not afraid of touching them was a positive action toward the patients. Sister Mary, the foundation’s director, tells us how her actions and the actions of those who come to help in the foundation have the power to transform the attitudes of the cared-for. She said:

I think that when you feel that no one loves you and when you feel abandoned and you don’t have the love, nobody wants to touch you, I think that affects your heart you feel like you are angry at the whole world. I think when you love somebody and you show and you give them a hug and you can kiss them and you can smile and read them and greet them like your own, like your mother and your father and your sister and your brother people start to let be more approving, less defensive, they start to smile more and in the outside they start learning how to share, this is your house let’s try to take care of it, they take ownership of where they live.

This reflection shows the power of acting affectively toward the cared-for. It illustrates an agency where the “clients” were in need of love and affection, and where the agency staff and the student tried to fulfill this basic but important need of every human being: to be loved. If someone responded to the needs of the cared-for in a begrudging manner, the act would not comply with the characteristics of caring, which prompts an individual to react with an open heart and joy. A joyous and loving response to the cared-for can help fulfill their affective needs. For Noddings (1984), an open and joyous manifestation toward the cared-for accompanies our recognition of relatedness and contributes to the enhancement of the ethic of caring.

Another illustration of responding to the cared-for with signs of affection and love was Dana’s. Throughout her days serving in the foundation for street girls, she learned that the girls in this foundation not only lack material goods and love, but also that the suffering they had gone through had negative effects on their self-esteem. According to one of the teachers in the shelter for girls, some of the girls would fail to accomplish a task; after their first attempt to complete an assignment in class, they would quit by saying they were incapable of performing it. Dana’s observations

of the girls' low self-esteem motivated her to carry out a small yet significant project. With the help of one of her friends, Dana decided during one of the classes to have the girls make hand-crafts and class decorations that included three signs that said, "I believe," "I dream," "I can." These phrases were meant to stimulate the girls and help build up their self-esteem. As Blizek (1999) suggests, caring is not just about doing something, or acting in a particular way; it is also a matter of attitude. The one-caring can influence the cared-for's self-esteem by demonstrating an attitude that makes the cared-for feel valued.

The needs of the cared-for may not always be affective; they can also be material. The individual giving the caring may realize

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that the people he or she has contact with do not have anything to wear or eat. In this case the one-caring will decide to act in a different way. Affection can be important, but kisses and hugs may not do much to feed a starving stomach or warm up a cold, naked body. By searching for ways to respond to their needs, the one-caring is taking the responsibility of acting as a way to respond to the cared-for's needs.

In Sister Mary's reflections, she talked further about her caring actions. She not only responded to the patients with affectionate expressions, but also worked toward giving the patients the material goods they needed. She said:

At the beginning they did not have mosquito nets, or they had no shampoo and they had lice, and did not have the bed sheets, we got washing machines and hot water, because when you have washing machines with hot water it kills all the bacteria that is in the sheets and we went to the pharmacy and got some liquid to bathe with, so everyone started to bathe people can sleep better. People started feeling better. Now they have toilet paper, shampoo, deodorant, and they have clean sheets, I don't see the stealing and the fighting, and now they make beautiful dolls and make crafts and they feel good about themselves.

These comments incorporate the essence of Noddings' assertions that caring requires actions toward the welfare of the cared-for. Sister Mary had worked hard throughout the years to provide patients with what they needed. She did not remain stagnant, passively observing the suffering of the Hansen's patients. On the contrary, she took an active stand toward fulfilling the emotional and material needs of those she cared for.

The actual material things that a caring individual can offer to the cared-for and the actions that the one-caring performs can help to fulfill the physical needs of the cared-for. For example, the one-caring may have more clothes than needed and may decide to share them with the person he or she cares about, or the one-caring may decide to give the cared-for a plate with food. This action could certainly be catalogued as paternalistic behavior, because it can accentuate the economic and class differences between the cared-for and the one-caring; however, in essence giving someone what he or she needs still constitutes an act of caring. Donations of clothes or food may not be the best caring actions; however, denying the cared-for some material good that an individual is capable of sharing is not an act of care. As long as the one-caring is moved by feelings of compassion toward the cared-for, the caring action is genuine. Lolita, a staff member in the shelter for street girls, reflects on her questionable yet genuine and compassionate act. She states:

There are cases and cases when one can't close one's eyes. We have visited the homes where the girls come from and we saw what the people there were eating only five fava beans, only five, then it is our obligation, even though many will call it paternalism, but in that moment our human condition comes out. I could not leave this home seeing that the children were only going to eat one fava bean, and then we searched in our pockets and got some money and went to buy some rice and tuna.

Would leaving the home seeing these unfortunate kids eating such a poor and meager dinner be a caring act? Even if the caring actions may not be conducive to long-lasting beneficial effects on the cared-for, what is more important is that the one-caring takes some responsibility to help those in need. Caring actions can have momentary or long-lasting effects. It is the cared-for's responsibility to determine whether these actions may have a long-term or short-term effect.

Conclusions and Educational Implications

A sense of care is enhanced by a personal contact between the one-caring and the cared-for. This study presents service-learning as a tool that can be conducive to developing an individual's capacity to care for others. By providing opportunities for students to be in direct contact with those they serve, we as educators are facilitating interactions that can lead to the exchange of feelings for one another, the fostering of a sense of community, and the increased desire to act toward the well-being of others. Meaningful interactions with diversely situated individuals can create emotional, affective, and personal bonds with one another. To ensure that these meaningful relationships are fostered, educational institutions should also evaluate their own relationships with the community. Partnerships with the community based on the community's genuine need provide fertile ground for enhancing strong, caring relationships. In addition, incorporating reflection exercises through which students and community members can share their service-learning experiences is crucial for fostering their caring capacity. As Nodding (1984) suggests, for a deeper sense of care to be developed, educators must allow time to discuss issues of care and the relationships students are forming with other members of their community.

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Understanding the ethics of care offers us ways to think about the relationships we are forming. Caring shows us ways an individual can develop genuine relationships in which one receives and accepts the other. Caring engenders important feelings in the individual who performs the caring act and in the one who receives the caring. It involves not only the sharing of feelings of love, compassion, and empathy, but it assumes a commitment of “action” toward the cared-for. It entails feelings toward others and acts led not “by a fixed rule, but by affection and regard” (Noddings 1984, 24). It is the sharing of empathy and love that makes caring a sensitive moral trait that involves an ethical commitment and responsibility.

Overall, students' and community members' responses and interactions show their deep sense of caring. Their sense of care

evolved from simply sharing feelings of love and empathy to bringing about a desire to fulfill the needs of the cared-for. Through affective and material responses, they showed that caring involves a sense of responsibility toward the well-being of others.

Caring entails a spiritual and ethical giving from oneself. It presents opportunities that allow relationships to evolve from being superficial encounters to fostering more in-depth and authentic relationships with other human beings. Through its capacity to engender action, it goes from being a noun to being a verb—a transitive verb that requires a partner for the action to be fulfilled.

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