

**Towards Care-Centered Leadership in Higher Education:  
A Narrative Inquiry into Care Ethics Experiences and Practices of Academic Leaders**

by  
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### Abstract

In the wake and work of present-day social movements, on our campuses and beyond, there is growing recognition that, as academics, we ought to *care*—not just for our research and our students, but also for each other and our communities more broadly. Indeed, it has been and remains critical that we research and work to understand caring and experiences of caring in leadership in higher education so that we may envision ways that *care-centered leadership* might enable changes that begin on our campuses and reach outwards to positively impact our communities.

Since beginning to serve in academic administration and leadership roles, I have often wondered where or if care and care ethics are present within academic leadership. I have also wondered if care ethics made visible—ethics that include collaboration, connection, and relationality—might augment the critical approach to academic work with which I am familiar. Leading me to this program of research, I frequently asked: *Should I care?* Is it a professional or leadership risk to care for people over processes and results? And, how do academic leaders in higher education experience and practice care and the ethics of care? This study counters the acceptance of dominant academic norms by engaging in narrative inquiry with academic leaders who intentionally adopt or identify with practices guided by an ethic of care and relationality.

Grounded in Noddings's (1984/2013) work on care theory and a feminist ethics of care, this research draws on narrative inquiry, “the study of experience as it is lived and told” (Caine et al., 2017, p. 215), as a means of exploring experiences of care-centered leadership alongside this study's four participants. Narrative inquiry seeks to understand experience by situating narrative as both the phenomenon under study and the method of study (Connelly & Clandinin, 1990). Attending to the temporal, social, and place aspects of the lives of the participants, and the

researcher, this relational “three-dimensional narrative inquiry space” (Clandinin & Connelly, 2000) nurtured an ongoing process of “thinking narratively” (Clandinin & Connelly, 2000). As the study took place over time, and as the participants and I engaged in “living, telling, retelling, and reliving” (Huber et al., 2013), the personal became foregrounded in relation to social, cultural, and institutional narratives (Clandinin & Rosiek, 2007), thereby making these broader narratives visible. As relationality and Noddings’s relational care ethics are central in narrative inquiry (Clandinin et al., 2018), this methodology intentionally complemented the phenomenon of this research.

While research on leadership in general is common, leadership research specific to higher education and the experiences of academic leaders over time is limited. This research moves towards the conceptual theorizing of leadership in higher education, thereby contributing to the national discussion about the future of higher education leadership. This work, therefore, makes visible ways that leaders in higher education draw on care-centered relational ethics, practices that may also foster innovation and resilience, and encourage new ways of engaging with students, communities, and each other. Narrative and theoretical understandings of the nature of care, care work, and relational work are foregrounded, showing how care-centered leadership stories within higher education are relevant within and beyond the academy. Composed before and during the Covid-19 pandemic, the experience of living and writing during this time figures prominently in the final two chapters, opening up new wonders about how care ethics might be both practiced and theorized in the future.

*Keywords:* care, care ethics, care-centered leadership, higher education, relationality, leadership

## Preface

This thesis is an original work by Christie Schultz. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “Towards Care-Centered Leadership in Higher Education: A Narrative Inquiry into Care Ethics Experiences and Practices of Academic Leaders,” ID No. Pro00085914, approved on 1/21/2019; renewed on 1/6/2020 with an expiration date of 1/4/2021 and on 12/14/2020 with an expiration date of 12/13/2021.

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I was responsible for the research design and analysis in these manuscripts, including their composition.

## Dedication

between you and me  
we are stories, unfolding  
in this place, this time

*This dissertation is dedicated to all those who dare to care out loud, visibly and with intention,  
giving voice to relational ways of living, leading, and learning.*

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## Chapter 1: Introduction

Academia is frequently characterized as an environment that values and is contingent upon debate, critique, critical evaluation, examination, and judgment. The work of developing and engaging with new knowledge is rigorous for a reason: the research product must, in the end, be persuasive, insightful, and hold promise of practical utility (Patterson & Williams, 2002, pp. 32 - 33). Indeed, the ways in which workers in the academy personally engage with each other, both inside and outside the formal arena of collegial governance, is sometimes characterized and experienced in similarly critical ways.

And yet, I contend that, even alongside the spirit of rigorous and productive debate, care ethics *can be* and *is* present and practiced within the academy, even among academic leaders (presidents, vice-presidents, deans, and chairs). That is, I claim that an ethic of care, defined as an ethic which values care-centered reciprocity and relationality, rejecting the binary of either humanitarian or intimate care (Boyle & Kavanagh, 2018), is present and practiced in higher education, much as it has been shown to be present and practiced on the educational landscapes of primary and secondary schools (Noddings, 1984/2013). The tension is that, because of the acceptance of dominant academic norms, those academic leaders who intentionally endeavor to live an ethic of care, within and against academic norms, often go unnoticed and are under-researched, and their specific and individual experiences remain largely invisible.

As I show in the upcoming sections, my coming to a research puzzle around the care ethics experiences and practices of academic leaders was gradually shaped as I inquired into my experience through which questions emerged, such as: How do academic leaders understand and articulate care ethics and its practical expressions? How do academic leaders who seek to practice care ethics experience their work lives? What struggles, challenges, and possibilities do

academic leaders encounter in the process of practicing care ethics? How can knowledge about their specific lived experiences make visible and contribute to an understanding about the ways in which higher education landscapes can be navigated beyond dominant institutional narratives and towards a greater embrace of care-centered leadership?

### **Coming to a Research Puzzle**

All narrative inquiries begin with *narrative beginnings*, the researcher's answer to the question: Who am I in this narrative inquiry? This process is undertaken in recognition that, first, "narrative inquirers see their research as relational work" (Clandinin, 2013, p. 81), and that, second, "we are in the phenomenon under study" (Clandinin, 2013, p. 81). Through these narrative beginnings, personal justifications for the inquiries become visible (Clandinin, 2013, p. 36). In other words, "in narrative inquiry, we try to understand the stories under or on the edges of stories lived and told, as no story stands on its own but rather in relation to many others—including the stories of the narrative inquirer" (Downey & Clandinin, 2010, p. 387).

Hence, in what follows, I frame my research into the experiences of care, relational work, and relationality of academic leaders working in settings of higher education. To begin this work, I am asking: *Who am I in relation to experiences of care?*

### **Foregrounding Personal Justifications**

Since 2009, I have been engaged in academic leadership work, initially as a director of a Faculty-based academic unit dedicated to developing and supporting e-learning and instructional design initiatives. In 2014, following the unexpected departure of an associate dean who provided academic leadership for over 40 continuing and professional education programs, I accepted an opportunity to take on an expanded role. My appointment to the role of assistant

dean (academic), a role which incorporated the associate dean's program leadership portfolio alongside my existing one, was personally exciting and challenging.

In the lead-up to the announcement of the appointment, I began to see this change in positions as one enabling me to be a core member of the Faculty leadership team and, more importantly, to make a greater impact and positive difference in the lives of learners engaged in the Faculty's continuing and professional education programs. As a first-generation university-goer and someone who witnessed her own mother turn to continuing education in her forties in order to build a new life for herself and her children, my connection to and passion for this work was and remains deeply threaded into who I am and am becoming.

In the days after the announcement, what surprised me most was the reaction of colleagues. Some were excited for me. Some were glad they were not asked to take on the work, work that would take them away from their research and teaching, thrusting them into academic administration at an inconvenient hour.

But, at least one colleague was directly and conspicuously disappointed. So, I did not spend very much time enjoying the warm wishes of supportive colleagues. Instead, I spent much time, at home and at work, fretting about the colleague who could not offer her support, who shared with me that she believed our dean had made a bad decision in asking me. (My colleague confessed to me that she had expected to be asked to take on the role, having held it once before. She conveyed that it would have been easier and better for everyone, including me.)

And then, on my first official day in the role, this colleague berated me in a public setting, during a workshop I was co-delivering, for being unable to answer a question that had been a difficult and fundamental identity question for the Faculty for some time, for at least as long as I had been there. She said that, with my new role, it was my responsibility to have such

answers. But, I did not. No one did. When she asked the question, I must have appeared flustered. (I was flustered.)

Surprisingly, this colleague stopped me in the hall later that week to explain her reasons for the attack, and to offer an apology of sorts or a kind of warning. She shared that public and personal criticism is something I should expect in leadership roles. I remember her saying: “*If you’re going to be a leader here, you need to get used to answering questions like this from people like me. I just wanted to give you some practice.*”

As I later wrote and reflected upon this experience, I gradually recognized its role in sparking my interest in leadership experiences and practices in higher education. My sense is that my experiences and such sound bites of harsh encounters, like the one above, do not do enough to shed light on the lived experience of serving in academic leadership roles, and certainly do not create adequate justification for claims about what it is really like to work and serve in these roles. Indeed, despite the consistent setting of higher education, I have also observed that approaches to leadership in this context do vary. I have, for instance, engaged in quiet conversations about non-adversarial approaches to academic leadership, an approach which I have framed for myself in the years since as *care-centered leadership*. Some of these conversations have occurred while participating in an academic leadership development program at the university in which I worked while conducting this research; some have occurred behind closed doors; some have occurred around dinner tables with friends and colleagues.

It was as I reflected on and gradually reviewed the ethics of care literature that I began to sense connections between my experiences and a feminist ethics of care.

### **Feminist Care Ethics as a Theoretical Framework**

Care ethics (or the ethics of care) emerged in the 1980s as feminist scholars, especially Carol Gilligan (1982) and Nel Noddings (1984), began to (re)consider moral theory and moral education through feminist frameworks, explicitly seeking to theorize the work and effects of care in relation to ethics and gender. While they do not limit caring activity to women, their contributions were motivated, in part, by a desire to understand why care is often regarded as women's work performed in private spaces, and therefore devalued in society. As I learned about the experiences that drew Noddings towards deeper and more complex understandings of an ethic of care, I wondered again about my colleague, myself, and the broader landscape and institutional narratives shaped by and shaping us. I am similarly motivated, interested in the ways in which an ethic of care can be enabled and valued across gender lines and in public spaces, including the spaces where academic leadership is practiced and experienced.

As a theoretical framework for this research, then, *care ethics*<sup>1</sup> draws upon the work of three key care and ethics theorists: Nel Noddings, Virginia Held, and Joan C. Tronto. With her focus on education and educational settings, Noddings's work is especially relevant for this research. Together, these theorists' works intersect to contribute two core understandings that form the foundation for establishing feminist care ethics as the theoretical framework linked to my research question.

First, they work to define *care* and *care ethics* in ways that establish ethical caring as a distinct framework for approaching moral and social life. For instance, in her influential 1984 text, *Caring: A feminine approach to ethics and moral education*, Nel Noddings grounds her case for re-organizing moral education and schools more generally around the idea of *care*. Noddings

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<sup>1</sup> I use "care ethics" and "ethics of care" interchangeably, recognizing this interchangeability in the literature I cite.

argues that all care is born from what she calls “natural caring,” and that “ethical caring, the relation in which we do meet the other morally, will be described as arising out of natural caring—that relation in which we respond as one-caring out of love or natural inclination” (1984/2013, pp. 4-5). In the 2013 preface to the reissued second edition, she further clarifies the distinction between natural and ethical caring noting that “only when natural caring fails or cannot be invoked do we turn to ethical caring” (Noddings, 2013, p. xv). More recently, Noddings additionally distinguishes *ethical caring* from *caregiving*, noting that *caregiving* is not the same thing as *caring*, “because caregiving may proceed with or without caring, and caring—as it is developed in an ethic of care—is a moral way of life, one that guides personal interactions in every domain of activity” (Noddings, 2010, p. 72). In making this distinction, she also forwards the idea that caring is an activity developed in an ethic of care; in contrast, acting with an ethic of care, as a moral way of life, can be thought of as a way of grounding one’s decisions and choosing one’s actions.

In time, I also read Virginia Held’s (2006) work in which she advocates for an ethics of care as a moral theory, distinguishing its features from other moral theories, and building towards an understanding of an ethics of care that “builds concern and mutual responsiveness to need on both the personal and the wider social level” (Held, 2006, p. 28). In this way, Held offers “a view of both the more immediate and the more distant human relations on which satisfactory societies can be built” (Held, 2006, p. 28). Similarly, seeing care and ethical caring as linked to social change, Tronto (2013) goes further, defining care, in broad terms, as “a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible” (Tronto, 2013, p. 19).



As I lingered with these theories of feminist care ethics alongside my experiences with my colleague, I resonated with the ways in which care ethics rejects the dualism of “humanitarian care” and “intimate care” (Boyle & Kavanagh, 2018), beginning “instead with a social ontology of connection: insisting that ethical decisions be rooted inside complex relationships—webs of connective lines and tissues—which are undergirded by power asymmetries” (Boyle & Kavanagh, 2018, p. 73, citing Noddings, 1984). As such, feminist care ethics becomes oriented towards social change, by first aiming to make visible the care dimensions of life. As Tronto (2013) explicates:

Unless democratic theory deals substantively with the question of “who cares,” it results in an account of politics that misconceives citizens and their lives, overvaluing their lives as workers, devaluing their lives as people engaged in relationships of care. No state can function without citizens who are produced and reproduced through care. If public discussions do not explicitly address this question, then the care dimensions of life remain hidden in the background. (p. 26)

As I continued to think narratively,<sup>2</sup> looking back in time and place, the connections between my earlier shared experience and feminist care ethics grew. At the same time, as I looked forward, I began to sense my desire to generate understanding and visibility of care ethics experienced and practiced by academic leaders, thereby contributing to a greater project of un-hiding these “care dimensions of human life” (Tronto, 2013, p. 26).

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<sup>2</sup> I use the phrase “thinking narratively” to convey the ways in which I am thinking “about lives within the temporal, personal, social, and place dimensions that shape narrative thinking and narrative knowing” (Clandinin, et al., 2015).

With feminist ethics of care as my theoretical framework, the core concepts of *higher education leadership*, *care in education*, and *care in higher education*, shape the conceptual framework that further defines this research. These concepts are discussed in the following chapter alongside further justifications for this research. And, as I will describe as part of my methodology discussion, since the aim of this research has been to understand care ethics experiences and practices, I contend that engaging with academic leaders who themselves identify with these ways of knowing, being, doing, and relating—over time, in a place or places, with milieus (Clandinin & Connelly, 2000, p. 20)—provides deeper and more layered and complex stories and greater possibilities for understanding.

### **Stories of Care and Higher Education Being Planted in Me**

It was the first Christmas after my spouse and I had married. Christmas Eve dinner at my mother's table was much as it had been the year before: a feast of fish, cabbage rolls, perogies, and a salad or two for colour. We have adapted the Ukrainian Christmas Eve traditions to focus on our favourites. For my spouse, Shell, and my brother's partner, Lindsay, it was easy to guess their top pick: perogies. As the after-glow of just-one-more was setting in, Shell and Lindsay asked my mom if she would teach them to make perogies. Of course she agreed, and so one day early in the new year, we all gathered in order to mix together a dough of flour, salt, sour cream, oil, and water.

Before she began the lesson, my mother shared with us the recipe her mother used, a traditional dough of flour, salt, melted butter, milk, and water. The difference was subtle and she wanted us to know that her recipe made a dough that is "easier to handle, a little more flexible." My mother grew up with nine siblings; there is fierce debate about the recipe to this day.

I have never referred to my mother's mother as my grandmother. I never met her so she exists for me as stories and recipes. She died 11 years before I was born, when my mother was 15 years old. The story I know best is not of my grandmother's life, but of the family she left behind.

My mother was the fifth child and the third daughter born into the family, delivered near Easter to a tiny farmhouse in Saskatchewan, Canada, in the early 1950s. And, at 15, she was the eldest daughter still living at home. She had to tell her five younger siblings, ages six through 12, that their mom was not coming home from the hospital. For three years, my mother raised her younger siblings. She cooked for them, her father, and the older brother still at home. She bathed the young ones. She helped them with schoolwork. And she figured out that graduating high school with a scholarship was the only way to leave farm life behind, leaving the care work to the next daughter in line. Her grades were good enough to earn a 2-year scholarship, but not the 4-year one she had hoped for. So, she chose the 2-year college program most closely aligned to the 4-year nursing degree she had wanted, and she moved to Saskatoon to become a medical laboratory technologist. Her mother would have been proud of her.

As I was growing up, I heard this story often, perhaps more often than any other story. The story was told when I talked with my mom about school and what comes next. As I was growing up, I asked what came after elementary school, junior high, and high school. The final destination, my mother's final reply, was always: university. She was not specific about what I would do there, what I should study, or where that university would be. But, through junior high and high school, my brother and I were encouraged to *keep our doors open*, by electing to study French and taking biology, chemistry, and physics. Higher education was the answer, even if I

was not sure what the question was. Even in my youth, I understood the ways in which my mother held up a university degree as a symbol of hope for something better for her children.

A few nights before the perogy lesson, I asked my mom how she learned to make perogies. My mom told me the story, saying, “My mom always made fresh perogies on Christmas Eve. She made everything that day. We didn’t have a fridge until I was twelve, so there wasn’t a lot you could do in advance.” My mom tells of the need to butcher, cook, and eat a chicken on the same day. She tells me about canning everything by hand, even meat. The cellar was filled with an unimaginable number of jars.

She went on to add: “I remember wanting to be old enough to sit at the table with my own bowl of perogy potatoes on Christmas Eve. I was six years old the first time I got to help pinch. My mom always said to pinch the edges three times and I would. But I’d still see her re-pinch my perogies before setting them on the tea towel.” I ask my mom if she re-pinch the perogies I had made with her when I was small. I knew before asking that she did.

But, when did my mom learn to make the dough, start from scratch herself? She said, “I didn’t make them on my own until my mom died. Mom always made the dough. So, the Christmas I was fifteen, I had to find a recipe and figure it out.” I (try to) imagine a fifteen-year-old managing the expectations of the family left behind and already sensing a desire to leave.

When we finished our perogy lesson and the five of us were enjoying the results, I noticed, as I often do, that perogies are more work to make than they are to eat. They take time and care and attention. My mom does not make them very often. The perogy night is a gift.

### **Beginning to Understand My Relationships with Care and Higher Education**

As I began to approach the ideas and wonders that led me to undertake this research, I lingered with my struggle to understand why I care about care, specifically in higher education.

As I continued to think narratively about why I care about care, I gradually began to ask about my own experiences, the stories I have carried within me across decades, stories I, too, have shared with countless others.

The story I returned to, the one I have shared above, while offering me a portal through which I began to understand my relationship with care and higher education, is one that slowly awakened me to how it is also connected to tensions I have long sensed between care and higher education. When I was young, my mother told the story of her own striving to get a scholarship in order to encourage me to do the same and to go to university; but now, I see the ways in which my mother had to—and wanted to—leave the work of caring for others in order to pursue her college diploma, despite her own attraction to health care professions in her early adult life. Caring for her siblings and pursuing higher education were, if not mutually exclusive, in conflict. In this way, a tension emerged between care and higher education—a tension that I now see in ways that awakened me to an understanding of how the experience of telling and retelling my mother’s story feels like a kind of “single story” (Adichie, 2016), hindering the ways in which I might attend to the many stories that live under or at the edges of this story.

### **Noddings’s Language of Care**

Noddings’s language of care contributes two key ideas to the understanding of care in settings of education that are especially relevant to my narrative inquiry.

First, as noted above, Noddings (1984/2013) distinguishes *natural caring* from *ethical caring*, while still recognizing that ethical caring is born out of natural caring. While expressly challenging the “Kantian emphasis on adherence to principle and duty” (Noddings, 2013, p. xvi), her sense is that both natural caring and ethical caring are aligned with maintenance of the caring relation. Noddings (2013) offers:

It is not an exaggeration to say that relations of natural caring are treasured in every facet of human life. Such caring may require monumental physical or emotional effort, but it does not require a moral effort; that is, we act out of inclination, not out of duty or concern for the status of our character. Such caring, I argue, is the social condition we treasure and want to establish or preserve. Only when natural caring fails or cannot be invoked do we turn to ethical caring. (p. xv)

In this way, Noddings's commitment to care as bound up in the origins of *natural caring* is not unlike Heidegger's *Dasein* that "reveals itself as care [*Sorge*]" (Heidegger, 1927/2010, p. 177/183), such that care can only be understood as pre-ontological:

Like any ontological analysis, the ontological interpretation of *Dasein* as care, with whatever can be gained from such an interpretation, is far removed from what is accessible to the pre-ontological understanding of being or even to our ontic acquaintance with beings. ... Thus we need a pre-ontological confirmation of the existential interpretation of *Dasein* as care. This lies in demonstrating that as soon as *Dasein* expressed anything about itself, it had already interpreted itself as care (*cura*), even though it did so only pre-ontologically. (Heidegger, 1927/2010, p. 177/183, emphasis in original.)

As Steven Hodge argues, Noddings's "arguments about care suggest it is a fundamental feature of human being ... reminiscent of Heidegger's methodological focus on the holistic character of *Dasein* as being-in-the-world" (Hodge, 2015, p. 36). It is worth noting that Noddings adds nuance to her understanding of this pre-ontological caring, remarking that "the relation of natural caring will be identified as the human condition that we, consciously or unconsciously, perceive as 'good'" (Noddings, 1984/2013, p. 5). In other words, caring, in Noddings's view, is both

unquestionably natural and undeniably good. As she goes on to explore the effect of ethical caring, these characteristics of caring make possible her argument for increasing and enhancing caring (both natural and ethical) in schools.

Second, Noddings maintains that care is relational. Emphasizing the importance of this contribution and its reception over time, as mentioned above, the 2013 edition of *Caring* appears with an updated subtitle: *A relational approach to ethics and moral education*. For Noddings, relationality exists between the *one-caring* (the person caring for another) and the *cared-for* (the one receiving and, necessarily, responding to the care). In framing the ethic of care, she “suggests that the ethic to be developed is one of reciprocity, but our view of reciprocity will be different from that of ‘contract’ theorists such as Plato and John Rawls” (Noddings, 1984/2013, p. 4), building towards the idea that “[h]ow good I can be is partly a function of how you—the other—receive and respond to me” (Noddings, 1984/2013, p. 6). In reflecting on these views of reciprocity, I’m drawn backwards to thinking about the colleague who berated me publicly when I became assistant dean (academic), wondering about the experiences that shaped her understandings about leadership in the academy; I am also wondering what might have happened had I responded to her by expressing my desire to move into the position because of my hopes to more deeply and positively shape the experiences of students in continuing education. As I look back now, I see that I was also not creating conditions for caring relations in that moment. Noddings (1984/2013) emphasizes these ideas as follows:

The caring relation, in particular, requires engrossment and motivational displacement on the part of the one-caring and a form of responsiveness or reciprocity on the part of the cared-for. It is important to re-emphasize that this reciprocity is not contractual; that is, it is not characterized by mutuality. The cared-for contributes to the caring relation, as we

have seen, by receiving the efforts of one-caring, and this receiving may be accomplished by a disclosure of his[/her] own subjective experience in direct response to the one-caring or by a happy and vigorous pursuit of his[/her] own projects. (p. 150)

In this way, Noddings's notion of reciprocity in the caring relation becomes core to the discussion on care in higher education.

I began this introduction by reflecting upon experiences that drew me towards puzzles about care in settings of higher education, which led me towards a feminist ethic of care as a theoretical framework for this research. In doing so, I have described Noddings's key contributions to this discussion—that, first, caring is natural and, in a Heideggerian sense, pre-ontological, and that, second, caring exists within our lived experiences of reciprocity and relationality. That is, we do not care in this world alone.

These understandings and tensions, which I carried within me as I first imagined my narrative inquiry, underscored the uneasiness I and others may have felt as I began this research. It is for this reason that, in Chapter 2, I turn to the practical and social justifications of the inquiry.



## Chapter 2: Practical and Social Justifications Alongside Tensions

When academic research is compared to public policy research, the argument is sometimes made that academic research has “making a contribution to knowledge” (Pal, 2014, p. 370) as its primary aim. In contrast, public policy research is frequently suggested to be more and primarily concerned with “making a practical contribution to solving a problem and serving the public interest” (Pal, 2014, p. 370). And yet, as “social science researchers, we are constantly asked to justify our research purposes and what we hope we might find, or come to understand differently, by engaging in particular research studies” (Clandinin, 2013, p. 35). Narrative inquirers take up this challenge in two ways, justifying research *practically* and *socially*, alongside personal justifications. Taken together, these justifications work towards answers to the “So what?” and “Who cares?” questions (Clandinin, 2013, p. 35) researchers are called upon to answer. In this way, I connect the core purpose of public policy research with the epistemological orientation of narrative inquiry.

### Practical Justifications

In the context of narrative inquiry research, practical justifications clarify and attend to “the importance of considering the possibility of shifting, or changing, practice” (Clandinin, 2013, p. 36). Adding to this, a practical justification “brings us close to the experiences of others and the social contexts in which they are positioned” (Clandinin & Caine, 2013, p. 174). In this study of experiences and practices of care ethics in leadership in higher education, the central practical justification recognizes the possibility that the ways in which leaders in higher education engage in leadership activities may be—or should be—changing. In part, this change is driven by the context of rapidly changing organizational contexts, along with environments and societal factors external to institutions.

As I have written elsewhere (Schultz, 2014), management and business literature has devoted much attention to developing theories and strategies for managing and leading organizational change. While it is recognized that “change is an ever-present element that affects all organisations” (By, 2005, p. 378), the widely cited rate of failure for all change initiatives is 70 percent (Balogun & Hope Hailey, 2004, cited by By, 2005). This failure rate remains, despite popular change management theories, practices, and approaches made accessible through both the popular business press and research journals, including work by Kanter (1983, 1985, 1999), Kotter (1995, 2012), and others (e.g., Kotter & Schlesinger, 2008; Nadler & Tushman, 1989; and Orlikowski & Hofman, 1997).

Indeed, the likelihood of failure of organizational change initiatives may contribute to the psychological stresses associated with the experience of leading and experiencing such changes. While it is beyond the scope of this chapter to review all documented and theorized styles of and approaches to leadership discussed in both popular and research literature, it is important to make the point that there is not one way to be a leader or to experience leadership, during change initiatives or otherwise. For instance, Daniel Goleman (2000) describes six leadership approaches: coercive, authoritative, affiliative, democratic, pacesetter, and coaching. Those who are familiar with leadership style assessment might find other frameworks more familiar. For example, a popular set of five leadership styles includes the following: laissez-faire, autocratic, participative, transactional, and transformational. Approaches theorized more recently—like *authentic leadership* and *servant leadership* (Uusiautti, 2013)—add to this mix.

My interest, however, is not primarily in determining how to guarantee a successful change initiative through an approach or a style. Rather, if we imagine that publicly funded higher education will continue for some time into the future and continue to play an important role in

society, I am attending to wonders (which sit adjacent to what some may see as questions) about what can help make the experience of being an academic leader (chairs, deans, other senior administrators) better (personally, practically, emotionally, intellectually, relationally) for the individuals undertaking the work and for the colleagues, students, and communities they serve. While successful organizational change may be an (intended) outcome as well, my ultimate focus is on individual and organizational well-being in higher education. I therefore suggest and imagine that we may need new ways, care-centered ways, for leading in higher education.

### **Higher Education in Neoliberal Times**

The experiences and practices of care-centered ways of leading that I hope to story through this study are, nevertheless, set within what is increasingly understood to be a neoliberal setting and context. Since at least the early 2000s, higher education has been frequently characterized and critiqued for becoming neoliberal, marketized, and corporatized (e.g., Giroux, 2002; Levidow, 2002; Magnusson, 2000), resulting in the “commercialization of knowledge, influencing the teaching, research, and public service missions” (Scott, 2006, p. 30) across higher education.

The roots of this shift in higher education (especially, but not exclusively, in the United States and the United Kingdom) are commonly traced to the 1980s (e.g., Kerby et al., 2014; Levidow, 2002), as the “business model approach in higher education gained traction ... when federal and state funding for universities and colleges began to decrease” (Kerby et al., 2014, p. 42). Similarly, in Canada, as higher education enrollments increased dramatically in the 1970s and 1980s, government operating grants did not keep pace (Magnusson, 2000), setting the stage for fiscal pressures that continue today. Other changes that shifted the nature of higher education

and the experiences of those working within it in Canada have been observed as well. As Usher (2018) chronicles:

In the 1970s, when Canadian graduate programs were still mostly in their infancy, it was quite possible to get a job [as a professor] without yet having finished a PhD, and tenure in many fields required only the barest publication record. But gradually, as tenure and promotion requirements in the United States ramped up, and as more Canadian institutions started styling themselves as “research” universities, standards for tenure and promotion changed.

That had effects on the nature of the professoriate. By the mid-1990s teaching loads were decreasing, and new professors were being given a pass on teaching responsibilities, so they could focus on their research and make tenure. Professors’ pastoral responsibilities to undergraduate students—that is, their role in helping students outside the classroom—began to wither, due both to increasing class size and the increased research responsibilities. Those jobs started passing to non-academic staff and the professionalization of student life was under way. (para. 3–4)

Taken together, we can understand the effect of neoliberalism in higher education as one that urges the adoption of “commercial models of knowledge, skills, curriculum, finance, accounting, and management organization” (Levidow, 2002, p. 227). In the context of this research, if “[n]eoliberalism has become the most dangerous ideology of the current historical moment” (Giroux, 2002, p. 428), I wonder: Is neoliberalism an(other) enemy of care? Are neoliberal pressures—including the pressures of limited time, increased accountability, and restricted finances—obstacles to acts of caring and decisions made with an ethic of care? And, in this

context, what role might care and care ethics play in a “committed sense of collective resistance” (Giroux, 2002, p. 457) to neoliberalism?

In the past decade, other scholars have posed similar questions. For instance, Lynch (2010) takes up the idea of “carelessness” in higher education, challenging “a prevailing sociological assumption that the character of higher education culture is primarily determined by new managerial values and norms” (p. 54), instead arguing that carelessness as a value in higher education “has its origins in the classical Cartesian view of education, namely that scholarly work is separate from emotional thought and feeling, and that the focus of education is on educating an autonomous, rational person” (p. 54). She further emphasizes that “[c]aring, and the associated subject of emotional work, have been trivialized and dismissed in philosophy and intellectual thought throughout the world (Lynch, 2010, citing Kittay, 1999; Noddings, 2003; Nussbaum, 1995, 2001). Like Grummell et al. (2009), Lynch concludes that, in neoliberal times, “[t]o be a successful academic is to be unencumbered by caring” (Lynch, 2010, p. 63).

Similarly, Kerby et al. (2014) contend that the business model in higher education is “broken, lacks resilience, and is not sustainable” (p. 52). They suggest that “without an ethic of care in an organization, the participants [students] are at risk and vulnerable” (Kerby et al., 2014, p. 50). In contrast with Lynch’s (2010) assessment, Kerby et. al then propose a model of care in higher education, emphasizing adaptive and protective factors for students. This model is linear and focuses on causality and outcomes, and is therefore somewhat incomplete in my view. Therefore, while I agree that care may be one of the ways resistance to neoliberalism may be practiced, further research such as this project is needed in order to better understand the experiences of those who practice care and care ethics. In this way, this study is intended to

contribute to research and practice “currently centered on transformation towards more just, compassionate, and sustainable societies” (Eppert, 2018, p. 18).

### **Higher Education Leadership Literature**

In a little over a decade, literature on leadership in higher education has become attuned to the urgent issue of the dramatically shifting roles of academic leaders. For researchers studying higher education, this turn to leadership theory and research has been partly attributed to the concept of an emerging (or conceivably present) crisis in higher education (Blackmore, 2005; McNay, 2008), a crisis that calls into question the very relevance and usefulness of modern higher education. In terms somewhat less anxiety provoking, arguments have been made for higher education institutions and their leadership to *change* or, at least to acknowledge that leadership roles and structures in higher education *are changing*. For instance, Bolman and Gallos (2011) call for a “reframing” of academic leadership; Palmer, Zajonc, and Scribner (2010) envision a “transformed” academy, renewed through collegiality and conversation and advanced through integrative teaching and learning; within a framework of organizational change research, Fullan and Scott (2009) argue for the development of “turnaround leadership” skills and change awareness in higher education; and Lauwerys (2008) identifies changing structures of leadership and management in higher education emerging in parallel to increasingly complex environments, both internal and external to the institution.

Whether or not higher education and its leadership is experiencing a crisis, a social problem depicted when reviewing literature on higher education leadership is that universities are not immune to the effects of changes occurring in the world and that leadership in higher education ought to be willing and prepared to adjust course and adapt to such changes, at least in order to (try to) be effective (Bryman, 2007; Spendlove, 2007). Further, responding to and being

willing to adapt in a changing world is critical if we are to continue to align our research, teaching, and community engagement work in service of the public good.

To address the social problem of the need for higher education leadership to develop the capacity to both respond to change and lead change, or more broadly, develop leadership skills in academic leaders, a few strategies have been put in place already, in Canada and internationally. For example, customized academic leadership training programs have been deployed within institutions (e.g. Gold College at the University of Alberta, Canada); continuing education units have developed programs intended to serve (primarily) a national audience (e.g. the management and senior administrators programs offered by the Centre for Higher Education Research and Development at the University of Manitoba, Canada); institutions have invested in sending senior leaders to specialized career development programs for college and university administrators (e.g. the Harvard Graduate School of Education's Institute for Management and Leadership in Education program); and organizations have been created to expressly serve the training and research needs of those involved in the development of higher education leadership (e.g. the Leadership Foundation for Higher Education in the U. K.). Aligned with this approach to responding to the need for leadership development for academic leaders, competencies for effective leadership in higher education have been proposed (Spendlove, 2007) and noteworthy arguments have been made, for instance, for the need for "transition development" for newly appointed academic leaders (Tuson, 2008).

Looking more closely at such competency frameworks, Spendlove (2007), found that "academic credibility and experience of university life were crucial for effective leadership in higher education" (p. 407). In addition, she found that "people skills, including the ability to communicate and negotiate with others" were also identified as core competencies (Spendlove,

2007, p. 407). More recently, citing the growing interest in the roles of leaders within higher education institutions, Black (2015) has conducted an analysis of frequently referenced higher education leadership competency frameworks including those proposed by Kouzes and Posner (2007), Astin and Astin (2000), and Bryman (2007). (It is worth noting that the Kouzes and Posner framework is core to the University of Alberta's Gold College academic leadership program.) Black then goes on to propose four themes of competencies (vision and goals; hands on leadership; improvement and learning; and work details and the big picture) and 41 specific academic leadership competencies (Black, 2015, p. 61). While Black's model may not serve as a definitive, it is notable that competency frameworks for leadership in higher education continue to emerge.

And yet, there are potential gaps in this approach. First, it is important to ask questions about the kinds of leadership and leaders these competency frameworks aim to foster. Of the models above, while the Kouzes and Posner (2007) framework includes "encouraging the heart" within its framework, none are specifically oriented towards care or an ethic of care.

Second, as Middlehurst (2008) contends, we have not done a great job researching the "science" of leadership in higher education. Astutely, she concludes:

Leadership development needs to be built not on generic leadership competence frameworks, but on tailored processes that recognise the contingent, relational and negotiated reality of higher education leadership. At the heart of leadership, there is, or should be, a learning process that will deliver both better science and better outcomes for leaders and led in higher education. (p. 337)

In other words, more research into both "leadership learning" (Middlehurst, 2008, p. 322) and the lived experiences of academic leaders themselves is warranted. Theorizing the potential



contribution of incorporating care ethics into leadership development is, therefore, one potential outcome of this research.

Third, I would suggest that the activity of leadership, which takes place over time and within a changing environment, is not a static experience. Further, reflections on one's own leadership practices are also not static and evolve as part of the ongoing experience of working in a leadership capacity. With this in mind, I agree with Lumby (2012), who points out:

The large majority of research on leadership in all sectors of education is based on self-report through analysis of interviews, questionnaire responses or documents, which are a further form of self-report. There is little observation of leadership in action and very little ethnographic or longitudinal material providing dense descriptions over time. Self-report may be shaped not only by the desire of the respondent to project a particular identity, but by the prevalent leadership-speak of the time. (p. 3)

As I have already noted, a research methodology that calls for ongoing interaction between researcher and participants may help to bring forward experiences of and ideas about leadership in higher education not accessible through single point-in-time interviews or questionnaires.

Through a focus on the lived experiences of the care ethics and relational work of leaders in higher education, I am also aware of and inquiring into puzzles about how leadership practice might change through greater visibility of relational work praxis—or possibly through the ongoing reflection on care-centered work experiences—over time. In this way, the participants in this study have helped to inform ideas about how leadership practice might be changed by making care-centered leadership more visible.

### **Social Justifications**

Attending to the social justification of a narrative inquiry research project further addresses

the critical “So what?” and “Who cares?” questions. More specifically, “social justification connects the personal justification with a public, social sense of significance” (Clandinin & Connelly, 2000, p. 121). Put another way, social justifications can be thought of as “theoretical justifications, as well as social action, and policy justifications” (Clandinin, 2013, p. 37).

Addressing the social justification of this study therefore allows me to also specify and structure a potential policy problem, as well as gesture towards the ways in which this study may support new understandings.

Social justification in this research pays attention to current discourse about leadership in higher education that identifies the need for better “outcomes for leaders and led in higher education” (Middlehurst, 2008, p. 337). I connect this to one of the Social Sciences and Humanities Research Council of Canada’s future challenge questions from the 2014 – 2018 period, “[w]hat knowledge, skills and delivery methods are required in order for the public education system to create an innovative, resilient and culturally rich society?” (Social Sciences and Humanities Research Council, 2018). In particular, I have wondered if at least some of the knowledge and skills associated with creating a vibrant higher education system in the future will connect to the caring and relational knowledge and skills of the leaders of higher education institutions.

Further, if the desired knowledge and skills associated with leading are novel, we will need to address two key concerns. First, how will we ensure that we (can) value this new knowledge and these new skills, in both social and practical (e.g. faculty evaluation or financial) terms? And, second, how will those entering into academic leadership roles be supported to develop this knowledge and these skills? Both of these questions have policy and resource implications for publicly funded institutions.

An additional concern, which emerges from this analysis and this policy problem specification and structuring is: How should we recruit and select individuals for academic leadership roles? As I linger with this question and my puzzles about the care ethics experiences and relational practices in higher education, I am drawn towards care in education literature.

### **Care in Education Literature**

While leadership in higher education might be reasonably identified as a sub-field in the study of higher education, the subjects of *care* and *ethics of care* are less visible on this landscape, making the concept's rare appearances in research literature prominent underpinnings for this study. In contrast, the study of care in education, along with the philosophical foundations of care in education, are more recognizable for scholars of care and education, so I first turn to a brief review of that work before reviewing the dominant care in higher education literature in the following section.

Perhaps the most influential text on care and education is Nel Noddings's *Caring: A feminine approach to moral and ethical education* (1984). The work brings forth the idea that care is established in the relationship between the *one-caring* and the *cared-for* (Noddings, 1984), and builds from the idea and experience of *natural caring* to an idea and *ethic of caring*. Like Noddings, I see this relational approach as core to the concept of care ethics in leadership, an idea I work towards understanding more fully through this research. Such leadership practice, that which has at its roots in this ethics of care, understands relationality and reciprocity as core and foundational.

Noddings's work on caring and care ethics has been taken up extensively in education research and a systematic review of all literature that cites Noddings's work on care, caring, and care ethics is beyond the scope of this research. However, Kroth and Keeler (2009) underscore

key themes that have emerged from education research that takes up Noddings's caring theories. First, they note that "many researchers present caring as essential for education and especially the success of at-risk students" (Kroth & Keeler, 2009, p. 511), citing studies by Bowcutt (2004); Brubaker (1991); Horning (2004); Krueger (2000); Noblit et al. (1995); Sherman and Kneidek (1998); and Taylor-Dunlop and Norton (1997). Second, they outline that "[c]aring has also been shown to be a quality of influential or effective teachers" (p. 511), citing studies by Bell (2004); Brubaker (1991); and Csikszentmihalyi and McCormack (1986). And, third, Kroth and Keeler (2009) also note that existing research demonstrates that students still "complain that some schools and teachers do not care" (p. 511), citing Comer (1988), Horning (2004), and Krueger (2000). While Kroth and Keeler (2009) observe that "[m]ost of the discussions about caring and education in the literature concern younger students" (p. 512), their review of caring theory in education, and Noddings's work in particular, is presented in contrast with a very limited range of caring theory in management literature.

While less frequently researched than care and students in schools, leadership and care are connected in the literature in the context of research into educational administration in elementary and secondary school settings. For instance, Beck (1992) theorizes a caring ethic in educational administration. While also concerned primarily with educational leadership in school settings, she outlines three challenges to caring that I believe may also be applicable in settings of higher education: improving academic performance (p. 469); battling social problems (p. 476); and rethinking organizational strategies (p. 482). Similarly, Marshall et al. (1996) "describe how school administrators operating from an ethic of care conduct their daily practice and how that practice differs from administrators operating solely from traditional leadership models" (p. 271). Noddings (2006) similarly proposes that educational leaders are, ideally, caring teachers. In

a study worth noting because of research concerns similar to this research, Bass (2009) also argues for fostering an ethic of care in leadership in response to her qualitative study of five African American women serving in or reflecting on leadership experiences in school settings. Similarly concerned with settings of elementary and secondary education, Smit and Sherman (2016) also provide a valuable overview of the ways in which leadership can be undertaken in relational ways and enacted with an ethic of care. Smit and Sherman see the potential for relational leadership and care to create positive social change. Their paper, however, is not drawn from empirical data but, rather, makes the case for future empirical studies on the experiences of relational leadership and care in schools. I suggest that such studies in higher education, including this one, are needed as well.

Given Noddings's primary focus on settings of education, albeit mainly elementary and secondary education and the work of teachers in these settings, I see the potential of using this integrated caring–relational concept as one means of exploring leadership praxis through Noddings's ideas of care theory and relationality, seeing leadership (in higher education and elsewhere) like care as “relation-centered rather than agent-centered” (Noddings, 2013, p. 2). I add to this Virginia Held's understanding, that “the central focus on the ethics of care is on the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility” (Held, 2006, p. 10). So, as I began to engage in this research, my provisional understanding was that leadership praxis motivated by a care ethic is a leadership ontology that prioritizes caring relations between individuals (and communities of individuals); relationality as organizationally fundamental; and reciprocity as motivational.

### **Care in Higher Education Literature**

It is with the above provisional understandings of care in education that I have undertaken a review of the research literature that connects care, ethics, leadership, and higher education, with specific attention to work that specifically takes up feminist care ethics and Nel Noddings's work.

While little research takes up my precise concerns about higher education leaders' lived experiences and practices of care and care ethics, several studies have argued for the value of considering care ethics in higher education. For instance, Cutri et. al (1998) make the case, with specific reference to the experience of diverse doctoral students, that a critical ethic of care in higher education can "contribute to transforming the competitive and hierarchical learning environments of higher education institutions" (p. 114). Similarly, Rogers-Shaw and Carr-Chellman (2018) advocate for the importance of including care in doctoral study, indicating that experiences of first year female students showed that care facilitated learning. Shanyanana and Waghid (2014) consider the effect of extending "Noddings' (1984) conception of caring as a relational act between the carer and cared-for by reconstituting an ethics of care that transcends the gender divide and may disrupt the internal exclusion that pervades African [higher education]" (p. 1389).

Taking up the contrast between an ethic of justice (following Kolberg, 1969; 1976) and an ethic of care (following Gilligan, 1982) in leadership, Simola, Barling, and Turner (2010) draw on quantitative survey data collected in a higher education setting to demonstrate that "leader propensity toward using an ethic of care was significantly, positively related to follower perceptions of transformational (but not transactional) leadership" (p. 179) and that "[l]eader propensity toward an ethic of justice was significantly, positively related to follower perceptions

of transactional (but not transformational) leadership” (p. 179). While the authors of the study do not suggest that one moral orientation is better than the other, the study indicates the differing perceptions and lived experiences of those with whom the leaders were in relation.

Questions related to the interconnected concepts of care, leadership, and higher education are present in a qualitative study on caring leadership directed at understanding positive experiences of higher education administrators (Uusiautti, 2013). While Uusiautti’s work is not framed by an “ethic of care” or Noddings’s work, and while the paper is limited to single point-in-time interviews, she concludes with reflections on “the power of positive experiences” (p. 492) and “the significance of caring leadership action” (p. 493) that “may be directly connected to productivity among followers as a result of creating a positive and encouraging working environment” (p. 493). In terms of my own broad research puzzles, this study emphasizes the potential positive effects of caring leadership on both leaders and the people with whom they are in relation. Still, I remain curious about the potential for non-positive experiences connected to a praxis of care-centered leadership, something that I have been aware may or may not be borne out by the research.

At the midpoint of my fieldwork experience, one of the participants in this study mentioned a work she had come across that she thought might be of interest to me in the context of this research. Kathleen Fitzpatrick’s *Generous thinking: A radical approach to saving the university* (2019) was not only of interest, but also confirmed for me that there is a growing desire to think in ways that foreground feminist care ethics as academics work to reimagine higher education and the ways in which we work together. Fitzpatrick frames this work around the idea of *generosity*, making the case that:

If we are going to build and sustain the university *as* and *in* communities—that is, as I discussed in the introduction, not romanticized communities, but rather communities based in solidarities, communities based on nonmarket relations of care—then we need to be able to think about our obligations to one another, about our relationships to voluntary communities beyond volunteer work. We need to think about our *belonging*, in other words: what it means for us to belong not just to our communities but to one another as members of them. (p. 53, emphasis in original)

Then, of the term *generosity*, she goes on to explain:

What I am seeking in generosity as a potential ground for re-establishing that sense of belonging, and in doing so rebuilding the relationship between the university and the public good, then, is not a vast expansion in philanthropic activity, but something seemingly smaller and yet more pervasive. Rather than understanding generosity as transactional, and thus embodied in finite acts, I want to approach it as a way of being that creates infinite, unbounded, ongoing obligation. (p. 54)

While Fitzpatrick is not precisely concerned with leadership in higher education, nor on leaders' experiences and practices, focusing instead on actions of individuals that comprise the academic community broadly, her notion of *generosity* and *generous thinking* complement the idea of care-centered leadership that this research explores. Indeed, she is careful to remind her readers that “[c]are, as Noddings notes, is not just about feeling but about ‘relating and remaining related’” (Fitzpatrick, 2019, p. 228). In other words, relationality and care are foregrounded as she forwards her radical approach for saving the university.

Another recent work, initially published electronically (in November 2020) during the later stages of revising this dissertation, *Posthuman and Political Care Ethics for Reconfiguring*



*Higher Education Pedagogies* (2021), edited by Vivienne Bozalek, Michalinos Zembylas, and Joan C. Tronto, focuses “specifically on how care ethics and posthuman ethics may be put into conversation with each other, and how these approaches might be used in higher education pedagogies” (Bozalek et al., 2021, p. 9). Like Fitzpatrick’s *Generous Thinking* (2019), the collection is not specifically directed towards a consideration of care ethics and leadership experiences and practices in higher education, but is oriented towards changing—*reconfiguring*—higher education and its pedagogies. Yet, as a collection of essays, the book makes the germane case that “there is now an urgent need to think about the interwoven nature of politics, ethics, ontology and epistemology in these current times” (Bozalek et al., 2021, p. 10) and that taking up the concerns of care ethics in higher education is needed (alongside posthumanist theory, for the purpose of the collection). For instance, Rogowska-Stangret’s essay, in which she explores care as methodology, frames the urgent need to theorize care and its interventions as “precisely situated in time and space” (Rogowska-Stangret, 2021, p. 14), pointing to current concerns of a dystopian climate, racist violence, and the growth of far-right voices internationally. Like Rogowska-Stangret, I have come to understand, in new and emerging ways, that my research is also intimately situated with/in time and place, and in the midst of current social crises. I take up some of these emerging wonders and reflections in Chapter 9, as I look towards the possibilities this current project offers for leaders in higher education—and towards the ways in which this work might continue in new ways because of the experiences encountered in 2020, including #metoo, the ongoing response to the Truth and Reconciliation Commission’s recommendations in Canadian society, the Black Lives Matter movements, and the Covid-19 pandemic.

Perhaps most notable in the Canadian context is Sandra Acker's work on gender in the academy. Acker's work is broadly concerned with gender and equity in all educational settings (from elementary schools to universities) in order to "illuminate the potential and the problems of the various theoretical approaches in efforts to understand this slice of life" (Acker, 2012, p. 414). Her key contribution to the specific subject of care and leadership in higher education is an article on academic leadership (chairing, in particular) and caring (2012) in which she argues, citing Eveline (2005) and Fletcher (1999), for acknowledging the challenge of "relational work as 'getting disappeared' (i.e. not credited, not recognized)" (Acker, 2012, p. 418). In making this argument, Acker builds upon her previous work exploring gender and management in faculties of education (Wyn et al., 2000), in which she notices the desire of women in academic management to "make a difference," as well as her critical study of what she calls "gendered games" in academic leadership (Acker, 2010). Through her focus on care, therefore, she concludes that the gendered experience of academic leadership is (or has the potential to be) highly complex, complicated, and both personally and professionally challenging.

I will mention here that my initial concern and literature review for work on care *and* leadership *and* higher education did not include gender as a central focus. So, I was initially surprised to find this connection so immediately and so specifically. Partly, I attribute this surprise to my own normative orientation towards care in leadership, an orientation that does not exclude men or those individuals who do not identify strongly or consistently as women. In part, this surprise led me to consider the specificity of forwarding feminist care ethics as my theoretical framework.

Further work that has shaped my social justification for this study on care, care ethics, leadership, and higher education includes a recent quantitative study on faculty service loads and

gender, which seeks to address the question “are women taking care of the academic family?” (Guarino & Borden, 2017) and concludes that women are, indeed, often performing more “service” work than their male colleagues. While seeing service work as care in this case, questions similar to Acker’s about whether or not dominant institutional narratives are (effectively) valuing the work of care (in this case as service), are raised.

Taken together, it seems that there is indeed room for research, like this project, that considers the experiences and practices of care and care ethics in leadership in higher education, perhaps especially, research work that is directed at the possibility of shifting or changing practice and which may have potential policy, as well as future social and theoretical, impacts.

### **Tensions**

While the idea of inquiring into care in higher education—and care in leadership in higher education—may be appealing, even natural (in Noddings’s sense) for those of us who believe in the potential social good that can emerge from higher education institutions, three main tensions emerge. Each of these tensions is nestled within Noddings’s own case for care in schools and the reorganization of schools around and for care. I will begin by outlining each tension; in the next section, I will explore possibilities for countering these tensions.

#### **Lingering With Tensions about Care in Leadership and in Higher Education**

First, in Noddings’s own writings, we encounter the issue that “organizations” themselves may be an obstacle to caring. This is not merely the problem that non-human beings or entities cannot be caring in an ontological sense. Noddings (1984/2013) goes further:

Unfortunately, many organizations tend to diminish the ethical ideal. As we noted earlier, organizations cannot be ethical. They demand loyalty, insist upon the affirmation of certain beliefs, and separate members from nonmembers on principle. (p. 117)

Within higher education systems, it is difficult to disagree with Noddings's understanding that organizations, including organizations of higher education, affirm beliefs (e.g. academic freedom, merit-based promotion and tenure, etc.) and separate member and nonmember groups of individuals (such as students, faculty, staff, and those who do not belong to any of these membership categories). On the nature of organizations, she concludes that "there may be some organizations that really do their best work organized bureaucratically and hierarchically, but these may be organizations in which caring is not crucial to the enterprise by its very nature" (p. 199). In other words, Noddings's care theory appears at odds with the idea that a university, with its deep bureaucracies and hierarchies, might be caring or (re)organized to care.

Second, and perhaps more damning to the project of seeking to understand and make visible care in leadership in higher education, is Noddings's assertion that re-organizing around and for care may be opposed by "career administrators" (p. 199), who she imagines might find themselves displaced. In Noddings's (1984/2013) view, administrators, those serving in leadership capacities, are the enemy of care:

Further, with the enemy—the professional administrator—removed, teachers might be more receptive to innovation and, having a hand in its creation, might implement that which is promising. (p. 199)

As Noddings works to (re)imagine a school in which care might be foregrounded and prioritized by teachers and students, administrators are also viewed as masculine power brokers, unwilling or unable to give up a traditional structure. Noddings (1984/2013) adds:

Consider, again, the orientation characterized by hierarchy, specialty, separation, objectification, and the loss of relation. Who is it who climbs the hierarchical ladder and accepts the loss of relation? Who is it who insists on the constant round of testing,

labeling, sorting, credentialing? Those who have succeeded in the traditional masculine structure may not easily or graciously give up their hard-won power. (p. 200)

Noddings's third implicit critique to locating care in leadership in higher education emerges through her sense that leadership structures are traditionally masculine (1984/2013, p. 200) and that caring is feminine. At a time when a number of studies are emerging that document gender bias in the academy (e.g., Guarino & Borden, 2017; Peterson, 2016; Savonick & Davidson, 2017), much of which suggests "unconscious and unintentional biases against women" (Savonick & Davidson, 2017), it may seem inopportune to introduce caring into leadership practices in higher education, recognizing the possibility that doing so may serve to re-gender and de-value relational work and caring, perhaps especially in the context of leadership. Peterson (2016) makes the point that as women have started to serve more frequently in academic leadership positions, at least in her setting of Sweden, the leadership positions have appeared to decline in status and, further, serve to compete with the time-consuming labour of a research career. The implication here is that academic leadership may be declining in status because more women are performing the work. (That is, when such roles were even more male-dominated, it is possible that they were more prestigious simply because they were "male roles.") My parallel concern is that reorienting leadership in higher education (and elsewhere) towards care may have a similar effect with the risk that care itself is devalued. Yet, the gendered dimensions of leadership in academe may be already intertwined with care (Acker, 2012), and so addressing this critique in the foreground is necessary.

### **Countering Tensions**

In thinking narratively with the tensions that emerge when encountering care through a close reading of Noddings's *Caring*, and as I (en)counter these tensions, I recognized and

anticipated that as my narrative inquiry began to unfold, I might find myself dwelling within these tensions, “as a bridging of two worlds by a bridge, which is not a bridge” (Aoki, 1981/2005, p. 228). In this way, I have seen these tensions as generative.

### ***Countering the First Tension: Organizations as Obstacles to Care***

The first tension that emerges when encountering care in higher education, which I earlier described, is somewhat mitigated by Nel Noddings herself. In her response to the critiques of her position on organizations, which she offers in the afterword to the 2013 edition, she shifts her position a little, using an example of widespread empathy that follows in the wake of a disaster, suggesting that “genuine caring-about should lead us to concentrate on establishing or strengthening organizational structures in which caring-for can flourish” (Noddings, 2013, p. 207). (In Noddings’s view, *caring-about* is not immediate and is far less proximate.) Imagining organizational structures—perhaps even within neoliberal bureaucratic hierarchies—as able to create locations where care can flourish in higher education may provide a pathway to significantly re-imagining the university. I have wondered, though: Might re-imagining the university in this way, without the ability to start higher education anew, require some involvement of those who are presently tasked with leading higher education institutions?

### ***Countering the Second Tension: Leadership as a Barrier to Care***

Countering the second tension is more difficult as this is not a tension about care in higher education in general—but about care in leadership in higher education. Indeed, Dall’Alba (2012) convincingly argues that care, grounded in both Heidegger’s being as care and Noddings’s ethics of care, can be used to re-imagine the university as a way to “enhance the ethical bases of our endeavours through promoting care for others and things in tangible ways across higher education, research and social engagement” (Dall’Alba, 2012, p. 121). Dall’Alba’s concern,

however, is primarily with our impact on higher education students, on working together and differently to create citizens who care, rather than simply to create citizens who emerge with knowledge and skills. This is not unlike Noddings's own concern for how children and youth are educated in schools.

We are still left with the problem that leadership itself, at least in modern neoliberal times, is a perceived barrier to care. This led me to a further wonder: If those who care—who embrace both natural caring and ethical caring, who perceive their work as primarily relational—enter into leadership positions, what do they then do with care and care ethics as they have come to understand them in the context of their work lives? Do they shake it off and trade it in for individualistic autonomy? Claudia Ruitenberg (2011) argues that caring and the carer are not so easily separated:

The ethic of care marks a sharp departure from the ideal of rational autonomy, in that it emphasizes both emotions and relationship. Moreover, while some have interpreted 'care' as a virtue, Noddings insists that caring is a quality of the relation, not of the subject in the position of carer; the carer should not be considered separately from the caring relationship. (p. 29)

I read in this a conceivable understanding that care does not disappear from an individual's ethic, much as care does not disappear from the educational landscape following the conclusion of secondary education.

It is instructive here to consider one of the examples where care and leadership in schools are explicitly connected. While focusing on a means to counteract bullying in schools, Brigitte Smit and Vanessa Scherman (2016) ground their idea that "a relational and caring leadership style appears appropriate to deal with the phenomenon of bullying" (Smit & Scherman, 2016, p.

7), arguing that “modelling care amongst the adults within the school will inevitably filter down into the learner population” (Smit & Scherman, 2016, p. 7). While outside the sphere of higher education, they ground their ideas in Noddings’s work, proposing that “the term ‘caring’ refers to the relationships between principals and teachers and learners” (Smit & Scherman, 2016, p. 3). Like Smit and Scherman, I, too, have continued to see feasibility in locating multiple and multi-directional relationships of care—even by and with those who work in leadership roles.

### ***Countering the Third Tension: Gendered Care and Caring***

The third tension—that leadership is structurally masculine and caring is feminine (or a woman’s work)—is again partly countered by Noddings’s (2013) own response to this critique:

One important complaint—with which I heartily sympathize—focuses on the former subtitle of *Caring: A Feminine Approach to Ethics and Moral Education*. Hardly anyone has reacted positively to the word feminine here. In using it, I wanted to acknowledge the roots of caring in women’s experience, but using “a woman’s approach” rather than “feminine” risked the complete loss of male readers. ... Relational is a better word. Virtually all care theorists make the relation more fundamental than the individual. (p. xiii)

But recognizing that *relational* is a better word than *feminine* may not fully reduce the gendered essentialism that a project on care in leadership in higher education may encounter. As noted above, this may continue to be a risk in an environment of persistent gender inequality.

Yet, if I am to acknowledge that “gender is always implicated in some way” (Acker, 2012, p. 423), and that care may inevitably be gendered or essentialized in some way, I propose, instead, to radically embrace the language of care. Much like the project of reclaiming language in other settings (e.g. the reclaiming of *queer* by LGBTQ2S+ activists), reclaiming the language



of care may serve to counter the (or even my own) psychic resistance to the word and may, indeed, be one way of standing with women who work and who lead on inequitable landscapes. While I anticipate that this tension may not fade entirely, like Noddings, “I am suggesting ... that a powerful and coherent ethic and, indeed, a different sort of world may be built on the natural caring so familiar to women” (Noddings, 1984, p. 46).

### **Towards Care-Centered Leadership in Higher Education**

As I have looked for the possibility and potential of care in leadership in higher education, I have acknowledged that there are reasonable sites of tensions when encountering care, as well as responses to those sites of tensions. I am suggesting, therefore, that there is potential in working to make care in leadership in higher education visible, that we ought to push ourselves beyond a “system where the dominant discourses construct education as neutral” (MacDonald, 2013, p. 671), as education is never neutral. This visibility may be especially relevant—for its strengths and its weaknesses—during persistent times of organizational change brought on by factors such as socio-cultural, economic, political, technological, ecological, and demographic changes. Reorganizing or reorienting towards care in leadership, in higher education—towards care-centered leadership in higher education—would also be a change. But, “if we agree with Noddings’s claim that relationship is ontologically basic and caring relationship ethically basic, and we can draw on our basic longing for relation as a key source of motivation” (Chinnery, 2013, p. 261), we may find that caring and leadership are not mutually exclusive. Choosing care, and choosing the language of care, is also not an endeavour which will garner immediate impact. But, we live, as Aoki suggests, in a “world of being and becoming, a world of human beings” (Aoki, 1987/2005, pp. 352-353). And if we are indeed beings who care, we may be able to envision care in leadership and higher education, and the changes such being

and becoming might entail. This research project is a start, a justification to begin this work, to begin research into the lived experiences of this care.

### Chapter 3: Methodology, Methods, and Purpose

I trace my interest in narrative and storytelling to my encounters with Adriana Cavarero's *Relating narratives: Storytelling and selfhood* (2000), a text that shaped my master's thesis (circa 2001) and much of my writing and thinking that has followed. In her book, Cavarero makes the case that a storyteller is always turning towards an *other* in order to become a "narratable self" (Cavarero, 2001, p. 33). Reciprocally, "the other is always a narratable self" (Cavarero, 2001, p. 34), too, and is always recognized as such. For Cavarero, storytelling is dependent upon "the necessary other" (Cavarero, 2001, p. 82) and stories are therefore always relational.

More recently, as I began to inquire into and story my experiences in a leadership role in higher education and then approach the research puzzles about care and care ethics I have described above, I turned to narrative inquiry as a methodology that offers "a way of understanding experience" (Clandinin & Connelly, 2000, p. 20), while, like Cavarero, also recognizing narrative and storytelling as relational. As a methodology, narrative inquiry foregrounds story as core to understanding the ways in which lives are lived and experienced, thereby becoming "the study of experience as story" (Connelly & Clandinin, 2006, p. 477; Hamilton et al., 2008, p. 19). Connelly and Clandinin (2006) connect these ideas when they note:

People shape their daily lives by stories of who they and others are and as they interpret their past in terms of these stories. Story, in the current idiom, is a portal through which their experience of the world enters the world and by which their experience of the world is interpreted and made personally meaningful. Viewed this way, narrative is the phenomenon studied in inquiry. Narrative inquiry, the study of experience as story, then, is first and foremost a way of thinking about experience. Narrative inquiry as a

methodology entails a view of the phenomenon. To use narrative inquiry methodology is to adopt a particular narrative view of experience as phenomena under study. (p. 477)

As I prepared to undertake this inquiry, I imagined spending time with participants engaged in “living, telling, retelling, and reliving” (Huber et al., 2013) as we inquired into stories of care and care ethics experiences in higher education, as each person had come to uniquely understand those ideas and experiences. In doing so, I carried with me guiding wonders rather than a specific set of required questions, recognizing that narrative inquiry is a “fluid inquiry, not a set of procedures or linear steps to be followed but a relational inquiry methodology that is open to where the stories of participants’ experiences take each researcher” (Clandinin, 2013, p. 33). While the inquiry may have been fluid, it was nevertheless guided by philosophical, ontological, epistemological, and relational commitments that served to inform and guide the inquiry.

### **Narrative Inquiry’s Methodological Commitments**

Narrative inquiry “is a collaboration between researcher and participants, over time, in a place or series of places, and in social interactions with milieus” (Clandinin & Connelly, 2000, p. 20). Put another way, narrative inquiry is distinguished and guided by the commonplaces of temporality, sociality, and place (Clandinin & Connelly, 2000; Connelly & Clandinin, 2006). These commonplaces are woven into narrative inquiry’s commitments.

### **Philosophical Commitments**

Drawing on Dewey’s (1938/2015) theories of experience, which hold that continuity and interaction are defining characteristics of experience, narrative inquiry is directed towards understanding experience, situating narrative as both the phenomenon under study and the method of study (Connelly & Clandinin, 1990). With Dewey’s foundation in place, narrative

inquiry specifically attends to “*personal and social* (interaction); *past, present, and future* (continuity); combined with the notion of *place* (situation) (Clandinin & Connelly, 2000, p. 50, emphasis in original) to create “metaphorical three-dimensional narrative inquiry space” (Clandinin & Connelly, 2000, p. 50). For narrative inquirers, engaging in inquiry attentive to this three-dimensional narrative inquiry space allows inquirers and participants to “travel—*inward, outward, backward, forward, and situated within place*” (Clandinin & Connelly, 2000, p. 49, emphasis in original) as ways of coming to understand lives and experiences. Then, as the study takes place over time, and as participants engage in “living, telling, retelling, and reliving” (Huber et al., 2013), the personal becomes foregrounded in relation to social, cultural, and institutional narratives (Clandinin & Rosiek, 2007), thereby making these broader narratives visible.

### **Ontological Commitments**

Narrative inquiry “begins with an ontology of experience” (Clandinin & Rosiek, 2007, p. 11). That is, “the narrative inquirer focuses on the way the relational, temporal, and continuous features of a pragmatic ontology of experience can manifest in narrative form, not just in retrospective representations of human experience but also in the lived immediacy of that experience” (Clandinin & Rosiek, 2007, p. 12). To arrive at a “conception of how that reality can be known” (Clandinin & Rosiek, 2007, p. 11), narrative inquirers do not claim to be seeking *answers*. Rather, narrative inquirers “think of any description of human meaning as tentative, if they are to keep alive the possibility that the description can change the quality of the experience being described” (Clandinin & Rosiek, 2007, p. 14). In other words, the stories that are told and retold matter and are material to the inquiry, to *being situated within* the inquiry. When I began to imagine the inquiry I would undertake, I recognized that as experiences are storied, in their

telling and retelling, the story is itself an experience that exists within the continuity of the inquiry.

### **Epistemological Commitments**

Just as Dewey (1938) informs the philosophical and ontological commitments in narrative inquiry, his theories and ontological views also inform the epistemological commitments narrative inquirers bring to the field. In particular, Dewey understands experience to be “characterized by continuous interaction of human thought with our personal, social, and material environment” (Clandinin & Rosiek, 2007, p. 14). Clandinin and Rosiek (2007) go on to explain:

In other words, Dewey's ontology is not transcendental, it is transactional. The epistemological implications of this view are nothing short of revolutionary. It implies that the regulative ideal for inquiry is not to generate an exclusively faithful representation of a reality independent of the knower. The regulative ideal for inquiry is to generate a new relation between a human being and her environment—her life, community, world. (p. 14)

For a narrative inquirer, what is *known* and *how knowledge comes to be* is imbued with the insight that humans and human experiences are not separate from their world(s) and from others. That is, there is no one *truth* to be discovered; rather, there are stories of experience that emerge through interaction. It is possible, then, to recognize that the research experience and undertaking generates new knowledge alongside new relations.

### **Relational Commitments**

Relational commitments and relational ethics are central to and inform the negotiation of research relationships within all narrative inquiries (Clandinin et al., 2018). For this study,

recognizing care as a relational process and care ethics as a relational ethic, this commitment is woven into my research puzzles. Initially informed by Noddings's (1984) work, narrative inquiry shares the central idea "that we enter into a relationship with others when we engage in care" (Clandinin et al., 2018, p. 20). In practical terms, "as [narrative inquirers] negotiate entry into the field our ontological commitment makes possible a relational means of researching, of being able to 'work out' what to do in the field, how to work with participants, and decide together what we want to achieve as our inquiry unfolds" (Caine et al., 2013, p. 576). That is, as I discuss below, much of the research plan—including the development of the field, interim, and research texts (data and data collection)—was negotiated with the participants.

### **Methods, Research Design, and Ethical Considerations**

As discussed above, this study is grounded in the philosophical, epistemological, ontological, and relational commitments of narrative inquiry. The study's design considerations are consistent with narrative inquiry principles, including participant engagement practices, participant numbers, the time horizon of the research, and research data and text development.

#### ***Ongoing Ethical Considerations***

Crucially, "the ethical stance of narrative inquirers is best characterized by a relational ethics" (Clandinin & Murphy, 2009, p. 600). As I entered the field to engage in narrative inquiry alongside participants, I was necessarily attentive to an ethic of care and to relationships as they were established—and as they changed and were sustained over time. Attentiveness to participants' needs and lives was ongoing. In approaching this research in this way, I developed an understanding of the participants' and my experiences as academic leaders through the process of "living and telling, reliving and retelling, the stories of the experiences that make up people's lives" (Clandinin & Connelly, 2000, p. 20).

### ***Overview***

Typical of narrative inquiry studies, I used purposeful sampling with the intention of recruiting three or four participants from Canadian higher education institutions to engage in four-to-six, one-on-one, one-to-two-hour conversations per participant over 12 months in 2019. Four participants joined the study and each chose to engage in four research conversations, ranging, as anticipated and negotiated, from one-to-two-hours per conversation.

The overall research process involved the collaborative and negotiated development of field texts (including recorded conversations; and shared researcher/participant notes), interim texts (draft research texts, including narrative accounts, shared by the researcher with the participants for the purpose of negotiating data sources and confirming resonance with study findings), and final research texts. Details of participant engagement, research timelines, and research data and text development are discussed in the remainder of this section.

### ***Participant Engagement***

After obtaining research ethics approval from the University of Alberta Research Ethics Board, I invited participants through personal and professional networks to participate in this study. Such networks included my connections with the Centre for Research for Teacher Education and Development at the University of Alberta; graduates of the University of Alberta's Gold College; and other networks across the province. I also created a public recruitment posting through various personal social media channels. Eventually, I inquired with four participants.

During the recruitment stage, I anticipated inviting participants from Alberta higher education institutions, and I was open to working across distances within Canada using technologies including Skype, Facetime, and Google Hangouts/Meet, depending upon participant preferences. As participants came forward, they were all from Alberta institutions within easy



driving distance. All research conversations took place in person and were audio-recorded for the purpose of transcribing the conversations.

Preliminary conversations with participants took place before they were able to grant and sign in support of informed consent. These pre-research conversations were intended to begin to develop trust and researcher – participant relationships, recognizing that trustworthiness and relationality is core in our research process (Clandinin, 2013; Clandinin & Connelly, 2000). In other words, it was important that prospective participants had a general understanding of the narrative inquiry research process in order to grant informed consent. For instance, in these pre-research conversations, I addressed the nature of narrative inquiry as a methodology that values stories of experience, thinking narratively, and relationality. On the element of relationality, I emphasized to participants that the methodology requires that we would work/think narratively together to understand each other’s stories—and that I, too, would share stories of experience and be vulnerable within the context of the research conversations and research texts.

### ***Research Timelines***

As noted above, I met with four participants for four, one-on-one conversations per participant between February and October in 2019. Participants had the opportunity to review transcripts over the course of our months together. I typically returned the transcript to the participant prior to subsequent, scheduled conversations, a process which gave us the opportunity to return to earlier conversations, sometimes opening up new wonders, as we continued to share and think with our stories. The development and negotiation of interim research texts (narrative accounts) began in the late summer of 2019. Following the conclusion of our research conversations, I engaged with participants in less intensive ways in late 2019 to continue to negotiate the narrative accounts.

I then developed further research texts—primarily the two chapters in this dissertation that follow the narrative accounts. One of these chapters makes visible the threads that resonate across the narrative accounts. The final chapter brings together the resonant threads alongside the social, practical, and personal justifications, which I have earlier described—as they move towards social, practical, and personal *implications*.

### ***Research Data and Text Development***

Research participants and I began with conversation and “relational living alongside” (Clandinin, 2013, p. 23) to initiate the process of negotiating and developing *field texts* (Clandinin & Connelly, 2000). Such texts, which comprise the research data of this study, included recorded conversations and shared researcher/participant notes. These texts also included email correspondence. For this study, I asked participants about their preferred meeting locations and times, as well as means of communicating between scheduled conversations. I then worked to accommodate each participant’s preferences. Accordingly, participant datasets were not identical in their sites of data and correspondence.

*Interim text* (Clandinin & Connelly, 2000) development included the writing of individual narrative accounts that showed the stories lived, told, retold, and relived by each participant and me as our inquiry unfolded. While “interim texts take on different forms and vary according to the circumstances surrounding the life of the inquiry and particularly the research and scholarly life of the inquirer” (Clandinin & Connelly, 2000, p. 133), my intention for this inquiry was to develop narrative accounts alongside each participant, sharing these accounts with participants to “negotiate preliminary interpretations” (Clandinin & Connelly, 2000, p. 133). As I composed these narrative accounts, attentive to continuing to think narratively and living relational ethics, I recognized that sharing these texts with participants would lead to further composition of texts

and conversation about our time living and thinking narratively alongside one another. Chapters 4, 5, 6, and 7 are the participants' narrative accounts, each of which were carefully negotiated with and fully approved by each participant. Text that appears in italics and within quotation marks or set as block quotations indicate words spoken by participants. In the few instances of quoting words I spoke during research conversations, quotations do not appear in italics. I also use italics (without quotation marks or set as block quotations) to indicate key terms or phrases.

As earlier noted, as I moved to *final research texts* (Clandinin & Connelly, 2000), I drew from the narrative accounts to foreground *resonant threads*. Typical of narrative inquiries, I use the term *resonant threads* to call attention to *patterns* that emerged across multiple narrative accounts, including connections between and repetition across stories. While I anticipated that these resonant threads would open up suggestions for practice, I did not (and still do not) anticipate that I would reach final conclusions. That is, as Clandinin (2013) suggests, “final research texts do not have final answers” (p. 51). Rather, “[t]hese texts are intended to engage audiences to rethink and reimagine the ways in which they practice and the ways in which they relate to others” (Clandinin, 2013, p. 51). That is, through engaging with the narrative accounts and the emergent resonant threads, I invite readers and audiences to engage with their own practices and experiences. Chapter 8 foregrounds the resonant threads that emerged from the narrative accounts; Chapter 9, then, looks towards the social, practical, and personal *implications* of this research.

As I describe the text development of this dissertation, I also wish to draw attention to the specific time in which the chapters that follow were written. Chapters 4, 5, 6, and 7—the narrative accounts—were written in 2019 and all were negotiated with and approved by participants before the end of that year. I began to engage in the deliberate process of awakening

to the resonant threads in late 2019 and early 2020. However, I formally engaged in writing the first drafts of Chapters 8 and 9 in mid-2020, during the experience of the Covid-19 global pandemic. I am aware that the writing of the final chapters of this dissertation has been influenced by the experience of living during the time of a pandemic, recognizing that the world in which the narrative accounts were written *feels* forever changed. I acknowledge this influence directly by including *pandemic postscripts* as a closing to each resonant thread in Chapter 8. In Chapter 9, I continue to acknowledge the influence of the pandemic on my writing and thinking, and begin to imagine the ways in which care-centered leadership may be carried into the future in new ways because of the experiences of 2020.

### **Methodological Characteristics and Considerations**

My purpose in undertaking this research has not been to understand all instances of care and care ethics in higher education. Rather, I have been interested in the individual and unique lived experiences of academic leaders and the stories they live, tell, retell, and relive of the ways care ethics and relational practices shape their everyday lives. I have wanted and continue to want to know what it is like for individuals to experience and practice care ethics and, then, I have wanted and continue to want to know what it means for these individuals to hold, carry, and narrate these experiences. Three methodological characteristics and considerations—often framed as limitations and corollary delimitations in the context of other methodological traditions—therefore emerge and can be addressed briefly.

First, one of the characteristics of this research is that the number of participants is intentionally small. For narrative inquirers, this characteristic is an important and intentional feature. Rather than aiming to achieve saturation with data, ongoing interactions with the same participants over time is intended to generate in-depth data. Generalizability is not intended. In

other words, while ensuring a high number of participants and volume of data may be appropriate and necessary for some research purposes and projects, solely collecting data in such a manner is not the interest or purpose of narrative inquiry.

Second, accepting the small number of participants and the population of academic leaders from which they might be drawn, the diversity of participant characteristics was constrained, especially in terms of ethnic and racial diversity. Participants were women, mid-career and in their mid-forties and mid-fifties. Collectively, they were queer or straight; mothers or motherly aunts; living with or without a disability; scientists, social scientists, or humanities scholars; from Alberta or from elsewhere. They were also all highly educated, middle-class, and white. As I came to revise the final two chapters of this dissertation, reflecting on a year marked not only by a global pandemic, but also by growing attention to systemic racism near and far, I realized that I would need to attend to this limitation. This led me to reflect on Cranston's (2020) observation that racialized people are significantly under-represented in academic leadership roles. That is, while this study did not set out to do so, I recognize that it does not offer the perspectives of racialized individuals serving in leadership roles in the academy. What this points to, then, is both a limit of this research and a clear call to action for those of us serving in academic leadership roles, a reminder to enact and enable decisions that support equity, diversity, inclusion, and Indigenization in ways that produce meaningful change.

Three, an additional characteristic within a narrative inquiry research paradigm is that the researcher is positioned within the research and cannot be interpreted as unbiased or impartial. Again, foregrounding the commitments of narrative inquirers helps me to imagine a response to this tension. In reflecting again on the epistemological, ontological, and relational commitments in narrative inquiry research, it is possible to recognize the researcher as one who is in relation,

living alongside participants, not separate from the research (Clandinin & Rosiek, 2007; Clandinin, et al., 2018). So, rather than attempting to eliminate the researcher and bias from the research, both the researcher *and* participants are understood to contribute to the development of research data and understandings.

In the context of my research puzzles and wonders, I recognize (and have described above) my own experiences in academic leadership roles (during my time as an assistant dean, in particular) and my own understandings and experiences of a feminist care ethic, while living alongside research participants. But, I have also recognized that, like the participants, my own experiences and life histories were carried into the research as I worked with the field texts to create interim texts and additional research texts that were negotiated with each participant. As Mayers (2001) so astutely and concisely describes:

We always begin from a perspective and carry with us our history, language, purposes, and convictions. In other words, there is no way of getting behind perspective—there is no place of pristine tabula rasa from which to depart. The point of departure is always referential and prejudiced, relational and rejudged in terms of one's history and all that is invoked by one's tradition. (p. 5)

That is, what might be understood, what might become known, as a result of this study, is certain to recognize that I am and have not been outside my study, that I have been in and within the stories lived, told, retold, and relived in the living and in the telling of the inquiry.

### **Purpose, Significance, and Possible Outcomes**

The purpose of this research has been to examine the leadership narratives of academics in an effort to determine the ways in which care ethics is practiced and experienced in the academy and to better understand the impact of care ethics in their lives in higher education. If

we can better understand these experiences, this research may serve to guide individuals serving in leadership capacities in higher education and, more broadly, may serve to inform leadership development programs in the academy.

By inquiring into the lived experiences of academic leaders through narrative inquiry, and by thinking narratively alongside academic leaders about their experiences of care ethics and their leadership, I have imagined that we may be able to translate these experiences into practical action.

As I approached this research, I imagined that this work would contribute to the national discussion about the future of higher education and may one day lead to a new ethic for leaders in higher education—a care-centered, relational ethic—to foster innovation and resilience, and find new ways of engaging with students, communities, and each other. Enhanced theoretical understanding of the nature of care, relational work, and relationality has been anticipated. Further understanding of these concepts may lead to the development of new leadership models relevant beyond the academy as well. Building on my experience in continuing and professional education, findings have the potential to aid in the development of learning events, processes, and resources that will support and mobilize care consciousness for faculty as they take on new or increasingly complex leadership roles.

While my sense is that addressing a gap in our understanding about care ethics and higher education and making visible care ethics is the necessary initial focus of my research, policy changes may follow. Such policy changes may be connected to areas including: faculty evaluation; tenure and promotion; recruitment and selection of faculty members into leadership roles; and other ways in which we recognize and value care ethics, especially (but not necessarily exclusively) in higher education.

Again, the significance of this research and its possible outcomes do not drive towards a single, finite conclusion. Instead, the possibilities that this research creates and attends to are imagined in greater detail in Chapter 9.



## Chapter 4: Beth

This narrative account flows from research conversations with Beth (a pseudonym) that took place in 2019. As she and I inquired together, reflecting on experiences and practices of care and care ethics, we told and retold stories of what it is like to experience our lives, the wholeness of our life-making, and how we understand and make sense of our lived experiences.<sup>3</sup> Over the course of our research conversations, we co-made our relationship, which shaped the relational three-dimensional narrative inquiry space in which we journeyed inward and outward, backwards and forwards, and attended to place(s). As I prepared to begin composing the first draft of this narrative account, thinking with our lived, told, retold, and relived stories, Beth and I lingered with ideas about the future, our futures, and how care for and with others and for ourselves might continue to support our work and each other.

### Introducing Beth

Beth works at a university in Alberta as part of her institution's senior executive team. Most of her career has been lived at her current institution. Early in her career, she worked as a school teacher, which led her to pursue a degree in counselling psychology and work as a counsellor. She moved into senior academic leadership roles approximately 10 years ago.

Beth received the invitation to participate in this study from a colleague. She and I had not previously met or known one another, though we discovered we both once attended a conference for senior women academic administrators at the same time. Beth described her

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<sup>3</sup> In these narrative accounts, I often refer to *stories* as they are lived, told, retold, and relived and the ways in which *stories are lived*. Alongside this language, I recognize the ways in which the concept of *stories to live by*, as a narrative way to understand identity (Connelly & Clandinin, 1999), is also present in these accounts as aspects of my and the participants' identities become visible.

initial motivation to participate in this study as being drawn to care and her desire to “*pay it forward*,” having relied on participants during her own time as a doctoral student.

Beth grew up on a farm in Alberta and recognizes her attraction to the “*community*” of a smaller, teaching-focused institution as something that is connected to her early experiences in rural Alberta. Beth is mid-career, mid-forties, and genuinely loves the institution where she works. In her words, her connection to her institution is so strong that, for her, “*it’s like it’s in you. ... Cut me open and you will find [my institution] inside.*”

### **Beginning in the Middle**

When Beth and I began our journey together, we wondered together, as planned, about care and care ethics, relationships, and their impact on our work, and what it is like to witness not-care in our midst. Our first two research conversations, to which I will turn below, allowed for direct focus on the research puzzles. But, still, I found myself wondering if we were connecting. In my field notes, after our second conversation, I wrote: “Great conversation with Beth today. Her care for students is so strong, so clear. I find myself wondering how people connect, though, and if she and I are connecting. How do research relationships become and what is this one becoming?”

As we began our third conversation, over coffee at a café, well beyond the walls and halls of the institution, Beth told me a story about a conference she had attended recently. At the conference, the keynote speaker told a story from her childhood, *a turning point story*, as I referred to it when we continued to wonder with the story. I was thinking about stories that shape us, those that linger, and I asked Beth if she had any turning point stories of her own. She did. (Perhaps we all do.) She shared:

*I grew up in a tumultuous family and my father was really quite abusive. I've got two sisters, two older sisters. There were a lot of times I remember as a kid being in bed and hearing my parents fighting. And sometimes my dad would kick my mom out of the house. We lived on a farm. And so, my mom would drive into Edmonton and stay at a hotel at night. And so, waking up at 3:00, 4:00, 5:00 in the morning and mom was gone, totally shaped me. I remember, I was four. I started kindergarten at four. And I remember being on our back deck and my mom sat me down and said she was very sorry that she had to leave. And she would do everything she could to get us, but she said my dad was making it hard that she couldn't take us girls with her. But she would like to do what she had to do to get us. And I was crying. Like, no I want to come with you, please take me with you. And she said, "Well, you have to ask your father." Which, in hindsight, is a lie. Why in the world would you tell me to do that? So, I walk down to the barn. My dad is milking the cows. And I'm crying from the moment I walk in. And so, he's like, "What happened, what happened?" And I'm trying to get out, "I want to go. I want to go with my mom." And he doesn't really know what's going on. I'm just freaking out. So, he comes into the house. And then ensues one of the worst fights I remember for my parents. For years, that was a burden I carried, that I somehow failed to act old enough, I guess. I could have been like, "Hey, mom's going to the city. Can I go with her?" And we could have slipped away, which, again, in hindsight, I realize a four-year-old doesn't have the capacity to do. But, for me, that was a milestone I carried with me for years.*

For me, Beth's sharing of this story opened the possibility of sharing one of my own shaping stories with her, that I grew up in a violent household as well, one in which, as I shared, "There were periods of peace. And then there were chairs thrown through walls and police."

In those moments of sharing, I felt vulnerable. Beth felt vulnerable, too. But we were, together, sharing and coming to understand who we were to each other, for each other, in those moments. I begin with this story because it is the one through which Beth and I began to experience mutual vulnerability and, looking back, this feeling has lingered.

### **Where Care Comes From**

However, Beth and I did not begin our conversations within a space of mutual vulnerability. Rather, we began our inquiry together more tentatively, with the comfort that comes from conversation directed by shared wonders about the origins of our interest in care, our experiences of care, and where care comes from for each of us. Nevertheless, these first stories began to take the shape of threads, woven within, between, and across the stories Beth told and retold as we puzzled together about experiences and practices of care and care ethics. Early in our first research conversation, Beth described how she understands care:

*For me honestly, the first thing I think of is my mom. To me, she's like the symbol of all care and I think I learned how I think about care from her. Geez. She's— My mom passed 16 years ago and I was very close to her—and I feel very emotional all of a sudden. But, for me, even as a psychologist, the work that I did, I felt like I learned way more from my mom than I ever learned from a PhD, Masters, or anything. I think just that sort of motherly love, that “unconditional, always in my corner” kind of care is what I think about. And I guess that's how I envision myself at [my institution]—as a mom to [all the] kids. You know, that I just try to love them how my mom loved me, I think. So, that's my sense of care.*

Beth is not, herself, a mother, so I found this depiction of care and her understanding of it to be curious. But as soon as I began to inquire into this story along the social dimension, I

immediately recalled that I, too, have linked care and higher education to formative experiences and stories, including one that appears in my narrative beginnings in Chapter 1, that center on my own mother. For Beth, the reverence she has for her mother comes from their personal relationship, and the relationship she seeks to forge with students—a caring one—is attributed to the ways her mother loved and cared for her. This reminded me of Noddings' understanding of care in an educational context, an understanding that supports natural caring as the kind of caring one has for a child (1984/2013). For Beth, caring for students is natural, loving, and linked to the relationship she had—and has with the memory of—her mother.

### **Beginning Again**

I wake up over and over in the middle of the night after thinking with Beth's stories. I feel I have missed something in my showing how the care practices and ethics that her mother lived alongside her became threaded forward in her life making.

This returning to Beth's life-making turned my attention towards a time when Beth was a teen and her mom helped her through difficult experiences, following an extended illness Beth experienced. To ensure Beth could get the care she needed, one autumn, they lived together in an apartment in the city:

*My mom eventually takes me into the family doctor. Right away, he says, "You can't go home." ... And that was very hard for my mom. Because my mom didn't graduate from high school. She was a stay-at-home mom. And she had a shitty childhood herself. She didn't feel like she had options or resources. But she did. She left my dad. My middle sister, who was always just everything to me—I idolized her—at the time, she was at university. And she had me come and stay with her and I stayed with her for two weeks in her dorm. And during that time, my mom found an apartment and we moved into an*

*apartment in the city. And, for me, that was the most glorious time. I loved it. ... Life was awesome. My mom was very stressed, very sad, I know. Every night she was crying and she didn't know how in the world she was going to pay for anything and what in the world she was going to do. ... And New Year's Eve, my dad asked to take my mom out and they went out. And I remember being in the apartment thinking it's 11:00, it's midnight, it's 1:00, it's 2:00. And as the time passes, I was like, we're going home. I know. Sure enough, they come back. And my mom's ecstatic. And it's going to be great. We're going home. Dad loves us, he misses us so much. So, we move home. And of course, it's nice for a while, of course. But then it's not again.*

As I shared with Beth, I also know a version of this story. I, too, know the feeling of beginning again, of the return, the reunion after. And I also see how Beth's mother's concern, during this time of illness, was to care for her daughter. Despite the outcome at the start of that new year, Beth was a teenager in the process of becoming, beginning to understand that care is personal and in relation—not fixed and final, but shifting. These experiences shaped her, how she cares, how she understands and practices care. As she reflected:

*It has helped me be able to do the work I do, to be able to support people in their moments. I feel, I guess, blessed in a way that I survived that and can use that to help other people. So, that, I guess, is my ethics of care.*

In continuing to think with these stories of a mother's care—a kind of care that simultaneously and necessarily accounts for the needs of self and others—I have come to understand the ways in which, for Beth, care for others and her own self-care are interwoven, indelibly connected, and complex.

### **Weaving Care and Self-Care**

As Beth and I continued in conversation, we turned to the idea of care ethics. Beth's focus remained with students as she described ways in which care ethics informs the decisions she makes. She said:

*[Care] would be at the forefront, I think, of the decisions that I make because basically every decision I make is about students and for students. And so, making sure that they're receiving what they need to be on their academics, and just the whole person, and the kind of experience that they're going to have here on campus, and what's going to help them achieve their goals. I hope that's always at the forefront of my mind as I'm thinking about decisions, of what's in their best interest, what's going to serve them well.*

In this way, Beth showed me how she readily moves between thinking about the students who attend her institution and her own place alongside them. While students have consistently been the core focus of her work and her motivation for taking on leadership roles over time, she understands self-care to be part of her ethical obligation to this work. She shared:

*The first thing that comes to mind [when thinking about care ethics] is self-care. As I think about trying to be a safe place for students and to care for the entire campus community, I have to take care of me so that I can do that and be that. So, I guess that's my interpretation of it. It's striving to ensure that my care is ethical and that happens when I take care of me, that I'm not trying to meet some unmet need in myself by caring for someone else. But it's coming from a really unconditional and empathetic space of care.*

For Beth, self-care supports and enables ethical caring for others. Over time and as we reflected on formal and informal conversations about self-care that took place at conferences we had attended independently, she shared:

*I had a conversation with [a fellow senior administrator] recently about that too. He and I had— We did a road trip ... and so we had lots of time to just chat in the vehicle and I was mentioning that I was participating in your research and that I found our conversations really fascinating. And so, I posed the question to him about how he takes care of himself. ... He also goes to the gym and so that's part of his self-care, for sure. ... And so, then I was sharing for me too, it's definitely— self-care is going to the gym.*

In the midst of Beth's retelling these stories of self-care, I shared that I, too, am best able to care for others when I am also taking care of myself. We spoke of the various forms self-care can take for us, including engaging in academic work beyond the administration realm. Thinking about other forms of self-care, Beth puzzled:

*And it's funny because I'm taking Thursday and Friday off. And last night, I was working on a bit of a project that's due in a little while and so, I guess it was probably 10-ish, and I thought well, I'll shut it down and get ready to go to bed and I started to feel a little anxious. Like, Thursday, Friday, I'm going to have lots of spare time and I love ... weekends when I go to the gym in the morning and then have some time in the afternoon to do housework or yard work or whatever. And then, typically, I'll sit down with my laptop and do some work, and then have some time in the evenings to relax. But I was starting to feel like, well I'm going to have two days of nothing. But then this morning, I was thinking ... I've got a work call Thursday morning I have to be on, and a research*



*project that I'm working on that I need to work on. So, I've got to do that. ... I think even for me, self-care is still keeping some work in life. Not totally pushing it to the side.*

Caring about and for one's work, as part of one's practice of self-care and identity making, may seem, at first, to exist outside of the realm of relational and care ethics work. In Beth's life, however, her research project affords her the opportunity to work on a project with a colleague she respects, and to contribute to the development of evidence-based student wellness initiatives.

As we lingered with these stories of care for others and care for ourselves, a sense emerged that caring, and care-centered leadership in particular, is not a separate story that one lives by. Rather, this approach to leadership requires that care be integrated and entangled within the everyday, living between and within commonplace actions and interactions.

### **As Care Seeks and (Sometimes) Finds Visibility**

As someone who has embraced care and care ethics in her leadership practice, Beth is also supportive of those who find caring to be difficult. She recognizes that caring is not everyone's way of being in the world. She told a story to explain:

*As a specific example, this was in the fall semester, a student had slipped on some ice and had fallen in the parking lot and came in and thought she had broken her wrist. And she'd gone into the [student center]. ... And she was in a fair bit of pain and she was saying, "I've fallen, I think I've hurt myself." ... But they called campus security who administers first aid. Security comes and then [an assistant] texts me to let me know that this has happened. So, I was in a meeting, but I left the meeting, like, "student in distress" just to see what's happening. I walk into the [student center.] The student's laying on the floor holding her arm, crying, clearly in a lot of pain. Security, who's administering first aid, is standing over her, like, "And so, when did you fall?" Sort of*

*taking notes. Several of the staff and students were just sort of standing around like watching. And, I was like, "People, how do you not?" I sat down beside her and just rubbed her other shoulder, you know, and was like, "Sounds like you're in a lot of pain. I'm really sorry. It's going to be OK. We're going to get you some help." It's like, "Who are you people? How do you not know just to be with her?"*

As we puzzled together, thinking inward and outward at the same time, Beth made sense of this, saying:

*I think each of us has our role. You know, there are lots of things that I'm not good at. Thank goodness there are other people that are. And this is something I'm good at. And so, this is just what I do. And I think the other part is just recognizing that not everyone is comfortable with distress, or feelings, even. Like lots of people are just, like, "Yikes. Feelings. I'm outta here." And so, just based upon their own histories of experience with trauma and whatever, that they're not in a space to be comfortable in that kind of role.*

As I read and re-read Beth's retelling of this story, I sensed the empathy she feels for, and extends to, people for whom caring does not come easily. In this way, she extends her care to those around her who may struggle to care or who may care in ways not as easily understood as care. By extending care in this way, Beth foregrounds the ways in which she knows that making care visible or caring in visible ways may not be comfortable for everyone. Through Beth's reflections on this experience, she became wakeful to connections between care, caring, care ethics, and moments when trauma is present, recognizing that her ways of caring and her care ethics may be different from others. Yet, she does not see others' ways or ethics as deficient. Rather, she perceives differences in ways of caring as likely connected to each person's individual experiential continuum (Dewey, 2015/1938).

Puzzling further with this contrast, Beth recalled her interactions with her professoriate colleagues. She shared:

*I get lots of emails or visits or phone calls from professors that a student ... has disclosed something very personal in their essay and they're sort of like, "[Beth], what do I do? You deal with it now." I guess, yeah, I just feel like each of us are skilled in certain things and for some people, that's just not their thing, or some just think that's not their role. I'm your professor. I'm not your counsellor or your friend, so I don't deal with your emotions.*

In storying this contrast, Beth draws attention to the broader social context of the dominant institutional narratives that seem to define the normative work of a professor. As she wonders about the perception of the professor role, there is a sense in this narrative that a professor's focus cannot or should not attend to a whole life in the making, that only a student's academics are of material concern. This brought forward a tension, for me and for Beth, leading us to wonder about how such narratives may be experienced by students and professors, in relation with one another. That "*each of us are skilled in certain things*" is our tentative, if incomplete, response.

As we continued to think with these stories, I wondered if there were times when Beth herself found it difficult to care, or if there were situations when she had to give up on care as a way of being in her work. Indeed, there was a story that came to mind for Beth that outlined a limit to care:

*What comes to mind initially is from a couple of years ago, an instance of sexual assault. A male student had assaulted a female student on campus at an event. ... So, he and I had a few conversations through the entire process and police were involved. ... As soon as that happened, he was no longer a student at [this institution]. He had reached out a few*

*times afterwards wanting to come back. ... [But] it was like, “We’re done here. You’re no longer a member of this community. You’ve lost the right to be a part of this community.”*

Highlighting these moments, Beth shared that she thinks “*there are those moments when care is done.*” In part, this story brings forward the sense that Beth’s caring and relational ethics have been shaped by the broader institutional narratives of how to support, enrich, grow, and sustain community. In this story, then, Beth recognizes the tension she experienced in feeling this limit of care arise for her when this student’s actions conflicted with her own care ethic in the midst of her ethic of community. She clarified, for me, that the male student was supported by others—by his friends and family—but that her care was for the female student and for the broader university community.

Undoubtedly, these experiences, of when care reaches a limit for Beth, show both the internal and external bumping up she experiences in relation with her ethic of care. Thinking with these stories and these tensions, the nature of care and care ethics emerges as complex, multilayered, and shifting across and between the experiences that make up Beth’s life.

### **Being Cared For: Friendship and Feeling Seen**

When we met for our fourth research conversation, Beth and I fell into a kind of natural conversation. We knew we were both there to wonder with ideas about care and care ethics and how we experience our lives, but it also felt, to me, that we were wondering together about life and the tensions embedded therein. There was a sense we both had that this would be the last of our conversations *for now*. Or, as Beth put it:

*In preparation for today, I was thinking about this and imagining maybe this is our last conversation and feeling sad about that actually. I’m reluctant to say farewell and hope at some point we can have more conversation.*

I shared with Beth that we would continue, in relation, in conversation, as I composed a draft of a narrative account of our journey together. As I said in response:

The intention, especially with a narrative inquiry, is that a relationship continues, and is beyond the bounds of the research, which is often easier [to negotiate] when it's working with adults and it's harder for narrative inquirers who work with children and youth. But yeah, it's something that is part of the ethical commitment and we can continue. But the other part of the ethical commitment is that I would love to be able to meet with you when I do have a narrative account, that we can meet and talk about that.

Her response: *"I would love that."*

It was in this way that we then ventured into storytelling and retelling about friendship at work—and being cared for—a thread that resonated with me, and that our stories had hinted at in previous conversations. In particular, Beth spoke about her relationship with a colleague, a friend, Amy (a pseudonym I have chosen for her), and Amy's mentor Beatrice (again, a pseudonym I have chosen) and the ways in which they care for one another. She shared a story:

*My colleague [Amy], who's the dean of [a faculty]. I've chatted about her before. She was mentored by [a prominent researcher]. She was very, very close with her and spent a lot of time with her in the last few days of her life at the hospital. And [this researcher] apparently had a friend named [Beatrice]. And [Beatrice] was her best friend. And so, [Amy] had shared ... that I'm her [Beatrice]. And that made me feel fantastic. And she has said it to me a few times now, about being her [Beatrice]. So, that's kind of our thing, like a little bit of a joke. Like not a joke. I don't know what's the right word. But she was at a conference last week and she texted me to say that she was talking with some colleagues there about how they feel supported in their universities and that she'd shared*

*that she has me as her [Beatrice]. And so that just made me feel fantastic, to know that she felt supported, but I also have that support. ... I feel supported and I can trust her.*

And yet, Beth wondered (and worried about) what it would be like to travel with Amy, for work or for pleasure—wondering if too much time would change the relationship, wondering if she would be “*too seen*.” She worried about being *too* vulnerable, too much herself.

As I wrote this, I knew Beth would read and re-read this. I wondered if she would wonder what I was thinking. I was thinking this: Beth is caring, thoughtful and thought-filled, and worth being seen. I am certain Amy will care for her, through travel and other work adventures and misadventures. They share a friendship filled with care for one another—and that brings them both strength, courage, and mutual vulnerability.

As I continued to think with this story, I thought, too, about my own experiences of friendship that sometimes move between personal and professional spaces. My best friend, Kathryn, and I have known each other since infancy, but as we entered our professional and academic lives, our care for one another has shifted easily away from the personal to take up the work of sharing professional experiences and advice with each other. I have thought also of a colleague who supports me—has cared for me—in moments of quotidian frustration, offering his perspective or just listening. And regularly, I have returned the favour. It strikes me, while writing this, that these kinds of friendships are rare—and have the impact of generating strength and courage, especially (but not only) during difficult times.

Thinking with these stories, Beth has left me to wonder: What is it like to be *cared for* once one is in a senior leadership position in higher education (and elsewhere)? The caution Beth feels about being vulnerable at work makes sense to me intuitively, and that the relationship and friendship comes from those at similar levels and career spaces resonates with my experience as

well. These kinds of friendships are indeed rare, and therefore worth remarking upon. It is difficult to “*trust*” those in more distant and diverse spaces, though not impossible, as both Beth and I have experienced.

For example, over the course of our conversations, Beth storied and re-storied her experiences with the person to whom she reports, citing him as someone she respects deeply and who she wishes to emulate. It also surprised me to learn, for instance, that she had shared with him that she was participating in this study, and engaged in wondering alongside him, during an hours-long drive, about what it was like to care. As they travelled across the province of Alberta, Canada, visiting colleagues and learners in far-away places, I have imagined them telling and retelling stories with one another that were different from the stories they told and retold within the confines of an office. In those far flung spaces, they shared a kind of vulnerability with each other. Beth allowed herself to be “*seen*.” And while “*being seen*” creates vulnerability, this is also a way that Beth recognizes that being *cared for* is expressed. She mentioned this first when we told each other stories about how we knew we were cared for as students. In response to a story Beth told about being genuinely encouraged by a philosophy professor, I told her my story of being encouraged to pursue an honors English degree. As Beth thought with our stories, she offered that these experiences may have led us to feel “*seen and encouraged*.” To be seen, really “*seen*,” is to experience care—whether one is a student or a colleague, no matter one’s age, life experience, or career journey.

### **Caring Into the Future**

Thinking forward, we wondered together about the future, as yet unknown, but shaped by today. For Beth, this thinking brought us towards ideas about how we experience care and how we share who we are with others. Connecting these ideas, she shared a story about a colleague in her

midst who is comfortable with the “muddling through” (Lindblom, 1959, p. 79) requirements of leadership:

*He said to me a few times that he’s basically making it up. ... And there’s times I know that he’s making it up. But the vast majority of the time, he seems very in control and very competent. It was refreshing. And soothing, I think. To be like, “Oh. You’re not perfect? Like sometimes you don’t know what you’re doing? OK, good. Me neither.” So, I like when leaders actually share that, that they’re making it up. And I’ve tried to do that with my team. You know, do your best, because we’re all just doing our best, and we are all just kind of making it up as we go along.*

As I first thought with this story, I saw the ways in which an ethic of care allowed Beth to approach the unknown, making things up as she continued along her journey, but always with care at the forefront. In doing so, Beth continued to grow the breadth of her experiences, upon which she might later lean and from which she could continue to learn.

In another conversation, Beth shared that her “*desire*” is to continue serving her institution in even more senior roles in the future, always leading with care for students and colleagues. As she expressed this, she said, “*I’m telling you all these things I would never say out loud.*” She hesitated to express this “*desire.*” But as I read and re-read the transcripts of our conversations and earlier drafts of this narrative account, thinking about our telling and re-telling, our living and re-living alongside one another, I feel excited for Beth, for the future stories she will live, tell, retell, and relive, and for how her doing so may shape the future of her institution. I imagine that the stories Beth lives, tells, and retells will influence the institutional narratives in her midst. I hoped that as she first read this, she felt inspired, as I do, to continue to



bring her care, her “*unconditional, always in my corner kind of care,*” the care she first learned from her mother, into the everyday—and to continue to embrace care-centered leadership.

## **Chapter 5: Lynn**

This narrative account has grown out of research conversations with Lynn (a pseudonym) that took place in 2019. She and I journeyed together, wondering and puzzling about the nature of care and care ethics in our lives. We shared stories from our pasts and imagined the near future, thinking together about what might be possible and different in the realm of higher education leadership, what could make it better than it is today, what impact care might have. As we began our inquiry, we spoke of the centrality of our continuous co-making of the relational three-dimensional narrative inquiry space, and in doing so, we were both frequently awake to temporality, sociality, and place across our conversations and the stories we told. In other words, as Lynn and I both told and retold and inquired into our lived, told, and retold stories, we were intentional about attending to the multi-dimensionality of experience that shapes the relational three-dimensional space of narrative inquiry. As we concluded our research conversations, Lynn and I shared gratitude for the conversations, the opportunity to reflect and inquire in relation and in conversation with experiences as they were lived. Also, we laughed a lot.

### **Introducing Lynn**

At the time of our research conversations, Lynn was serving in a senior academic leadership role within a vice-president portfolio at a research university in Alberta. Prior to stepping into this role, she had served as both an associate dean and a vice dean within a Faculty at the same university.

Lynn reached out to me in response to receiving my invitation to participate in, or share with others information about, this study. I had already begun research conversations with two other participants, and I was glad to hear from Lynn. She and I had known one another through professional interactions, but we had never worked closely alongside one another. Lynn shared

that she was personally interested in exploring the idea of care in leadership, and that she was also interested in participating in a narrative inquiry.

### **Connecting**

As I began to write this narrative account, I found myself turning and returning to a thread that emerged later in our relationship and research journey together. I kept thinking about it, literally dreaming about it, but I did not initially write about it. I was not sure how it would fit. Lynn's stories about care in her life and in her work-life were compelling enough, I thought. However, thinking with this story that wove into and across our conversations, though, had the effect on me of telling and retelling, and living and reliving, a story. It was a story that, for me, connected us.

I had asked her about stories that shaped her, and she told me about her childhood. She told me her story about coming to terms with the volatile household she grew up with, but one that she sees now as one in which her parents did their best and encouraged her to seek out and pursue higher education. For Lynn's parents, university was the ultimate goal for their daughters. She shared:

*But I have to say the work ethic [for my parents] was a big deal. ... Well, my earliest memories are we would go to university. We didn't know what university was, but it's like, you'll go to university. So, what are you doing? Going to university. Yes. What are you going to do? I don't know, but we're going to university.*

Lynn's parents' story of seeing their daughters go to university was one of their stories to live by—and was also a story of their care, caring relations, and care ethics as parents. We shared a great deal of laughter over this shared story in each of our lives that neither of us had asked our

parents what was to come after university—and that that might explain why we have continued on and never left.

Lynn also shared a story that stands out to her as one of the good memories from her childhood. And since that moment, I have been thinking and rethinking with my own memories, wondering if a similar story also shaped my life-making. Lynn shared:

*They couldn't create a nurturing home environment the way that I'm sure they wished they could, but they certainly tried in other ways. There were times, there were more moments that stand out in my mind, that I've encapsulated and crystallized so I can go back to them. You know, lying on the lawn in the summer and with it being—we lived up north—so, it was really light late. And the four of us laying there and talking. There were moments like that. They were very few and far between. But I have them in my memory because they were really special.*

I am not sure that I have a family memory that parallels this one. Perhaps the closest I can recall is eating fried chicken with my mom, dad, and brother, in the back of a pick-up truck on Edmonton's so-called Black Friday, the day a tornado struck the city in July 1989. It was also my parents' eleventh wedding anniversary. But I remember being together.

I am also not sure what these kinds of shaping memories ultimately have to do with care and leadership. But I do know that these kinds of experiences shape us, shape the way we think and behave, shape what we value, and shape how we value others. I also know that it was my and Lynn's coming to think together with these kinds of *shaping memories* that gradually became one way she and I began to story and grow in wakefulness to the relational three-dimensional narrative inquiry space that we co-made as our relationship shifted and grew as our inquiry unfolded. There is nothing generalizable about this particular research project. As I said to Lynn

at the time, “thankfully none of the work that I do allows for generalizability.” But that does not mean we cannot look for things in common, understanding, connection, and “resonant remembering” (Clandinin, 2013, p. 51) as an inquiry unfolds.

As I have reflected on the impact of this aspect of our relational inquiry, it occurs to me that seeking connection and common ground may be part of *care-centered leadership*. Indeed, seeking the stories, seeking the human stories, matters in the work of leadership. I will return to reflecting with this thread near the end of this narrative account.

### **Journeying Towards Leadership**

Lynn did not expect her career to lead her into an academic leadership role. She began, as many academics do, dedicated to her research and, later, her teaching. She is familiar with the idea of leadership stories, and when I asked her to share hers, she laughed, saying that she does not have an actual story. But she shared her story of journeying towards leadership:

*I never ever considered being in an academic administrative position when I first became an assistant professor. So, when I finished my PhD and my postdoc I came to the University. ... and I began on the tenure track as an assistant professor and I didn't really understand a lot about the university or even the governance within our Faculty. I was a new professor and had to just keep my head down and get tenure and understand what was required to do that. And that's where I was in my career for many years. And then when I achieved tenure, I did more of the same again. We always had. I saw myself not as a leader but as a teacher, a university professor, a researcher. ... Still at that point, after tenure, I think I started looking around a little bit about how things worked, our internal governance at the department level and the Faculty level, still without really understanding even the difference between the provost and the president. So, what are*

*their job responsibilities? What did they do? You know, it might pass in my mind, but it was never anything I really understood and I didn't really seek to understand.*

Early in her career, Lynn's sense of self was very much that of a "faculty member," and the stresses and pressure she encountered were those connected to tenure, faculty evaluation, and grant-winning. It was through service work, serving on committees in particular, that she began to wonder about the ways in which the university was organized, how it worked, and, eventually, how she might contribute beyond her own sphere. She reflected:

*It wasn't until I started serving on some university-level committees that I thought, this is kind of interesting. How things are working here and how do we—even at the faculty level, I was thinking—how do we decide on our vision and our mission? It seems so collective to me, that even though we had a chair and a dean, and we have provost and president, that there was really a collegial approach to working towards our goals. And so, I honestly felt like even though we had a leader, that person was more of a facilitator of us all. And that was really what was communicated in the Faculty.*

As I have continued to think with this thread in Lynn's life-making, I have seen that her early observations of academic leadership are consistent with how she lives her current position, role, and work. Specifically, as our relationship and conversations continued to unfold, she described the difference a leader makes as "facilitating the work of others" and went on to imagine that a more caring culture in higher education leadership might come from "focusing on governance, collegial governance." Still, when the idea of considering a leadership position first occurred to Lynn, it did not immediately appeal to her. As she described:

*There's so much autonomy as a prof, right? ... When I first even considered it, being in what I would think of as a leadership position, it was when a friend of mine became [an*

*associate dean] in our Faculty. And when she became associate dean, we still had the same relationship, the same friendship. But I really got to hear about higher education administration and what that involved. And I thought it was very interesting. I also thought that I would not want to do it. And I was like, that's interesting and not for me.*

In other words, for Lynn, journeying towards leadership was not what she set out to do. Her decision to step into a leadership role was not part of a linear unfolding of her life, but something that happened along the way, alongside Lynn's growing understanding of leadership as a relational process.

### **Embracing Leadership**

And yet, as time went on, Lynn began to imagine herself contributing to the life of the university in new ways, at first in ways connected directly to research and teaching. She shared:

*But in the role of associate dean graduate studies and research, there seemed to be a little bit more there about connecting with students, enacting a vision for graduate education and for research within the Faculty. That, I did like. So, when [the previous associate dean] left her position early, the dean reached out to me to become associate dean graduate studies and research. And I was completely surprised.*

For Lynn, her willingness to take on leadership roles was connected to her values, her ethics, and to what and for whom she cares. As her stories unfolded across our conversations, this idea continued to resonate. And yet, several years after accepting that first formal leadership role, a tension emerged for her as she considered whether or not to take on her current role in central academic administration. Thinking backwards and forwards, she recalled:

*I went immediately to see my dean who was always really supportive and very much a true mentor to me and always gave me great opportunities, obviously. ... And then I told*

*him about it and he was so encouraging. I mean, he really didn't discourage me. He told me, "You know, you really have to think about it. It is a good opportunity. Depends what you want to do with your career, if you want to be in administration. Once you get to a certain point, it's hard to go back to the academy because you lose touch with your research and your teaching and it's hard to go back. So, if this is a path you're going to be on, you have to think about that.*

In other words, as Lynn stories her decision to move into the role, she came to understand it to be a kind of turning point that will impact her future, and not a decision she made lightly. She explained:

*And then, I was thinking about it, and asked another fellow associate dean what she thought and she said to me—she didn't want me to go—but she also said, "Just think. Look, six months from now, if you don't take it, would you regret that you didn't take it?" And I said, "Yes, I will." And I knew then that I would take it. But that was the question that really made me think. ... But when I came over to meet [about the position], it was really exciting. I mean, how they described the position, the opportunity. But the other thing that [they] said to me was, "This is not a glory position." And I said, "No. I know, none of these positions are glory positions, they are service positions." ... It was more like an impact position. ... So that's how I got here.*

As I continued to think with Lynn's stories about journeying towards and embracing academic leadership, I found myself reflecting on her motivations for serving in the leadership roles she has accepted. As she and I began to explore her experiences of care and care ethics through our research conversations, these motivations, alongside the tensions she described, remained in our midst.



### Care in Her Midst

As Lynn and I began to inquire into care and care ethics together, she helped me to realize that care is experienced and described in a variety of ways. As Lynn began to describe the ways in which she understands care, and how she has come to understand care as something that goes beyond “*kindness*,” she began to weave together the stories of care that she lives by in her leadership role. She described:

*Well, you know, care for me, it's about behavior. So, I think for a lot of years, I really equated caring with being kind. And I think that there is a relationship between the two. Obviously, you know, kindness is central to our everyday interactions and should be. Care can go beyond that. So, caring for others means caring about them—having time for and making time to hear about their preferences, their feelings, hearing their complaints. And for my role in a leadership position, that to me is very important.*

As Lynn continued to reflect, she shared examples of what care looks like and how it is experienced in her everyday practice:

*Caring through the behavior of making time means to stop and take time in the morning, when you get in after the weekend. If someone's been on a holiday, to touch base and—not just as a, you know, kind of a surface platitude, like, “Oh, I better go out there and see,”—but to really ask, “How was your time away? What did you do that you enjoyed or how was the weekend? What happened with what you were doing at home with your renovation?” Like, to really keep track of that. We're so busy that it's easy to have very superficial conversations and interactions, but caring goes beyond that in a way that you commit to following up, you commit to remember. And I think that, for me, that's what it's about, particularly at work.*

As I wrote in my field notes after this conversation, “Understanding lived experiences of care requires me to be open to listening to stories that go beyond care theory and that go beyond my own experiences.” While I, too, have experienced the value and impact of inviting and/or asking about and listening to colleagues’ stories, Lynn’s emphasis on this aspect of care and caring seems to me to demonstrate the way in which she values individuals’ lives beyond the singular experience of work-related tasks and interactions.

Early in our relationship I began to sense this thread of “Care in Her Midst” as Lynn and I puzzled together about what it is like to feel cared for in academic leadership roles. Perhaps unsurprisingly, the way Lynn describes her own caring for others—taking time, “*really listening*”—is also how she recognizes being cared for, herself. She reflected:

*In my current role, I still do often have those experiences of caring. And one of them is [from] the person I directly report to. She’s really good about caring. And she cares by being supportive and listening when I want to vent, when I want to express why I don’t understand something the way it is, when I’m frustrated by something that’s occurred, but it’s confidential and I can’t talk to anybody else about it. But I can talk to her about it and she gives me perspective, but she really listens and she supports. And also, I really feel like she cares about everyone here. And I feel that I could go to her with anything and she would support me and that makes me feel cared for.*

As I have continued to think with this story, and about my own experiences, too, I recognize that feeling “*cared for*” matters to all of us, at all levels of an organization. In this way, caring—in the form of attending to the particular and unfolding lives of colleagues—potentially flattens the dominant institutional narratives of hierarchical positionings. As Lynn has experienced, feeling supported and listened to during times of work-related tensions, is both an experience of care and

a means of gaining additional perspectives. Those in academic leadership roles benefit from being cared for. This has led me to wonder if deliberately seeking out care and caring experiences is possible if or when institutional narratives do not naturally produce feelings of being cared for.

### **The Relational Nature of Care**

As our relationship and research conversations continued, Lynn and I began to wonder together about relational care and relational work in academic leadership roles. With humility and humour, Lynn reflected on what it is like to be aware of the impact of relationships in her work:

*I am still learning, and I think I'm getting better incrementally. But I sure would like to have a situation that I feel like I could look back on and say, "Well, now, I handled that." But, I haven't really. It's always fraught when you're dealing with people. There's always the relationships. I find that I do so much of that relationship management in my job that I honestly didn't think I would do, but this is central just to everything I do, every single day. And it's okay. It's part of the job. But I just didn't know it was going to be necessarily part of the job.*

In other words, Lynn has come to view her living out of care and care ethics as dependent upon relationships in a multitude of ways. In recognizing this dependency, Lynn also gestures towards the ways in which the relational is never finished. That is, as she describes the somewhat unexpected challenge of “*relationship management*,” she is foregrounding an unfolding, ongoing process of never losing sight of the relational nature of working within institutions. While recognizing this experience as challenging, she also shared a story about why she loves her current role, that it is focused on facilitating the success of others. She said:

*I really do love that about the job. It really is the first time I focused on something that wasn't about my career. And I love it. ... Academics— You come in and you're so focused on yourself. And you have to be, and that's what you're rewarded for, and that's what you're expected to do, and it's like you have to get here, you have to get there. Achieve, achieve, achieve. Outperform, outperform. It's like sales and every year you've got to do a little better and it's like last quarter you had this or this quarter you have to do better. ... It always feels like you're never quite good enough. And you're constantly compared to other people. And you drive and drive and drive.*

As Lynn continued to reflect on her career journey and her journey towards embracing an ethics of care, she emphasized the ways in which she experienced the shift from the drive to *outperform*, to a drive to serve as a mentor to others and a caring leader within her institution:

*And then, all of a sudden, you're not focused on yourself and your own career anymore, you're focused on everybody else's careers and the university and all. It's so freeing. I love it. I mean, I feel like I am exactly where I want to be. I never want to go back to being so focused on my own career again. I mean, I really do get so much pleasure out of it.*

As Lynn has emphasized, loving the work of academic leadership, framed here as focusing on the success of others, is not always easy. That is, the deeply relational kind of leadership she lives requires a shift that entails awakening to, developing, and living stories that counter the dominant institutional narratives that shape people to become self-focused and competitive with one another. However, as Lynn suggested, this shift in focus is “*freeing*,” and, for her, has helped to create a positive relationship with the work. Continuing to think with this story, I have wondered if this shift, *from* solely caring about one's self and competing with others *to* caring

about others' successes, could also shape significant change in the dominant institutional narratives.

### **Caring for the Work, Too**

In addition to the relational aspects of care, when Lynn thinks about care, she also brings forward the idea of “*caring about the quality of your work*” as something distinct from, but related to, care for people. She offered:

*But there's also caring about the quality of your work. And so, for me, there's kind of two aspects, and the caring for the people is separate from the caring about the quality of the work, even though they're related. But that taking time, and time management, and taking responsibility—these are ways that I show not only myself, but I show my colleagues and my superiors that I care about this position and I care about this university. I care about the reputation of the university. I care about the quality of the programs at the university. So, that's important to me, too. So, there's the caring that comes from the human interaction, the caring that comes from the attention to work and the appropriate time management to be able to deliver when you say you're going to deliver, and deliver good quality. That's kind of what I think of when I think about care.*

For Lynn, responsibility and accountability have been intertwined with caring about her work. As I reflected with her story of this aspect of her and my care and care ethics in our work lives, I found myself thinking about the ways in which both responsibility and accountability, as she describes them, are connected with the relational nature of care. To be responsible, to take responsibility, is to recognize one's own work in relation to the work of others; to be accountable is, similarly, to see the impact of one's work and actions on and with others. At the same time, I find myself wondering how Lynn's colleagues receive this care as care. In this way, Lynn

brought forward an important aspect of her care—and her care ethics—that impacts the way she has experienced her work life. She explained:

*Something that's really important to me, and allows me to care, is when people are accountable. So, it's not that somebody makes a mistake and we just say— And we don't say, "I wonder what happened. Gee. We won't point any fingers and we won't expect anyone to be accountable for that." Absolutely not. I expect accountability. I'm accountable. I expect others to be accountable as well. But what we do is, we are all accountable. ... If this is a process issue, we look and can we change it? If we can, we do for the future. We learn from the mistake. And, as you said, we move forward. ... But not in a way that allows everyone to just go, you know, to just not acknowledge. I think the acknowledgement is very important in the caring to say, "You know what? I did this. It wasn't the best move and I apologize." Or even just acknowledging if you don't need to apologize, but acknowledging, taking responsibility, and then moving forward. That's so important in that caring relationship for me.*

As our conversations moved backwards and forwards, inwards and outwards, Lynn continued to reflect on the relative importance of connections and relationships, set within a scene of care.

She senses and identifies a tension connected to perceptions of the role of relationships on workplace performance. She said:

*And then I think: Am I valuing these relationships for their own sake? And I think I am, because I really do feel connected to the people that I work with, and it's important for me to feel connected to people I work with. But, yeah, and it's not just because I think we do a better job as a team when we are connected and honest and that we feel a responsibility and accountability to each other. But I don't think of it as a lever I pull to*

*get better performance. You know what I mean? But I do think of it as just necessary. I don't know how you could do it. I couldn't work in a place if I didn't have a connection to someone.*

That is, for Lynn, care and connection are central to her work, and she has experienced a positive impact on workplace performance because of these relationships.

### **Tending to Tensions, Too**

At the same time, she recognizes that valuing and fostering caring relationships has the potential to be perceived as—or, perhaps for others, to be—manipulative. This comes forward as a tension for Lynn. Yet this is not, for her, a reason to give up caring. After all, she does not want, now or in the future, to work in a place where relationships are not valued in the way they are in her present work environment.

As our relationship and conversations continued, Lynn told and retold, lived and relived these kinds of stories, as we are wont to do with stories that stick. Another time, she shared:

*I think that the care about the work comes from a kind of a collective understanding among all of us in this office, on our team, about the importance of the work and what we're actually doing. And I find that when we are all understanding why we're doing what we're doing and for whom we're doing it—and it's never for ourselves. ... And it's funny how it's not like I'm inherently, "I'm so selfless," because I'm not. ... But I find it easier to do the work that is about facilitating other people and other initiatives that don't have anything to do with me as [Lynn] the person. So, I just enjoy that. And so, I—all of us on this team—our relationships are important to the work because I think, especially to people I work with now, we all realize we're doing something that's important. And we believe in it. ... And we all talk to each other about that. And we talk to each other about*

*that, because we have good relationships, which makes it easier to do quality work. So, we're all kind of beholden to each other to ensure that we do good work.*

With these stories, Lynn made visible an experience of care and relationships in academic leadership that is rarely acknowledged or described. I found myself wondering: Is care-centered leadership in academia different from care-centered professorship? Without the pressure of “*achieve, achieve, achieve,*” and with the focus on “*facilitating other people,*” can care flourish? Is this something that can be found or cultivated more easily in central administration, away from the pressures of faculty life? Thinking with Lynn’s stories of care brings forward these possibilities.

### **The Whole Self Caring**

Across our research conversations, Lynn spoke often of being herself at work as a tension that emerges, in part, as a result of showing care and participating in caring relationships with colleagues. As she questions how much of herself she can bring to her work environment, she reflects on advice she has received to “*compartmentalize*” her “*work self*” and her “*personal self*.” In our first research conversation, she shared:

*You have to be careful through your own demonstration of caring. .... I know that some people really don't want to be— They compartmentalize. So, you have your work self and your personal self. ... I don't have that ability to compartmentalize who I am at work versus who I am at home. I'm just—I very much am the same person. So, I'm constantly working on making sure that I'm not too much of myself here. Does that make sense?*

In response, I shared with Lynn that I used to hold the belief that compartmentalization was a workplace expectation, and that for a long time I thought work selves and personal selves were different.



This “*work self*” tension returned for us during our second conversation, in the context of a story about an “*emotionally draining*” workplace situation. She explained:

*And I think that’s where I’ve really struggled recently, with how much of myself do I bring to this environment. And that is just my question all the time. I don’t want to go too far. I do want to be able to relate to people, but I have certain things I just don’t want to share at work and I shouldn’t be expected to. But I just— I’m just— I have trouble compartmentalizing. So, when I’m— Like this whole situation at work has been so emotionally draining for me because there’s so much tension. And so, I sense it all the time. ... And my husband, who’s very different from me about work, just keeps saying, “You just leave it there and leave it at the office and then when you go in, don’t be yourself.” That’s his advice. Don’t be yourself. ... And I was like, “I don’t know how to do that.”*

After this re-telling, I shared with Lynn a story about my early career, a time when I thought it was important to have a “*work self*” at work. I believed that I should not talk about home or non-work activities, that doing so would not be considered professional. I shared that I now attribute this belief to fears about the possibility of encountering homophobia at work. In time, and as I grew more comfortable with who I was, I came to believe that I needed to be myself at work, too. Like Lynn, I find that I am not capable of, in her words, “*compartmentalizing*” for sustained periods of time.

It strikes me as significant that this tension emerges as we talk about caring for others at work, as if caring is part of an idea of a “*personal self*” that sometimes is resisted, and that may, for some, be compartmentalized out of the “*work self*.” Responding to my suggestion that this is a little bit like the idea of performing leadership, she identified another tension:

*Yes. Perform it, but don't invest too much in it. And that's [my husband's] thing. Don't become too invested. I don't know how to do that. So, when things like what's been happening, I'm so invested in the team, I'm so invested in our productivity and our work and what we're doing in our system, like our values and our mission and everything, that when something like this happens I am really bothered by it. And I grind my teeth and it manifests in a lot of ways. I need to manage better. So, I think that's probably what he sees from his viewpoint, as my spouse, is that I see you internalizing it and it's making you ill. Like, just do something to toughen up or something like that. This is his kind of way. And I don't know how exactly to do that.*

What I sense as I return to these stories is that Lynn is articulating the tensions that can arise from and within desires for caring. Care is personal and, also, personally risky. For her, care is connected to being herself, to being who she is and is becoming, and to being personally “invested in the team.”

As we continued to think along the social dimension, telling and re-telling stories of care and relationships in academic leadership, Lynn identified a kind of acceptance she has of being her authentic self—her whole self—despite the tension she continues to feel. She shared:

*I think it's so funny how your own identity is such a strong pull anyway. And, so I could have changed who I was and how I acted at every stage. I'm going to a whole other country, a whole other state. I know no one. I could be whoever I want to be, but it's like “wherever you go, there you are.” ... So when I came from my Faculty to [this office], I could have reinvented myself. Don't be yourself. Come in, and the person I imagine is—it's funny—this weird stereotype of a professional with great nails and like really put together all the time. And every time that you have something to say, it's really spot on,*

*full of insight. And you're efficient. And you meet all your deadlines and you're a strong team player and just poised. Just poised all the time and that's how, in my mind, that's how I want to be.*

I have continued to wonder about the experiences that may have shaped these stories of leadership for Lynn, stories that she carried with her into her current position. Shaped by institutional narratives, this idealized leadership narrative continues to dominate, while the stories and the tensions of care and caring, of the messiness of the relational nature of care and care ethics in academic leadership are still, often, silent stories. Lynn continued:

*Like I have this image of that's who you are if you're successful at the moment, right? And tough. But caring. You know, all these things. And I'm just, like who is that? I don't even know. If that would occur, that would be full-on acting every day, because that is so not me. And so, I don't know what I would do. How would I ever not be myself? I guess I would just shut off. And not think about relationships and I would think about results and process, but I don't know. I think that— How would I ever reconcile that? Like, I don't even know who that person is.*

In these moments, I tried to convey to Lynn that, to me, she is helping to make visible the possibility of care-centered leadership, by being herself, by caring, and by thinking about and with relationships. I am left wondering if care-centered (and relationship-centered) academic leadership is challenging because of the dominant institutional narratives that circulate in our midst. I wonder, too, about what Lynn's telling and retelling of stories that counter these dominant institutional narratives might open up in the future.

### Self-Care and Rest

Alongside these concerns about the self who cares, Lynn also identifies a way to counter the tensions encountered while caring and leading: self-care and rest. But, even as she identifies the importance of caring for herself, doing so still requires attention and effort. She said:

*And I think that I find it very easy to care at home, about my family and my pets. And I feel like it's easy to care about the people here, because I work with great people. And it's easy to care about the work, because I believe in it. I'm often not so good at making time for myself and caring for myself. I'm hard on myself and I would never be with other people like I am with myself. And so that's something I'm trying to work on now.*

By way of example, Lynn told a story about an error made in email correspondence, a miscommunication, or a missed communication. In her environment, she and her colleagues look for errors in processes, not errors in people. She described, much as she did when sharing stories about accountability's role in fostering care for her:

*Because if a mistake is made or something goes wrong, it's all of us. We don't point fingers, like, "Oh I can't believe you dropped the ball on that." It's OK. Something went wrong in our process. How are we going to fix that? ... And we're not going to, you know, berate someone over that, over a mistake like that. These things happen. But I berate myself over those mistakes. So that's when I think about my own caring.*

Though Lynn identifies that caring for herself in the midst of challenging circumstances is important, she is continuing to learn how to fulfill that promise—to care for herself—to herself.

Our second research conversation took place after Lynn had been away from the office for a week. The time away seemed to provide some perspective and understanding about the intensity of a particular workplace tension. She shared:

*That's part of the reason why this week has been so relaxing for me is because I haven't had to deal with that tension. I feel light as air. I didn't feel it until I wasn't there. I knew it was stressful. But now that I've been off this week, [I see] it has been hugely draining.*

I continued to think with these stories, about self-care and rest, and found myself thinking of the metaphor about a fish that does not know it is in water. To me, this suggested that rest and time away from work is a critical component of self-care for Lynn. She returned to this refrain during our fourth research conversation as well. She related:

*I think I'm getting a bit tired. Like, not tired of them or anything, but I think I need a little bit of a— I'm looking for four or five days where I'm just off and can recharge, because I'm feeling like I'm kind of holding a lot of things. And maybe holding a lot of things at once and I feel like my arms are getting full. But, then the other thing is, maybe I don't need to hold all these things. Why do I feel like I need to hold them all?*

I returned the question to Lynn, and she, laughing, suggested that I should tell her why she feels the “*need to hold them all.*” My answer, these many months later? Lynn sincerely cares for the people with whom she works and she cares deeply about the quality of her and their individual and collective work. For Lynn, this is a downside to caring, one that is not likely to disappear, but one that can be mitigated by self-care and rest, and perhaps also by working to let go of the faculty member mantra—a mantra woven more broadly into dominant social, cultural, and institutional narratives—to “*achieve, achieve, achieve.*”

### **Leaning Into the Future**

I continue to think back to Lynn's story of her family, lying on the grass, looking up at the sky, late into the evening in the summertime. I imagine young Lynn wondering about the stuff of life, smiling, and laughing along the way.

In our fourth research conversation, Lynn and I talked about the future. I asked her to imagine what the future holds. She told me she does not know. I had expected her to say she wanted to continue along the path of facilitating others, along the leadership path. She was not sure. Around that time, she had even been part of a conversation about “dreams,” in which she shared with colleagues that she did not have any, at least none that could be expressed as dreams. To me, she also offered:

*There are certain things I really do wish for but, for myself, I don't generally think more than about six months ahead. And I always think—I know this sounds crazy morbid but—I could be dead in six months.*

I think about this, too. Also, as I shared then, when I have taken time to articulate an imagined future, I have been mistaken every time. For Lynn, she has shifted her perspective about the future, saying:

*And so, I've started thinking maybe I need to be more incremental.... So, I've started trying to think in months. So, what will I do this fall? And that's easier for me.*

But, in response to my suggestion that I thought she would want to stay in academic leadership roles, Lynn offered:

*I've yet to see a position that would allow me the freedom to support the way I want to support other people. So, I guess I'm not thinking broadly enough. But if you think about the position I'm in now, I would like to help people. And when I say “help,” I'd like to facilitate the work of others in the way that I would like to facilitate the work of others. And I don't have the authority or the power to do that. So, I'm bound by the nature of my position to enact procedures and policies in a way that are sanctioned by someone else. So, I'm only allowed to say certain things a certain way. I'm only allowed to say certain*

*things the way I'm allowed to say them. It almost makes me laugh at how antiseptic and bizarre it is.*

As we neared the conclusion of our conversations, for now, Lynn puzzled with what the future holds, and she is strong in her desire to make things better. She said:

*I don't know what's next. I really don't. ... I've got lots to learn. ... And it's really exciting to me to think that it could be better. And I'm hoping it is. And then after that, we'll see what happens.*

It's funny. I feel the same way.

### **Postscript**

I shared the above narrative account with Lynn in the fall of 2019, as the leaves were turning and snow appeared on the horizon. As snow arrived, Lynn wrote to me to say that she was “*moved by [my] telling of the story of our conversations,*” and that she “*cried when [she] read this manuscript.*” She also felt prompted to offer one further reflection:

*The one point that I thought about: I never really talked about students. I always found the classroom teaching and graduate student supervision were ways I could demonstrate that I cared and that I was focused on issues external to my own career in research. It was the one way that I could demonstrate that I cared about facilitating the work and learning of others that had little direct benefit for me or my career. Especially in our program, ... I found the interactions with students to be very rewarding. Indeed, it is the one thing I truly miss from my [Lynn]-professor-life while being in this administrative role.*

As I have continued to think with this reflection, I recognize the ways in which I am beginning to think about this idea in the context of the other accounts, too. I am beginning to wonder: Can the

care we know and understand when we are working in relation with students help us—teach us—when we move into leadership roles? Can student-teacher reciprocity be a model for academic leaders? Can the relational ethics that shape teaching experiences be understood as experiences that push us towards care-centered leadership? As I have embraced this wonder, I have remained grateful for Lynn’s reflection and her time spent reflecting upon our experiences together.



## Chapter 6: Abby

Abby and I began our research conversations mid-winter in 2019, on one of those days when the air was cold and the light was low. Sun shone through leafless trees and into Abby's south-facing office windows. She mentioned that because of the room's dark wood walls, it does not always feel bright, even in summertime.

This narrative account begins in the middle of a season and the middle of a term. It ends in the middle, too—in the midst of changes within an academic department. Alongside changing seasons and changing academic terms, Abby and I journeyed together, telling our stories of care and ethics, reaching inward and outward, backwards and forwards as we wondered with the ways that living narrative inquiry calls us to attend to our evolving relationship as we simultaneously attend to the ongoing interaction of the personal and the social, and the temporal nature of, and the place or places that become visible in the experiences we live, tell, retell, and relive. In living with one another in these ways, we worked together to understand our experiences of embracing care ethics in academic leadership.

### Introducing Abby

As we began our relationship and conversations, Abby was half-way into an initial three-year term as the chair of a large department at a research university in Alberta. In this role, she provides leadership for over 30 faculty members. Alongside students and faculty members, there are approximately 100 individuals who work as contract instructors, staff, and graduate students, rounding out the landscape of the department.

Prior to taking on the role as chair, Abby had served as her department's honours degree program advisor and, later, an associate chair. She shared, in our first conversation, that she has “*always been interested in leadership*” and, though she began as an “*assistant professor, at the*

*bottom rung, completely open to anything,”* it has only been a little over a decade since she began her journey at her institution. She understands that her move into the chair role seemed “*pretty fast,*” even to her.

### **Learning to Show Up, to Participate, and to Listen**

As we began our research conversations, Abby shared stories about what led to her interest in leadership, and her rationale for taking on a leadership role early in her career. She also explained her initial foray into academic administration, in her current department, as fairly straightforward. She said:

*It was a time of contention in the department, which has repeated itself a couple times. But I guess that's typical in departments. And there was a lot of feeling around lack of leadership. ... You know, there was a lot of flux, and at the time there was a conversation that we needed an honors adviser, which we didn't have in this department. That seems like a very small thing. But I was trained in the U.S., ... and in the U.S., as graduate students, you are trained to show up, to participate. It's not optional. And, so, here I moved into a department where we had a culture of nonparticipation. It's very much that people do not show up and people do not volunteer. But I was well trained, so I said I'll do it, not knowing what I was getting myself into. And it was a really great experience, because we had not had that position. And it's a very low-level sort of leadership position. But because we didn't have it, it made me realize that I could turn it into anything I wanted. And I got to know the breadth of our programs which we have had.*

In other words, Abby began her leadership journey by agreeing to “*show up, to participate.*” Her roles in academic administration evolved and moved forward from there. At first, it was a kind of expectation, but it became something she enjoyed and then, because of the circumstances,

something she was able to make her own. She recalled her first experience as an honours advisor:

*So, that was my first taste of figuring out how to lead, how to have a vision. I guess I'd say, how to have a vision that was not created through a top-down approach to vision, but rather one that organically was articulated from speaking to, in this case, students, talking to honours students. What do you want? What are ways in which we can grow this? And, so, that was really exciting, and I was able to grow the program quite extensively. ... A lot of really good things came from the students. I mean, what I instituted was their idea. You know, I have really nothing to say for it. So, my leadership story began there.*

As I first thought with this story, I thought backwards towards my own experiences as an undergraduate student in an honours program and the gratitude I have continued to feel towards the undergraduate honours advisor of my department at the time, a woman with whom I have remained connected, professionally, over the decades. While this might not be a universal experience, such attention can be remembered as formative and forming across the many phases and stages of (academic) life. I have also wondered if the care I experienced in my time as an undergraduate is akin to the care the honours students in Abby's department would have experienced working with her. I understand the aspects in Abby's story of "*speaking to*" and "*talking to honours students,*" as weaving together both her leadership story and her story of care. It is also a story of practicing and developing care-centered leadership by listening to others, a practice Abby employs in her current role as chair, as the narrative below will show.

**Learning to “Think on my Feet”**

As I have thought about how I would compose a narrative account alongside Abby that shows our relationship and inquiry journey, I have been drawn to the stories shared after we had spent many hours together in conversation. Abby turned her attention to stories, the kinds of experiences she has had as chair, and she mentioned that she has learned a lot about herself through the experience of being chair as well. I wondered with her about what she had learned so far. She responded with a story about driving a Jeep. She told:

*I was driving down a mountainside in California with a friend who was terrified of driving. And so, she was already very nervous about taking this road trip with me. And it was one of those mountains, like switch backs the entire way, drop offs—and my brakes go. At the top. There’s no way to get down. So, I didn’t want to scare her. And my immediate reaction was to do some sort of strange— It was like a Jeep kind of thing with a handbrake. So, I did this strange combination of handbrake and every time the brakes froze, the wheel would freeze. So, I had to keep turning the car, pull the handbrake, turn the car, and do it over and over and over again. I did it for an hour. My friend said, “What’s going on?” I said, “You can’t talk to me ‘til we’re down.” And so, she didn’t. She just white-knuckled it. And I did it all the way down. And I remember at the bottom—at the time I was a smoker, so the first thing I did was light a cigarette—I remember thinking: “That was hellish. But now I’m really glad I know I can think on my feet that way.” No one ever taught me to do that. That is just what I figured out how to do. Otherwise we’d have gone off a cliff. And I sort of feel that way. So, that’s a big kind of story. But I feel that same way about chairing in a lot of ways. There have been things that I’ve run into that won’t take us off the cliff, but it might take an individual off the*

*cliff, whether it's a student or a faculty member that's just in a crisis situation, or it's a problem that we can't figure out how to solve. In that moment, I think I learned that I can think on my feet, for the lowest amount of impact on everyone involved. And so, that's been a really great thing to learn about myself, because you don't know that until you're faced with it.*

I bring this story forward, not only because it is one of Abby's shaping stories, but also because it has shaped the way she lives leadership and care. As I think back now on how she describes leadership and care, which I continue to show below, I understand through this story that for Abby, thinking on her feet holds her in a continuous place of learning, a process of responding to what emerges with the confidence she has gained through accumulated experience, including experiences like driving a Jeep down a mountain without working brakes.

### **“There Was No Care”**

Before we turned our attention directly to experiences of care, Abby shared more about her present context with me. It was important to her that I understand the significant tensions she was in the midst of experiencing. When she stepped into the role of chair, the department had been in the process of making program changes consistent with the evolving needs of students, but also in the wake of budget cuts and in the presence of ongoing budgetary concerns. Abby recalled:

*Up until a year and a half ago, [the proposed program changes] tore this department apart. It was a very bad place to be. There was no joy. There was no care. People would walk through the hallways not saying hi to each other. People were very angry. There had been two camps. There was a lot of our dirty laundry being aired at various Faculty*

*meetings, so it was very unpleasant, in part, because, as academics, our egos are bound up with what we do in our disciplines.*

In other words, as the proposed program changes were emerging, so too were significant tensions within the department, between the people within the department. In the wake of these tensions, the previous “*chair decided not to renew.*”

As I listened to Abby tell her story of becoming chair, I felt that it would have been incredibly difficult. She knew it too. She had only achieved tenure a few years prior and recalled:

*So, it was pretty fast and I did not feel prepared myself, but I knew that I needed to do it for that consistency. So that was really the reason. It wasn't for me, because I knew it would impact my research program, it will impact all the other things that I do and care about. But, it matters to this department, because we need to make sure to keep on track and keep moving forward. So that's really the long story. But that is the story.*

As I have continued to think with these stories together, with Abby's story about the Jeep in relation with her story about tensions within her department as she became chair, I have recognized the ways in which not feeling prepared did not stand in her way. Even without knowing how she would act, she had the confidence in her ability to move through a difficult situation without “*going off a cliff.*” I have continued to wonder, alongside embracing an ethic of care, if sensing that “*there was no care,*” also compelled Abby into the chair's role. I will continue to wonder if approaching the role with care for her colleagues helped her to navigate through the rough terrain of departmental conflict.

### **Enacting Feminist Care and Care Ethics**

As we began to think together about care, Abby immediately connected ideas about care to her experience as a feminist and with feminist research. She said:

*I research feminism and feminist activism—that’s my area primarily—but I haven’t done a lot of research on care, which is great because I’m going to give you a gut answer as opposed to a practiced, researched answer. I’d say care for me is exactly that—generosity—and for me generosity means meeting whomever I’m speaking with out there where they are, whether that is their anger, their upset, their fear, their anxiety—whatever that is—meeting them there and making sure, in that process of meeting them there, to not project.*

As I have thought with this description of care, I have thought about the ways in which feminist care ethics is grounded in reciprocity. Abby’s description of “generosity” of “meeting whomever I’m speaking with out there where they are” aligns with and expands the idea of reciprocity as fundamental to the caring relation. For Abby, her own experience as an undergraduate student, mentored by a feminist scholar, helped to shape this idea of reciprocity in action. She recalled:

*I would say I definitely had a mentor who was a feminist professor in the field that I work in. And she is the reason why I do what I do. ... And she changed my life and she changed my life I think because she was really passionate about what she does. ... I was very shy. ... And she just asked me one question a day—and we were a 3-person class. So, she had to lean on the others and make them talk a lot. But she never forced me to and she never said I need you to participate more and she never called me out. ... She was “calling me in”<sup>4</sup> by meeting me there and asking me a question that she knew I could answer and feel ok with.*

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<sup>4</sup> *Calling-in* is a concept embraced by social justice activists as a counter to *calling-out*. As Loretta Ross (2019) explains, “Calling-in is simply a call-out done with love. Some corrections can be made privately. Others will be necessarily public, but done with respect. It is not tone policing, protecting white fragility or covering up abuse. It helps avoid the weaponization of suffering that prevents constructive healing. Calling-in engaged in debates with words and actions of healing and restoration, and without the self-indulgence of drama” (Ross, 2019). Ross’s book, *Calling In the Calling Out Culture: Detoxing Our Movement*, is forthcoming. As Abby’s experience suggests, academics may wish to embrace *calling-in* as one way of enacting care, care ethics, and relationality.

Prompted by further wonders about care ethics and practices, Abby later described feminist ethics as core to her approach to her work and life. She said:

*Feminist ethics inform me, from my research decisions to how I build and support collaborations. I am an editor of the major scholarly journal in Canada for my field. So, how might ethics inform my editing practices, to how I run a meeting. So, I say it informs, really, everything. For me, feminist ethics is very much bound up in the fight for equality, diversity, and inclusivity across all of our spheres of influence, particularly around bringing those voices to the table that aren't heard.*

That is, within her work and practice, Abby's care is shaped by feminism. In this way, she says, "I do think that ethics—care ethics—is just sort of ingrained in how I want to show up and how I hope other people show up for me." In doing so, Abby's practice is to enact feminist care and care ethics in all the work she does.

### **Deep Listening**

As Abby continued to reflect upon care and her practicing care, one of the specific ways she worked to show care was to commit to listening, really listening, to individuals, in ways that were open to risking receiving anger and expressions of frustration from her colleagues if this is what they felt they needed to express. She shared:

*I was in a really good starting position, in part, ... because I had been part of the leadership team that created this degree, that ripped the department apart. Those people who felt they weren't being heard were angry at me, but it wasn't me. ... It wasn't about me. ... I was able to refocus that personal [anger] in a different way through me, because I never said that I didn't agree [with them]. I definitely said I'm committed to these*



*things. But I am also committed to hearing what your concerns were again. Tell me again, and I know you already said it to the other [chair], but I want to hear it again.*

As I continued to think with the way Abby told this story, I heard how she shifted her language from thinking about her own *I* to thinking about the *you*, in relation with her *I*. In this way, Abby focused her reflections on the conversations in which she “*committed to hearing*,” and to the relationship between herself and her colleagues, individually and collectively. This commitment, additionally, led to this later reflection:

*And so, those conversations were hard. But they were also wonderful. And I was really honest about that. I said thank you, thank you for—particularly to the hardest nuts to crack—I said thank you so much for making me think through how to do this right. Because that’s what I mean, ... the majority of people, they come from the right place. They really do care for the most part, and they really do want to make sure students succeed. They want to come to work happy. They don’t want to come to work miserable. And so, I think that, making sure that you have that generosity from the get-go really goes a long way. And I did say thank you. I said, “This is really great,” because I don’t know how to solve this problem. And it matters. So, let’s talk about it. ... I love problems, and I love solving problems, and I think that contention is fantastic, because if you don’t have it, you’re not going to see any of the issues moving forward, and then things crop up. So, I think it was a really great process. It’s just emotionally exhausting.*

As I first thought with this story, I wondered how Abby experienced the emotions, the emotional labour, of genuinely listening during what was, or what she experienced as, an extremely difficult time in the department. She hints at it, saying that it was “*emotionally exhausting*,” but this was not her focus. Abby’s focus, even in the midst of experiencing emotional exhaustion as

she practiced deep listening, was forward-looking; she lived this practice hoping that her doing so might open up future possibilities. Although Abby did not raise this aspect, as I thought with her story, I wondered about the risks of care and caring.

### **Being Genuine**

Through the process of listening, and her experience of bringing care and feminist ethics to her life as a leader, Abby spoke frequently about “*being genuine*,” being herself, being authentic. As I thought with these stories, I found myself reflecting on her experience of trying not to bring a “*canned administrator voice*” to her conversations with colleagues. She shared:

*I guess it's a question about being present and being genuine and being honest, and it is really easy—and I see it in my colleagues who are chairs and I see it ... in administration—it is really easy to turn off being genuine because you are just tired, you know, you're not speaking as you. You have this sort of canned thing that you feel like you have to say, also when things get contentious, because that can be also be a safety mechanism. You know, if you say the things that you need to say so that you can manage expectations and be very clear there, it's very hard to do that while also coming across as genuine. ... When I took on this role, I felt very strongly about that, of always bringing myself to the table as long as I needed to and could. And I think that there is just a tiny shift and that is not about the words that you say. I don't know where that shift is and I don't know how it can happen, but I can feel myself when I slip into those canned kinds of “administrator voice.” I can hear it. And I just stop. Because the other person across from you feels that too. ... So that's one of the things that I was really, really mindful to do.*

This resonates for me, as I, too, have struggled with “*administrator voice*,” at times. In my experience, this voice emerges when confidential matters are in the midst, which may make me feel as though this voice is necessary; but I also “*slip into*” it when I am frustrated or tired. And I have continued to think that Abby is right: those with whom we are engaging in conversation hear it. In moments like this, it is work, labour, to be genuine.

As we continued to wonder together about care in these kinds of difficult conversations, Abby connected her ideas about care, listening, and being genuine in a way that, for me, exemplifies the stories she told and retold of her experiences and practices of care. She said:

*So, I am trying to genuinely bring myself to the table and assume that they are also bringing their genuine selves to the table. That can also get me heard, because that doesn't always happen. ... To me, it's not assuming the best of someone, but it's really assuming that that person, that they're presenting what they want to have seen. To me, that is who they are at the moment, and believing in that. So, for example, when my negative colleagues felt that they were not being listened to, I know how much they were listened to because I've had these conversations with the leadership, but it doesn't matter. They weren't listened to because they don't feel they were listened to. So, I guess that that is really, for me, the starting point or place of care.*

As Abby has described her understanding of care and caring in practice, she has foregrounded the importance of attending to what the person with whom she is relating is feeling. In this way, her practice of “*being genuine*” has extended to opening spaces for others, her colleagues, to genuinely express what they are experiencing, too.

### Caring and Chairing in Neoliberal Times

Across our conversations, Abby shared stories of diverse experience, including her experience of tensions that arose in the midst of our conversations about care and care-centered leadership.

Together we puzzled with the idea that constrained budgets impact the ways in which we are able to care. I shared my stories with her, including stories about a case of hives I was experiencing in the moment, tiny eruptions on my skin, caused, I still think, by the stress of the impact of financial decisions on the people with whom I worked. At minimum, I shared that I was not able to care in the way I would have liked in response to specific budgetary circumstances. Abby shared a similar story:

*I think budget decisions made on the basis of budgets have to be done with that care in mind. ... On top of changing our [program], we're changing our delivery of our [courses]. ... And it will have a massive impact on the pay of our most precariously employed. And so that process has been really—I've been thinking about that a lot because I know I need to do this. I need to do this for the good of the students, because we need to make sure these programs exist. ... But I also know that ... we can't pay [sessionals] any more. ... And so that process has been really, really rough. It's actually been okay, but it's been rough on me because I've been thinking about it a lot.*

As I first thought with this story, I recognized that this tension was not one that could be fully resolved. In the midst of neoliberal times and the impact of neoliberalism on higher education,<sup>5</sup> we are (sometimes) stuck making decisions that prioritize finances over people. In such moments, care may be present, but can also appear, especially to those negatively impacted, to be pushed aside.

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<sup>5</sup> For a discussion of neoliberalism in higher education, please refer to Chapter 2.

As I began to write this narrative account, higher education institutions in Alberta were bracing for significant cuts. This is not a new situation in Alberta; it is a predictable and regular cycle, though it can feel near-constant. I have often found myself wondering how (or if) leaders, myself included, will be able to respond with care this time. I have wondered if thinking about care and prioritizing relationships can shift the outcome, can shape the decisions. And I have worried that there is a limit to care in these moments—and that the significant tensions of such situations exist in relation with care. Abby reflected on this kind of limit—this tension—too, thinking about contract faculty, and the limited possibilities for faculty appointments. She reflected:

*I could be as feminist-minded and caring as I want. In the end, there's nothing I can do, actually. There's nothing I can do actually, because what [the contract faculty member] wants is a [tenure-track] faculty position. And her argument— and she is right because I did say stuff about budget. She said, "There's no way that cutting contract instructors will save the budget." And I said, "No. Of course not." But, it's the only place to cut. ... We're doing the best we can within what is allowable. But really, it's not about that. Because in the same breath, she's saying it's not the same as a faculty position. So, she would like that faculty position.*

As I have thought with these stories of Abby's life as a leader, I am also reminded that part of her struggle is that, as chair, she is leading a department. In other words, the range of options available to her in these circumstances of budgetary limitations is restricted. I have felt this in my work, too. Still, I also recognize that in an environment of publicly funded education, restrictions exist at every level and for everyone who dares to lead. Thinking with these stories, I

am further motivated to make visible our lived and told stories of living with the tensionality (Aoki, 1991/2005) of care.

### **Enabling Care, Now and Into the Future**

On the heels of our conversations about these kinds of seemingly unresolvable tensions, I wondered if Abby saw herself continuing on in leadership roles. After all, a chair's appointment is usually temporary. She shared:

*Last night I was saying, maybe I just need to go back into rank and file and teach and just write and have my own problems and my own deadlines to deal with, not everyone else's. I think I say that the same way I used to say when I was in graduate school, "I'm going to quit this; I don't want to do this." ... It's a way in which we talk ourselves into there being always an exit door. ... But, I think that I find it interesting right now. And I think as long as I find it interesting and it's something useful to do, then I would absolutely [continue in leadership roles].*

More than interesting and useful, Abby also finds the work "rewarding." As I think back across her lived, told, retold, and relived stories, I am drawn towards the ways in which she has embraced care alongside the challenges she has faced, all the while committing to "listen" and to "be genuine" in relation with colleagues. Reflecting on this, Abby shared:

*You know, it's definitely more rewarding, I think. On an institutional level, I think it's rewarding, but I also think on just a personal level, you get to know who you are a lot more, I think, than I ever would have known.*

In these reflections I hear Abby weaving a relationship between self and other, self and institution, and I can imagine the ways in which she will continue to grow—while caring—in her current and future roles.

### **Being Surrounded by Care**

As I have imagined Abby continuing in her role, I have thought backwards to our first conversation, wondering, still, about the conditions that need to be in place, at least for her, to care as she leads. To make sense of this, I thought with this story Abby shared:

*I do try to enact everything that I do with care because I do feel completely surrounded by care. I think I'm very lucky. Not only in my personal life, family, how I grew up, but also professionally. ... I'd say that the people that I surround myself with, or I have the good fortune of being surrounded by, are those that enact care all the time. I recognize how fortunate that is. That begins already with the person that I work with most closely, who's my assistant chair. She is, I mean, talk about a feminist-leader-powerhouse. She is amazing. She's an amazing person, and she and I are in constant communication. ... Knowing I have that is so much easier to walk through the world unfrightened. ... And I try to be mindful of it at all times, because I do know how important it is to recognize it and recognize it for what it is, as labour. It's hard work to be caring. So, I think I'm very lucky. I have no one story because I think it's constant and ongoing and I'm very lucky for that reason.*

I have recognized in this story that Abby is also aware of being cared for in her role as a leader. In other words, for Abby, receiving care and being “*surrounded by care*” is also a condition of care-centered leadership. As I have suggested in Chapter 1, perhaps especially because of the emotional labour of care, “we do not care in this world alone.” In this way, Abby has shown me the relational nature of care and caring, leaving me with wonders about how this kind of relationality may connect with sustaining the care stories and care ethics she lives by.

**Lighting the Way**

A few days after my last research conversation with Abby, my spouse and I attended a summer gathering. It was solstice, and in a northern city, the evening sun was still bright. As we arrived, I noticed Abby, already in conversation with a colleague. And I noticed two children running through the mud of a not-yet-landscaped backyard. I could see the mud accumulating on their shoes, and I could feel the memory of heavy mud on my feet as a child. They were laughing, giggling, and, for a moment, I remembered the sensation of play.

I later learned these were Abby's children, so I continued to think with this experience, of observing muddy shoes, sensing the heaviness on their feet as layers collected and piled on. I thought about this as I reflected on my conversations with Abby. I thought about layers of leadership, also at times heavy, especially when circumstances bring forward multiple tensions simultaneously. I thought about care, too, as something that can exist in the midst of heaviness, much like laughter exists for children running through mud.



## Chapter 7: Genevieve

When Genevieve (a pseudonym) and I first met, about five years before this narrative account begins, we were both engaged in a leadership development program. At the time, we began to learn about each other's stories and struggles as we engaged in the work and stories of leadership. Then, Genevieve was working as the chair of a department, and I was encountering the experience with my colleague that informed part of my narrative beginnings of this study, with the colleague who suggested that, "If you're going to be a leader here, you need to get used to answering questions like this from people like me." At the time, Genevieve listened to my stories of these experiences, offering understanding and empathy. She shared her stories, difficult stories, with me, too. The reciprocity of our relationship shaped the storytelling that emerged. As I have reflected upon that time, I have come to see the ways in which we came to support and care for each other in the midst of challenging leadership experiences.

Early in our research conversations in 2019, Genevieve shared that she was motivated to participate in this study to help and support me, personally. The encounters we had with one another, years earlier, shaped and have continued to shape our relationship. As we journeyed together and alongside one another through our research conversations, we journeyed inward and outward, backwards and forwards, existing within and thinking with the dimensions of time, sociality, and place. During our conversations, we lingered with puzzles about the work of care, how to be cared for within a leadership role, and the ways in which care is invisible and can be made visible within the academy.

### Introducing Genevieve

Genevieve serves in a leadership role at a research university in Alberta. At present, she leads a unit dedicated to enhancing student experiences. (The unit is anonymized.) She has previously served as a department chair, an associate dean, and a graduate program chair.

During one of our research conversations, we walked and talked. We talked a lot about our childhoods that day, perhaps because we were walking through neighbourhoods, seeing family homes and evidence of children at play. Genevieve told stories about wanting to become a professional musician, her parents' dreams and expectations for her, and the journey to academia instead of a symphony. She still plays music, but her professional world is academia.

### Beginnings

Genevieve and I began our research conversations in mid-winter 2019, meeting for our first conversation in a board room alongside a wall of windows that faced a courtyard. Natural light was sufficient and so we were able to shun what would have been harsh overhead lights. As we began, we talked first about coming to the work and stories of leadership. Genevieve shared:

*At the beginning, things felt very fresh and new and I had a lot of self-doubt and a lot of imposter syndrome. It just felt like I was drinking from a fire hose, and I was. I had so much to learn about how the institution worked and how to make it work, I think. I don't feel that now. I feel like I have knowledge and I can do the things that I've been asked to do in this role.*

Together, in response to invoking the idea of “*imposter syndrome*,” we shared stories about not feeling “*old enough*” to take on leadership roles at certain points in our careers, which Genevieve attributes to being a youngest child and which I attribute to having always been among the youngest in my grade school classrooms. And yet, with age and experience, we have both sensed

a shifting—an inner and outside shifting towards embracing the emerging confidence we now have in our roles. As Genevieve described it:

*There's a thing these days about standing in your own authority. I think [age and experience] does that. It lets me just stand here and say, "Well, this is the role I'm in." I mean, it's not like I imagine I'm super fantastic or anything like that. But, ... I have been given a set of tasks to do. I have the confidence that I have the institution behind me to do this, because I went through a pretty rigorous selection process. So, they chose me and I am empowered to do this thing. ... I think that just makes me feel like I can do this. And I look forward to doing the work.*

As I first thought with this story, and its relationship to care and care ethics, I wondered about the ways in which care has the capacity to complicate and add complexity to the work and stories of leadership. As Genevieve and I shifted our conversation to experiences and practices of care, stories about the work of care, embedded within a leadership context, began to emerge.

### **The Work of Care**

For Genevieve, the complex nature of the work of care and care ethics is present in the ways in which she understands care. She described:

*I think about care ethics versus justice. And I don't see those things as mutually exclusive. I actually see them as relating in important ways and I think we, as leaders, do our best work when we figure out when it's time to use which of those tools. I mean, the thing that makes me anxious as a kind of critic of care ethics is about ethical boundaries and where we draw them. Or if we don't draw them, what kinds of risks arise to ourselves and to other people if we commit to a certain kind of deep emotional relationship that goes beyond the parameters of the professional balance. ... I mean it does require you to*

*position yourself in relation to [care] and say, well, these are my values or principles—or these are the values and principles of the institution [at] which I'm working. So, that's what's going to shape what care looks like here. So, is it possible to do the kind of job that I do in the absence of care and only pure justice? No. That makes you a crappy leader, I think. But it is really, really hard.*

In other words, for Genevieve, the work of care in leadership is not easy. There are boundaries to draw, personal risks, emotional experiences—and yet, she embraces care in her professional and leadership practice. Caring, for Genevieve, and for me, can be and has been experienced as hard work.

### **The Hard Work of the Work of Care**

In the moment, Genevieve's story left me wondering why her experiences of caring and leadership had been so hard for her personally. So, I asked her what comes to mind when thinking about the *hard* aspects of care. She told a story about her present context, a story about “*building a team*,” but also “*managing*” and “*leading*” a team of individuals who have relationships and friendships with one another that predate her arrival. She was reflective about the situation:

*At the moment, I feel like what I'm getting is some sense of distrust about what's going on, ... that there are ulterior motives somewhere. ... People don't come to me and I keep thinking if they just came to me, we could have this conversation and they would see who I am and that I'm an authentic person and I care. We could go from there. But they don't want to do that. So, I'm trying to figure out how to make them feel more trusting towards me. And it's very confusing because this is not a problem I ever have in any other part of my life.*

As Genevieve thought inward and outward with this experience, she highlighted the challenge that caring can be shaped by and between individuals, that the reciprocal nature of caring while leading can be interrupted by distrust brought on, for instance, by simple changes in leadership. In an academic context, leadership changes are frequent and predictable, so new academic leaders or those in new roles risk this experience, especially early in their tenure in a given role.

During that first research conversation, Genevieve and I shifted our focus for a while, thinking together about feeling cared for, both in the present and early in our lives as students. As we were nearing what felt to me to be a natural place to end the conversation that day, Genevieve retold stories of the team. She offered:

*I've had a colleague resign from her position. And so, we had a team meeting yesterday and it seemed like it would be important to name the elephant in the room, and check in with people about how they were feeling about that. And, for me, because I have had a very difficult relationship with her, to say to them that it cost me. I didn't say it exactly like that, but that her presence cost me a lot in terms of being a good leader. And, you know, I'm looking forward to the opportunity to just hit reset on that. So, yeah, it was about caring for them and also caring for the organization. Sorry.*

Genevieve's apology to me in this moment was connected to the crack in her voice and the welling up in her eyes. As Genevieve reached for a tissue and gathered her composure very quickly, I voiced that "this is the part where tensions may arise" in this research.

Genevieve and I continued to think with these tensions alongside one another. I wondered if "naming the elephant in the room was bringing forward that situation, recognizing that it was impacting you and had impacted you," and I said that I heard "in what you were telling them, was that you were also vulnerable and being honest with them about that." Agreeing, Genevieve

retold this story, this time, attending specifically to how an individual on the team “*disagreed*” with her personal expression of the tension-filled experience of the resignation:

*Which is a kind of refusal to see my personal investment in what was going on. That’s fine. That’s where she’s at. But that’s a lot to hold, after you’ve kind of risked something. So, maybe that’s why I was feeling so crappy after that meeting yesterday. Yeah. So, you know, that is the thing about vulnerability and care in the workplace. You can put yourself out there and you don’t exactly know how that’s going to land. It doesn’t necessarily land well.*

In my field notes that followed this conversation, I wrote:

My heart hurts for [Genevieve]. These private experiences of her caring not being received as care seem hard. I find myself continuing to wonder about the distance between the practice of care and the experience of care. Thinking forward, I wonder how things will shift for her—for us—during our time together during our research conversations.

As I continued to think with Genevieve’s stories about and experiences of the work of care, I found myself understanding, in new ways, that embracing care-centered leadership is only part of a story of practicing care. Embracing the value and practice (Held, 2006) of care and care ethics in academic leadership is a beginning; the work of living in care-centered ways is ongoing, existing in the everyday.

### **Receiving Care**

As we continued to journey together in conversation, Genevieve and I wondered together about what it’s like to experience being cared for—to receive care in relation to and with others. Thinking backwards, Genevieve shared a story about good advice she received when thinking

about where to go for graduate school. I wondered with her what it was that made her recognize that conversation, that advice, as care and as caring. She said:

*The time. The thoughtfulness. The ways in which it wasn't a canned answer, one he would have given to every student. It really was directed at me and who I was.*

This is a story that felt and feels familiar to me—and I'm sure, to many others. To be seen, to be heard, for time to be given generously, and to then receive good advice from mentors, advisors, and professors is a form of care I, too, have experienced in settings of higher education.

### **An Arc of Care and Not Care**

More unique, perhaps, is a story Genevieve shared about a classroom experience when she was a graduate student. She recalled:

*I had a classmate who was really trying to engage in post-structural theory and this was just regarded as such a threat to these professors, and one in particular. And so, one of these professors just went off on this student, like just attacked him in ways that I thought were just really, really horrifying. ... And my response to that was to stand up and yell at the professor to make it stop. ... Which leads to the story of care that felt hard. So, subsequently I was at a social gathering with another professor and she said to me, "I heard about that thing you did in class. Don't. Don't ever. Don't ever do that again. It's basically a career limiting move. Just don't be like that." And she was trying to protect me, right? ... But was that good advice? I stood up for someone and that was important to me, in the face of what I understood to be real abuse. ... So, it's kind of an interesting arc of care and not care in the stories there.*

As Genevieve reflected on this story as a kind of shaping story, a tension between care and not care emerged. That is, recognizing the care embedded within the advice she was given does not negate the tension she felt then and now about the experience. She recalled:

*It's in my mind because it shaped me. I mean, in a way, I got a lesson about political acumen. It's like, be able to read the story and understand; or, be able to read the conditions, understand where power lies and your position in it, and then choose carefully when you want to disrupt that. So, you know, whether or not it was the right decision to say to me, "Don't do that," is kind of immaterial. But what was useful about it was the, "Here are the calculations you need to make in these situations when you feel yourself standing up to power. So, understand them and think about them very, very carefully." That seems like good advice.*

As Genevieve told and retold these stories, alongside stories of her present experiences in leadership roles, she continued to reflect on the ways in which care is not always received as care—that acts and practices of care can “land” in an “array” of ways. As I thought with the stories she shared of her graduate student days, I reflected on the ways in which she emphasizes her own experiences of caring and being cared for as complex and filled with tension. She stood up for a classmate—cared for him—and subsequently was made aware of the risk she took in doing so. At the same time, as she relives these stories now, she sees the acts of care embedded within the difficult-to-hear, but valuable to her, advice she received about carefully navigating power dynamics within academia.

### **Creating Care**

As we continued in conversation together, I wondered about the ways in which Genevieve experiences the feeling of being cared for in her current academic leadership role.



Connecting our conversation about what is experienced as care, I wondered about the kinds of actions and practices she recognizes as care. To this wonder, she quickly responded:

*I have an executive coach. She makes me feel very cared for as a leader. ... She holds me to account, which I appreciate a lot. And, you know, in my moments of self-doubt and judgment she is fully prepared to say, “So, I’m noticing some judgment there. What’s that about? What’s this language of ‘should’? Where’s the negativity coming from? And how do you want to celebrate what you’ve managed to accomplish here? Because let’s be clear about this, that is a real accomplishment.” ... So, having someone to just kind of keep me in check. ... It’s really great.*

While acknowledging that she compensates her coach, the care she describes is deeply personal. In a way, then, hiring an executive coach is also an act of self-care—both in terms of a financial investment and a time commitment.

Months later, in our fourth research conversation, Genevieve turned more explicitly to the ways in which she practices self-care, re-telling the experience of working with a coach, woven together with other self-care practices. She shared:

*I try to have a balanced life, I think. So, in an organizational way, I would say I have a structure for doing that. I play music; I go to the gym; I throw dinner parties that force me—that oblige me—to cook beautiful food for people because that’s what I love to do. So, I have some structures in place that nourish my soul—all of it. I look after my mother. But structure is one thing, and the deep work of really checking-in happens because I speak to a coach every two weeks. That’s an important act of self-care and recalibration.*

As I have continued to think with these stories, I have recognized the ways in which Genevieve has been an active participant in the creation of the feelings of being cared for in her leadership

life, in her practices of self-care that includes an “array” of practices, including prioritizing the relationship with her coach, as well as other people in her life making.

### **Research as Self-Care**

Genevieve’s lived, told, retold, and relived stories also supported me to gradually awaken to bringing forward a tension she feels is embedded within academic leadership—the tension between the “*research self*” and the “*leadership self*” and how one practices self-care in an academic leadership role, especially as a woman. She shared:

*If there are 24 hours in the day, you have to divide them up in some way, and people who need you to do things have a claim on your time in a way that work that is under one’s own initiative just doesn’t. So, in that sense, it’s a tension. But it is very connected in terms of my ability to have confidence in my authority in the room by virtue of being a scholar. ... [W]hen I get too far away from my work I feel like I’m turning into the land of fraudster, which is kind of a subtext for lots of women in the academy anyway. And I can feel that way about my work all on its own. But I do think I have some credibility in the job that I have now because people understand that I am of the faculty.*

As we continued our conversations, Genevieve spoke of research work in ways that emphasized that taking care of one’s “*research self*,” is a form of self-care. She said:

*I think caring for my work is about caring for myself. It is an act of self-compassion. And when I can do that, I can care for others better. I would say that is the connection. ... I’ve been thinking about it a lot lately. ... I mean, it’s sort of weird to care for yourself through your research, which is really hard and gnashing of teeth and, you know, messes with your head and all of those things. But it’s also very creative and affirming.*

### **Making Care Visible**

Looking back upon this journey alongside Genevieve, I find myself thinking with the stories we shared at the end of our first research conversation together. She returned to the wonder about feeling cared for, saying:

*But, you know, as you were asking me about when have you felt cared for—that's something I need to be more attentive to, because I think I'm on the receiving end of quite a lot of care that I'm kind of taking for granted.*

In other words, even as someone who senses she is cared for, Genevieve recognizes that care can sometimes feel like it is hiding in plain sight. She continued to think with this wonder across our research conversations.

### **Feeling Cared for as a Leader**

As we began our fourth research conversation, Genevieve shared excitedly and immediately that she had recently hired a senior-level administrator onto her team, someone with whom she can think and work with on processes, plans, and the development of the unit. She said:

*That means that I feel like I'm being cared for. I hadn't entirely appreciated that I was missing that. Yeah. Quite interesting. I feel like I had no idea I had this need, and yet I very profoundly have this need. Have you ever had that experience?*

Not certain that I had had that experience, I asked her to say more. She explained:

*It's like when you've been beating your head against the wall for a long time and you stop and you realize: Oh, it feels better when you don't do that. Yeah, you don't really notice in the moment and then you stop. That is the experience, I think.*

Woven across our conversations, Genevieve had spoken of having felt cared for as a student, as an early-career researcher, and as a colleague. She spoke of the care she feels from her coach—and recognizes the “*self-care*” aspect of that relationship. But, in her current leadership role, it was not until care returned, in the form of a relationship with a new colleague with whom she would work closely, that she was able to experience the presence of care again in her everyday work environment.

Taken together, these conversations with Genevieve have drawn me to think about the ways in which care is made visible and invisible in the work of academic leadership. Thinking with this story, drew me to think back across our conversations and to notice that Genevieve had, earlier in her career, sensed that her own care for colleagues was invisible. I turn to this invisibility of care, in the work of a chair, below.

### **Caring and Chairing**

Genevieve spoke often of her work as a department chair across our conversations. In particular, she reflected upon the ways in which she cared for her department colleagues—in a way that was, almost, intentionally invisible. In our first conversation, she shared her experience of caring as a department chair:

*This role [of chair] is about spending an inordinate amount of time thinking about all of [my colleagues], so they never have to think about me. That is actually true. And I know that from my time of not being chair. ... [Back then, I thought], I don't know, when am I going to go talk to the chair? But, I'm sure the chair was thinking about me.*

In a subsequent conversation, Genevieve shared that her proudest moments in her career included supporting colleagues in their tenure applications during her time as chair. She shared:

*Things like the fact that while I was chair, I managed to promote or support the tenure of [more than a dozen] of my colleagues. And that makes a pretty significant difference in a person's life, and it's nice to have been able to support them. So: Care.*

As she retold this story late in our research conversations, she added that: “*I would really credit other people with encouraging folks to seek promotion, and that kind of thing. But it's nice to have played a small role in that moment for folks.*”

### **Seeing Care**

And yet, even while reflecting upon the intentional invisibility of care in her experience of serving as chair, and even while thinking with her experiences of the hard work of care, Genevieve sees care across the academy. She said:

*I think [care] exists in lots and lots of places. I actually find that experience to be more prevalent than the competitive experience, I would say, in my day-to-day life in the academy. And that might just be about who I choose to spend my time with. The graduate student-supervisor relationship, if it's a good one, is a pretty caring relationship. Good relationships between students and professors have that dimension to them as well. And you know healthy departments have those kinds of collegial relationships.*

And yet, Genevieve calls attention to the puzzle, the contradiction, which she attributes most directly to the ways in which faculty members are evaluated. She recounted:

*It's a funny space, because it is overlaid with that competitive piece and people feel that very dearly. And you really feel it around [faculty evaluation] season when people lose their minds. But, thank goodness, we don't feel that way all year. [Faculty evaluation], for example, is so hideous, precisely because it feels like this moment is incongruous with how we generally want to be in the world. I think that tells us something about the*

*general way that we operate. So, if the question was something, like what if [faculty evaluation] was a place that was about care and concern and kind of [a] developmental model instead of judgment. ... But why does the anxiety say, “Oh, we must be assessed if we’re going to produce.” There’s something about that kind of capitalist logic that is actually what keeps us on that treadmill. We’re scared to just be kind.*

Over our time spent together in research conversations, I returned to the wonder about the culture of academia—the competitive culture, the culture of debate, criticism, and rigour. As Genevieve assesses, correctly I think, much of this culture is emphasized, enhanced, and reinforced through the means of faculty evaluation. While Genevieve’s story is not focused on thinking about ways to change this aspect of academic culture and dominant institutional narratives, she shared with me her hope for her contribution to this study. She wants to create visibility about care in the academy. She has wanted me to emphasize:

*... that contradiction that we talked about earlier, between the university as a competitive place, but also a place of actually quite intense care. [That] strikes me as important for people to know about—or to think about.*

### **Coda**

When Genevieve and I met for our second research conversation, early signs of spring were upon us and we took the opportunity to enjoy a long walking conversation. With microphones clipped to our lapels, we ventured out to walk upon the gritty streets and sidewalks. The sounds of gravel under car tires sometimes obscured the clarity of the recording, but we longed for time in the sun, and the risk of an imperfect recording was worth it. Outside the shelter of office walls, we navigated melting ice, our conversation punctuated by puddles and water flowing into drains. At one point, after crossing a particularly icy intersection, Genevieve

looked at the fast-flowing water, suggesting: “*Doesn't this look like fun? Don't you want to make a boat?*” We both laughed at the thought. But, I did want to make a boat and watch it traverse just-forming pathways.

As I have thought back to this moment, I have recognized the ways in which both Genevieve and I have navigated our journeys through academia in ways that have been seeking—and finding—care and care ethics. Genevieve’s reminder that the “*university is a competitive place, but also a place of quite intense care*” has continued to sit with me. I imagine a melting; I imagine care’s visibility. I imagine the possibility of traversing these just-forming pathways. Perhaps we will make that boat yet.

## Chapter 8: Resonant Threads

Since beginning the experience of co-inquiring with Beth, Lynn, Abby, and Genevieve, I often found myself thinking with their stories as I continued to journey forward in time, living out this experience of writing. Their stories have been working on me, living with me, even when we were physically distant. Through the experience of living and inquiring in this way, I slowly became attuned to the *resonant threads*—or patterns—collectively emerging across their and my experience. For me, it has been as if our storied lives began to speak to one another, sharing voices and experiences that while individually lived, told, retold, and relived began to produce echoes between and across the narrative accounts.

In narrative inquiries, this process of thinking narratively with and across multiple narrative accounts gradually shows the “resonant threads or patterns” (Clandinin, 2013, p. 132) and my continued thinking with these. Calling attention to these resonant threads is intended to “offer a deeper and broader awareness of the experiences” (Clandinin, 2013, p. 132). By engaging with the individual narrative accounts in this way, and by laying “the accounts metaphorically alongside one another” (Clandinin, 2013, p. 132), I became increasingly awake to the experiences resonating within, between, and across our lived, told, relived, and retold stories.

### An Invitation to Thinking With Resonant Threads

For readers of this dissertation coming to know or returning to narrative inquiry as a methodology, I offer an invitation to share in my understanding of what a resonant thread is, in contrast with adjacent terminology, alongside my own process of *awakening to* the resonant threads that emerged through this research. First, while I acknowledge that the experience of reading about *resonant threads* bears some resemblance to the experience of reading about *themes*, a key distinction remains. Specifically, identifying resonant threads across accounts is



not a process of seeking to find universal stories, generalizable across all narrative accounts. Rather, the “richness of the narratives of experience” (Clandinin & Connelly, 2000, p. 142) remains the focus, such that all participants’ and their stories need not appear in each resonant thread. Indeed, in this context, analysis through a thematic coding exercise would be viewed as a “kind of reduction, a reduction downward to themes ... yield[ing] a different kind of text with a different role for participants” (Clandinin & Connelly, 2000, p. 143). Instead of aiming to create a “generalizable document, in which the threads constitute generalizations and participants fade into support roles” (Clandinin & Connelly, 2000, p. 143), in showing the resonances across Beth, Lynn, Abby, and Genevieve’s experiences, I remained rooted in my commitment as a narrative inquirer to understand experience through stories.

I have also embraced the notion that *resonant threads* stand apart from *themes*, seeing resonant threads as ungeneralizable owing in part to attention to time, sociality, and place—the three-dimensional narrative inquiry space. What this may also mean is that, repeated in another time or place, with other people or another researcher, the *results* of this inquiry would be different. That is, while I have come to appreciate that *resonant threads* and *themes* may be adjacent to one another within the world of qualitative methodologies, broadly considered, the resonant threads I explore below were developed through a process of *awakening*: reading and re-reading the narrative accounts together; returning to and writing about my own experiences and stories of living alongside Beth’s, Lynn’s, Abby’s, and Genevieve’s; and slowly coming to recognize connections between Beth’s, Lynn’s, Abby’s, Genevieve’s, and my stories as they were lived and told, and as they came to be written.

### **Situating the Writing of the Resonant Threads**

Because of the time in which the participants' stories were initially shared with me—2019—and the time in which the resonant threads were written—2020—I have felt that it is important to acknowledge that both the narrative accounts and the resonant threads are, at least partly, shaped by, with, and in the temporal space in which they were written. While the threads I began to identify in late 2019 and early 2020 have remained, composing this and the final chapter of this dissertation while living in the midst of a global pandemic—alongside calls for greater attentiveness to societal issues such as systemic racism, climate change, and gender-based violence—has (re)shaped my reading, thinking, and writing in relation with Beth's, Lynn's, Abby's, and Genevieve's experiences, and continues to shape my thinking with and across the narrative accounts. I have been certain that I am not alone in this feeling, and I have noticed fellow scholars beginning the work of trying to understand what it means to be an academic in these very specific and complex moments in time. Of course, all scholarly work is of its time, but in this case, it may not be appropriate or possible to read (or write) this or the other chapters of this dissertation without acknowledging the social, political, familial, institutional, and temporal narratives shaping this writing.

To situate this writing in the midst, I have ended each resonant thread section with what I am calling a *pandemic postscript*, a reflection that is intended to locate each resonant thread within the time of its writing. While these *postscripts* follow the resonant threads, I also acknowledge that the writing that appears in this chapter was not always composed in a linear fashion. Even though I had been thinking with the resonant threads for several months, I sometimes wrote with the lens of the pandemic as a way to begin writing at the beginning of a day—or as a way to slow down and reflect on a moment in time. The placement of these

reflections, however, is intended to acknowledge the resonances across Beth's, Lynn's, Abby's, and Genevieve's storied lives before reading the ways in which I felt the resonant threads reflected back to me during a very particular time.

### **Awakening to Three Resonant Threads**

In this chapter, I explore three resonant threads, which can also be thought of as “echoes that reverberated across” (Clandinin, 2013, p. 132) participants' stories of care and care ethics as they were “lived, told, retold, and relived” (Clandinin & Connelly, 2000, p. 71). These threads are: *learning to care* and seeking to understand where care comes from; *the challenge of care*, with a focus on caring in challenging moments and times; and *care for the self* as a condition of care. Together, these resonant threads move towards the emerging implications of this research, while enriching my understanding of and experiences of care-centered leadership, which I discuss in Chapter 9.

The resonant threads themselves draw upon the text of the narrative accounts, as is usual within narrative inquiry. Where quotations from participants appear in this chapter, they are typically shorter versions of extended quotations that appear in the full narrative accounts.

### **Learning to Care: Awakening to Where Care Comes From**

When I began to seek participants for this narrative inquiry, I wondered who would agree to join me in the inquiry, who would travel with me, who I would travel alongside over the course of many months. I wondered what would call them to inquire into and want to think with their experience of care ethics in higher education and in their lives as leaders.

In the months that followed our time together in conversation, as I drafted the narrative accounts that I negotiated with each participant, I focused on their individual accounts with the intention of remaining committed to the stories of individual lives and experiences as they had

unfolded through our research conversations, and as they had been shaped by narrative inquiry's commitments to inquire into stories of experience in the metaphorical three-dimensional narrative inquiry space, moving backwards and forwards, inwards and outwards, with attention to the dimensions of time, sociality, and place. I then moved to thinking across these accounts and began to gradually awaken to the ways in which stories of "learning to care" and "where care comes from" resonated across the narrative accounts.

As I awakened to this thread, I did not see or feel uniformity across the accounts; rather, I began to see, in the stories that Beth, Lynn, Abby, and Genevieve lived, told, relived, and retold that *they have been cared for* and that these experiences have shaped and given language to how they each have embraced and practiced care-centered leadership.

### **Experiences of Care from Mentors**

As Lynn, Abby, and Genevieve thought backwards and forwards, inwards and outwards, their stories of learning to care—of being cared for in ways that gradually led them to embrace care ethics in their leadership practice—had origins in encounters with mentors.

Lynn's experience with a former dean as a mentor shaped her view of her potential in leadership roles and how to express support. As Lynn moved backward in time and place as she called forward memories of when she had been offered the invitation to consider accepting the role she held, Lynn shared:

*I went immediately to see my dean who was always really supportive and very much a true mentor to me and always gave me great opportunities, obviously. ... And then I told him about it and he was so encouraging.*

Thinking with this experience drew Lynn forward to her more present experiences of care from mentors:

*In my current role, I still do often have those experiences of caring. And one of them is [from] the person I directly report to. She's really good about caring. And she cares by being supportive and listening. ... And I feel that I could go to her with anything and she would support me and that makes me feel cared for.*

As I continued to think with Lynn's stories, I gradually realized that her recognition about how her experiences with mentors who cared for her now shape the ways in which she expresses and practices care and care ethics in her current leadership role. For Lynn, her practice of care and care ethics has been influenced by having experienced care, herself, in relation with others in leadership roles.

Abby's experiences of mentorship in care practices harken back to her days as a student, at a time when a professor mentored her. She shared:

*I would say I definitely had a mentor who was a feminist professor in the field that I work in. And she is the reason why I do what I do. ... She was "calling me in" by meeting me there and asking me a question that she knew I could answer and feel ok with.*

Across Abby's lived, told, retold, and relived stories, she emphasized the need for "being genuine" with, and to "really listen" to, those she leads. In lingering with Abby's experience of living and learning alongside a professor whom she grew to understand as a mentor, I saw that as she expressed the relational nature of care, she was simultaneously acknowledging that caring relations are unique to the individuals within the relation. Taken together, "being genuine" and "really listen[ing]" create the space for relational care in her leadership practice. Acknowledging that this earlier mentor in Abby's life "is the reason why I do what I do," supported Abby to show how this experience continues to reverberate in both her career as an academic, and too, in the ways she shows care and lives care ethics in her leadership practice.

In Genevieve's stories of receiving care and mentorship, she drew upon a time when, as a graduate student, she experienced care through mentorship. She remembered the care she received with the following words:

*The time. The thoughtfulness. The ways in which it wasn't a canned answer, one he would have given to every student. It really was directed at me and who I was.*

Like Abby, Genevieve identified this experience of receiving care, of feeling cared for, as an individual, as a relational experience—an experience between herself and the professor from whom she received advice. But, for Genevieve the experience of being mentored as a graduate student was complex. I am thinking, here, about the ways in which she was told to *not* speak up, recalling this story:

*[S]ubsequently I was at a social gathering with another professor and she said to me, "I heard about that thing you did in class. Don't. Don't ever. Don't ever do that again. It's basically a career limiting move. Just don't be like that." And she was trying to protect me, right? ... But was that good advice? I stood up for someone and that was important to me, in the face of what I understood to be real abuse. ... So, it's kind of an interesting arc of care and not care in the stories there.*

Genevieve's attentiveness to this experience brings forward the idea that, through personal experience of mentorship and leadership, we may choose other paths when we find ourselves in roles as mentors and leaders. In other words, sometimes we learn *what we would not do* from what we experience.

### **Familial Experiences of Care**

In Beth's stories, she linked the care she has for students and her practice of care-centered leadership as intrinsically linked to her relationship with her mother. She shared:

*For me honestly, the first thing I think of is my mom. To me, she's like the symbol of all care and I think I learned how I think about care from her. ... I think just that sort of motherly love, that "unconditional, always in my corner" kind of care is what I think about. And I guess that's how I envision myself at [my institution]—as a mom to [all the] kids. You know, that I just try to love them how my mom loved me, I think. So, that's my sense of care.*

As Beth and I continued to inquire together, and as we continued to think with our stories of experience, she moved inward and backward towards more stories about her mother as the origin of care in her life and leadership, especially through difficult times.

Lynn also brought forward the connection between familial care and the practice of care ethics later in life, even though her story of familial care includes tensions, because “[my parents] couldn't create a nurturing home environment the way that I'm sure they wished they could, but they certainly tried in other ways.” Still, as she looked inwards and backwards at the ways in which her parents expressed care, she understood their desire for her to go to university as wrapped up in care, caring relations, and care ethics: “But I have to say the work ethic [for my parents] was a big deal. ... Well, my earliest memories are we would go to university.” Lynn has continued to hold this memory close, and continues to be shaped by it personally and professionally.

In my own narrative beginnings in Chapter 1, I, too, have drawn upon stories and experiences with my mother, showing how these experiences shaped and continue to shape how I have learned to care. As I have continued to think with these stories of experience, I am reminded of Noddings's distinction between natural caring and ethical caring (1984/2013), noting that natural caring is akin to that which one has for a child, and that ethical caring emerges

from this care, but in places, in times, and with people for whom natural caring is not automatically present.

As I have continued to linger with these stories, I see familial stories as a kind of a *continuity of care*—stories, for some, of learning to care and understanding where care comes from.

### **With the Threads of This Resonance**

As I have reflected on the resonant thread of the experience of learning to care across the narrative accounts within this inquiry, I have come to think of this thread as a site of *beginning stories* of care ethics practices in leadership contexts. Even with the notion of “natural caring” (Noddings, 1984/2013) ever-present, this resonance drew me to attend to how learning to care in Beth’s, Lynn’s, Abby’s, Genevieve’s, and my lived, told, relived, and retold stories forwards the idea that learning to care can be connected to experiences of being cared for, even in the midst of experiences of not being cared for in professional contexts. For instance, Lynn, Abby, and Genevieve have supported me to see that not only did they experience care from mentors, but that they were simultaneously being mentored to live and practice care. Along the way, embracing care ethics in academic leadership can be, as it has been for Beth, Lynn, Abby, Genevieve, and me, shaped by, with, and in experiences.

I wonder, then, what it might be like if even more individuals were to deliberately embrace care and care ethics in their leadership practices. And, I wonder why more individuals in leadership positions do not embrace care. Why is care not systematically encouraged (and voiced) in leadership? Why does academic competition still seem to be the dominant story? I am wondering what might happen if more people in leadership roles inquired narratively into the presence and absence of care in their life-making and how that presence and absence shapes who



they are and who they are becoming as academic leaders. I wonder if more people might embrace care ethics if they inquired into themselves and their experience in relation with others. I imagine that experiencing care—and recognizing experiences of care as care—might profoundly shape practices of care.

***Pandemic postscript:*** In the first days after the global pandemic was declared, I called my mother every day. I wanted to check in on her, to see how she was doing, to confirm that she was well and staying home, to make sure she had groceries and other things she needed. She was better prepared than most, having made it her habit to stock up on cleaning supplies when they were on sale and always having a freezer filled with food. It was probably a few weeks of such calling before she gently indicated that I did not need to call to check in on her every day. In those first weeks, though, I think I called her as much for her benefit as mine. The woman who first taught me how to care for others, and myself, was at the forefront of my thoughts, even as I worked twelve-hour days, alongside so many colleagues, to swiftly move courses online and to communicate with students, instructors, staff, and each other in ways that were clear, but that acknowledged a context that was dynamic and changing rapidly. I experienced many moments when decisions I and others made were guided by, in my view, an ethic of care. We were attentive to the impact our decisions might have on the lives of students; whenever possible, we recognized that we needed to offer support and care for all students, instructors, staff, and each other—and their and our individual experiences of crisis and trauma.

In this midst I thought, too, of each participant in this inquiry and how she would be experiencing the pandemic, knowing that each would be navigating her own unique context, while drawing on her knowledge and experiences of care and caring to lead in ways that could not help

but be unprecedented. Yet, I also thought of the ways in which these moments were and were becoming part of our collective continuity of experience (Dewey, 1938/2013), knowing that everything that preceded this particular time, and everything that will follow, flows into and out of our individual and our shared experiences of these moments in this time.

### **The Challenge of Care: Caring in Challenging Moments and Times**

If leading with an ethic of care was easy and uncomplicated, the stories told across this inquiry would not be so complex. If care-centered leadership was easy, the stories Beth, Lynn, Abby, Genevieve, and I have shared and inquired into would not have shown the messiness of living with and within systems and institutions of higher education that continue to change and evolve, sometimes rapidly; the stories would not have shown that often, at least in our experiences, these systems and institutions seemed to be frequently sustained by dominant stories of competition and power in higher education.

As I discussed in Chapter 2, neoliberalism is one of the factors that has influenced the ways in which care is experienced and practiced, with the time and financial pressures that have infiltrated, influenced, and limited the ways in which leadership is practiced, in higher education and elsewhere. While neoliberalism remains in our midst, I expected to hear more stories about the impact of composing lives as leaders in neoliberal times across Beth's, Lynn's, Abby's, and Genevieve's lived, told, retold, and relived stories. Instead, a resonant thread emerged, foregrounding the challenges of caring during (often personally) challenging moments, in the midst of challenging times. There are two patterns that join together to form this resonance: *the limits of care* and *the labour of care*, both centering on the ways in which caring is complex, and can be challenging to both the one-caring and the cared-for.

### **The Limits of Care: Tensions in Challenging Moments**

Even for someone who has consciously and deliberately embraced care ethics and care-centered leadership, limits to care can emerge. For Beth, this limit was experienced following an instance of sexual assault on campus when she found herself unable to *care for* both the individual who had perpetrated the assault and the victim. She recalled:

*He had reached out a few times afterwards wanting to come back [to the institution]. ... [But] it was like, "We're done here. You're no longer a member of this community. You've lost the right to be a part of this community."*

For her, and I imagine many others including myself, "*there are those moments when care is done.*" As I have lingered with Beth's re-storying of this experience, I realize that the tension embedded within the story is that Beth typically stories herself as universally able to care for everyone involved. Emphasizing the relational nature of care, Beth acknowledged that it was not possible for her to care universally and equally in this situation. Instead, she had to leave aside care for the person who perpetrated the assault to others, an attentiveness that may also be read as a form of care. For me, this particular limit brings forth a wonder: What is the experience of not-care or "*care is done*" for those who embrace an ethic of care? My sense is that these limits are individual and circumstantial, that there is not a guide to follow. Still, these wonders grew from attending to this resonant thread, because they gradually drew us to understand and awaken to the ways in which there *can be* a limit to care.

In contrast, Abby's stories of bumping against limits to (other's experiences of her) care were the result of externalities, circumstances Abby needed to respond to, but which were outside of her control. Specifically, she reflected on the impact of budget cuts, a circumstance almost normalized in higher education at present. She recalled:

*I think budget decisions made on the basis of budgets have to be done with that care in mind. ... And it will have a massive impact on the pay of our most precariously employed. ... I need to do this for the good of the students, because we need to make sure these programs exist.*

As I lingered with the tension Abby brought forward with this story, I realized that this is a tension that may be, given current events such as public sector budget cuts, one that sits within the realm of possibility for many in leadership roles in higher education. My further wonder about the limits of care is connected to Abby's comment about her authority and autonomy. She said: "*I could be as feminist-minded and caring as I want. In the end, there's nothing I can do, actually.*" I have continued to wonder about the ways in which feminist perspectives interact with care-centered leadership—and the ways in which Abby, despite her care and care ethics, felt a sense of helplessness and hopelessness in the face of budget cuts. I have continued to wonder (and worry) if this is something that will continue to be experienced in higher education.

Even as I imagine an invitation for leaders who are or wish to embrace care-centered leadership, I recognize that within our stories of care, there are also limits. And I wonder if these *limits* are not necessarily a lack of care, but, rather, a tension found within the experience of living by an ethic of care. I wonder what it might be like to embrace these limits, and also to question them. I wonder, in time, if care ethics in leadership in higher education might be more visible, but might at the same time address the ways in which we individually experience limits to care—both in the receiving and in the giving.

### **The Labour of Care: Risking the Work of Care in Challenging Times**

Abby, Genevieve, and Lynn drew my attention to the emotional labour of care as one of the risks of caring and practicing care-centered leadership. As I sat with, reflected with, and lived

with the narrative accounts of the participants, I continued to see and hear the ways in which they, collectively and individually, prioritized the labour of care. But, also, I gradually came to understand the multiple ways in which they experienced the tensions and the weight of caring in challenging times.

For instance, Abby shared some of the hard conversations she experienced as she stepped into her role as a department chair. She recalled, of the first individual conversations with members of her department:

*And so, those conversations were hard. But they were also wonderful. And I was really honest about that. ... So, I think it was a really great process. It's just emotionally exhausting.*

For Abby, she knew she wanted to, and felt committed to, “*listening, really listening,*” but there was also a personal risk of the emotional labour connected to that listening. To show and share care, Abby committed to the work of the caring relation.

Very similarly, Genevieve shared her story of working through a difficult situation with her team, through which she very consciously attended to care and care ethics and to the tensions that can arise when living counter-stories—stories that bump with the more typical and dominant ways of being and interaction in institutional spaces. She shared:

*You can put yourself out there and you don't exactly know how that's going to land. It doesn't necessarily land well.*

Across Genevieve's narrative account, through the experiences she storied and restoried, I have continued to wonder with the ways in which she balances care with personal risk and the emotional labour—the work—of expressing care and practicing care ethics in her every day.

Lynn, too, reflected on her experiences of the labour of care. Recalling her experiences with her team during especially difficult moments, she said:

*I think I'm getting a bit tired. Like, not tired of them or anything, but I think I need a little bit of a— I'm looking for four or five days where I'm just off and can recharge.*

Lynn was careful in her stories to emphasize that she was not “*tired of them*,” her team, but that the experience of caring fully was wearing, that she felt weary. Care is work. Practicing care ethics intentionally risks an increase of emotional labour for the practitioner.

### **With the Threads of This Resonance**

Listening to and thinking with experiences of leading with care, embracing care ethics, and practicing care-centered leadership, has led me to wonders about the ways in which one might embrace a willingness to dwell with and within tension, to live with the tensionality (Aoki, 1991/2005) and hardships alongside growing individual capacities to care, brought on by an individual willingness to care. I have continued to wonder about the experience of awakening to the experience of leading with an ethic of care, prioritizing relationality, recognizing the ways in which it is not perfect, and comes with certain kinds of hardships and risks attributable to the work of care. Still, as I have continued to think with the stories shared across this inquiry, I have continued to wonder about the ways in which, for Beth, Lynn, Abby, Genevieve and myself, these risks and hardships may be worth the effort, the experience.

***Pandemic postscript:*** In beginning this work of researching care-centered leadership in higher education, I made a silent commitment to infuse an ethic of care into this inquiry, into my leadership practice, and into my everyday experience. In the weeks that followed the declaration

of the pandemic, in the wake of significant budgetary challenges within the institution in which I worked, I found myself feeling cared for alongside the experience of *not-care*.

First, in April 2020, I was notified that the leave that had been institutionally approved for me to write the final two chapters of this dissertation was no longer of *value* to the university. After more than two decades as a member of the university's community, as both a student and an employee, this news was shared with me in the form of a letter that a human resources professional was instructed to email to me. (Upon receiving the email and reading the words, I wept. My eyes swelled; I could barely see.) I continued to wonder with the use of the word *value*, sensing and feeling that *I* was no longer of value. And, perhaps, in the eyes of a neoliberal-minded directive during pandemic times, I was not. For me, I experienced this as a way in which an ethic of care—a relational ethic in which humans see and connect with one another, caring *for* one another—was absent or neglected, with time and financial pressures as justification for care-less action. As much as I understood that the decision was at least partly a product of the moment in time, a more care-centered approach might have, for instance, included a conversation with me (at least virtually).

Then, not long after, I was asked to inform a staff member that their position had been “disrupted” due to organizational changes. Within the organizational chart, it was my responsibility to speak these words. I am aware that these kinds of decisions are sometimes unavoidable, and that the hardship lands with the person hearing the words, not the one speaking them. Still, it was important to me to show compassion and care in that moment. I tried to do so with eye contact through a screen and assurances about the individual's good work. But it seems to me that there is nevertheless some care that is absent in the specificity and rigour of the words that are required alongside the messages delivered to the “disrupted” person in those moments. I awakened, in this moment, to the tension between my desire to be relational and to enact my ethic

of care, and the message that, because of my position, I needed to share this decision with my colleague. While I had been engaging in enacting care, this experience interrupted my thinking and challenged me to think with care in difficult situations. It also added complexity to my understanding of care: care, as I was learning, is not always a manifestation of emotional empathy, but can be found in the careful delivery of life-altering news in ways that support the receiver as they might need in that moment. I want those who work in leadership roles, including myself, in higher education and elsewhere, even in difficult and unprecedented times to ask: Is this caring? Does the way in which I deliver this message live the care ethics I espouse? At least for me, I know I must try to carry care into these moments, attending to the other.

### **Care for the Self: A Condition of Care**

Beth was the first of the participants to bring forward the idea of self-care as a condition of care, a necessary activity that supports care-centered leadership. When I am drawn back to that moment, I recognize that she surprised me by linking care ethics to self-care. She said:

*The first thing that comes to mind [when thinking about care ethics] is self-care. As I think about trying to be a safe place for students and to care for the entire campus community, I have to take care of me so that I can do that and be that.*

Even as I felt personal connection with this experience and joined Beth in sharing stories that linked self-care to the practice of care-centered leadership, I wondered if she and I might be alone in this language, in this way of experiencing our lives in the making.

I began listening for stories of self-care as I inquired and as I lived my days, but it was not until reading and re-reading and thinking and re-thinking with Beth's, Lynn's, Abby's, and Genevieve's lived, told, retold, and relived stories that I began to sense the strength of this



particular resonant thread. Across three of the four accounts, the language of “self-care” is present, even though I had initially not attended to it, in a range of contexts and through a range of practices. Specifically, the participants identified practices that are woven together: movement and music; research and writing; and rest and recalibration.

While the practices Beth, Lynn, Abby, and Genevieve storied are connected, they are personal and do not suggest or imply a universal strategy for self-care. Rather, my intention in foregrounding this resonant thread is to emphasize, first, how they shared their senses of the frequent need for self-care in the practice of care-centered leadership. Second, they drew my attention to, and developed my understanding that self-care takes multiple forms, and is indeed centered on one’s self. And, third, after many months of reflection, I have come to see this collection of actions and activities as care *for* the self. In other words, following Noddings’s distinction between *caring-for* and *caring-about* (Noddings, 1984/2013, p. 207), emphasizing, in this conceptualization, the difference between caring relations between individuals (*caring-for*) and caring directed towards a group or a cause (*caring-about*). I imagine, then, that *care for the self*, by attending to the relationship one has with one’s self, is what can become a condition that supports care-centered leadership. As Beth suggested:

*It’s striving to ensure that my care is ethical and that happens when I take care of me, that I’m not trying to meet some unmet need in myself by caring for someone else. But it’s coming from a really unconditional and empathetic space of care.*

In other words, and as the threads below further emphasize, care for the self can shape space to care for others.

I think, too, about Audre Lorde’s oft-quoted line, from *A Burst of Light*: “Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare”

(Lorde, 1988, p. 132). In settings like higher education, perhaps especially during (these) times of neoliberal reform, *care for the self* offers up a way to resist dominant institutional narratives and to experience the wholeness of a life more consciously and with more awareness.

### **Care for the Self With Movement and Music**

As Beth began to draw my attention to self-care in the context of a practice of care ethics, she identified time at the gym as one of her essential forms of self-care. For me personally, in recent years, I have experimented with similar activity in the form of spin classes (in person within a community and, during the pandemic, online). Reflecting on a conversation about practices of self-care with a colleague, Beth succinctly stated that for her, “*Self-care is going to the gym.*”

Similarly, as Genevieve and I engaged in our walking conversation, moving through gravel and puddles, as spring emerged in 2019, she shared a story of learning to play music as a child, and the ways in which music continued to be present in her life. Much later in our inquiry she returned to think broadly about her own self-care practices, identifying a range of intentionally structured practices:

*I play music; I go to the gym; I throw dinner parties that force me—that oblige me—to cook beautiful food for people because that’s what I love to do. So, I have some structures in place that nourish my soul—all of it.*

Again, the wholeness of a life emerges through recognizing that the self—a whole self in relation with others—participates in the caring relation.

As the pandemic has lingered, and while I continue to embrace an ethic of care in my own practice of leadership, I have found myself regularly re-committing to movement and music. My day begins with movement (including the aforementioned spin classes, but also,

sometimes, yoga). But I've also re-embraced music as a form of care for myself, revisiting piano lessons I first encountered when I was four-years-old, and newly embracing the ukulele as a portable (and playable, even for beginners) instrument. I've found comfort in these experiences, and in sharing these experiences with others, including colleagues. And in these experiences, I have practiced care for my self, much as Beth, Lynn, and Genevieve described and practiced care for their selves.

### **Care for the Self With Research and Writing**

Continuing in metaphorical conversations with Beth's and Genevieve's narrative accounts, I attended to how they both found a connection between the idea of self-care and making time to research and write. For instance, Beth, anticipating a couple of days away from the office, looked forward to working on a research project, through which she maintains a connection to her scholarly identity. She shared:

*I've got ... a research project that I'm working on that I need to work on. So, I've got to do that. ... I think even for me, self-care is still keeping some work in life. Not totally pushing it to the side.*

I continued to wonder and linger with this idea, especially in moments when I, too, found research and writing to be sustaining and nourishing activities, especially in moments when other elements of my work-life have felt deeply uncertain.

Genevieve also showed how in her experience self-care was connected to making time for research. As she shared stories of the tensions she experienced between her *research self* and *leadership self*, self-care became central to her story of selfhood and identity. She said:

*I think caring for my [research] work is about caring for myself. It is an act of self-compassion. And when I can do that, I can care for others better. ... I mean, it's sort of*

*weird to care for yourself through your research, which is really hard and gnashing of teeth and, you know, messes with your head and all of those things. But it's also very creative and affirming.*

Beth and Genevieve gradually drew me to awaken to understanding that embracing a scholarly identity alongside a leadership identity requires time for research and writing and how, in the experiences we storied and re-storied, attending to research and writing was self-care. For both of them, making time for this work takes the shape of and feels like self-care—and self-compassion. That is, this *work* is a form of *care for the self* that enables care-centered leadership.

### **Care for the Self With Rest and Recalibration**

As I spent more time wondering with our stories of self-care, I returned to Lynn's and Genevieve's stories, attending to the ways in which they wove stories of rest and recalibration as self-care practices that supported their practices of care-centered leadership.

While Lynn described that she is “*often not so good at making time for myself and caring for myself,*” she also storied her need to rest as a significant element of her self-care practice. She shared, after having spent a week away from the office:

*That's part of the reason why this week has been so relaxing for me is because I haven't had to deal with that tension. I feel light as air. I didn't feel it until I wasn't there.*

And then, later in our inquiry, she anticipated a similar need to rest:

*I think I'm getting a bit tired. ... I'm looking for four or five days where I'm just off and can recharge, because I'm feeling like I'm kind of holding a lot of things. And maybe holding a lot of things at once and I feel like my arms are getting full.*

In time, once our formal time embedded in story and inquiry and recorded research conversations came to an end, but as our lives continued to unfold and our paths continued to

cross, I noticed that Lynn seemed more able to take time to rest, to recognize the need, to recharge, and to care for herself. I wonder and hope that our time together, and her time reading and reflecting on her narrative account supported this awakening in her and, in some way, to remind her to seek rest and to care for herself in the ways she cares for others.

As I have reflected on rest as a self-care practice, I have also been drawn to Genevieve's identification of her time with a professional coach as an adjacent activity, one that creates time to step away or step back, in order to reflect on one's leadership and care ethics practices. In Genevieve's words:

*[S]tructure is one thing, and the deep work of really checking-in happens because I speak to a coach every two weeks. That's an important act of self-care and recalibration.*

To me, Genevieve's words underline that self-care in this context is an act, an action, something done deliberately and with intention. As well, self-care can be a kind of work, but it is work that is worthwhile and is done in support of a practice of care-centered leadership.

### **With the Threads of This Resonance**

As I think forward with the threads of this resonance, *care for the self* emerges as a condition of care, a necessary act of "self-preservation" (Lorde, 1988, p. 132) while, at the same time, supporting the desire to preserve care at the center of a leadership practice. In other words, pressing pause in the midst of leadership challenges, in order to care for one's self, emphasizes the wholeness of living, the wholeness of life in the making. Also, I wonder if naming and creating visibility for practices of care for one's self can shape and sustain the stories of care, care ethics, and relationality while living life as a leader. I wonder if such visibility—sharing stories of care for one's self publicly—has the potential to create space and support for new narratives of care for students, staff, and faculty.

***Pandemic postscript:*** I made lists. I made menu plans. I hosted virtual *together-apart* dinners with my family. I went for walks with my spouse. I spent money and time on a spin bike. (I wondered if Beth found something to replace her time at the gym.) I watched robins build a nest and I went to check on them, from a distance, every day. I connected with friends. I wrote haiku. I wrote a poem that is included in *Pandemic Poems* (Schultz, 2020). I slept way more than usual. And I napped. (I wondered if Lynn found time to rest.) I cried. I gave advice. I listened to advice. I listened to the sound of wind in the trees and the birds in the bushes; I smelled flowers. I grounded myself in the present as much as I could. I listened to music and thought about playing music. I did not play music as often as I thought about playing music. (I wondered if Genevieve was playing more music.) I baked cookies; I did not bake bread. I felt grateful. I often felt heaviness, as if the mud of the pandemic was clinging to me in layers. (I wondered if Abby's children were finding places to play in the mud.)

## Chapter 9: Care-Centered Leadership in Our Midst

I began writing this chapter in June 2020, against the backdrop of the coronavirus (COVID-19) pandemic, a time when we quickly shifted to ways of being physically distant from one another, wearing masks, washing our hands more frequently, and wondering how, and if, we might ever return to the way things were. I wrote the first draft of this chapter while much of the world (re-)opened its eyes to systemic racism, as Black Lives Matter and Indigenous Lives Matter protests, demonstrations, and calls for action grew alongside the pandemic. It has remained difficult to describe what it has been like to experience writing about care-centered leadership in higher education during such moments in time, from the safety of my home in Alberta, grateful for my spouse as my in-person lockdown companion, keenly aware of my positionality. The relevance of the metaphorical three-dimensional narrative inquiry space, attentive to interplays between and across temporality, sociality, and place, had never felt more present within my every day than during those first months of the pandemic.

As I read and re-read the narrative accounts first drafted in 2019, I attended to the stories told and retold about what life was like then for Beth, Lynn, Abby, Genevieve, and me. It was a time when sharing stories over coffee or tissues to dab tears was not only possible, but almost taken-for-granted, an unconscious way of being in a research conversation. Handshakes and hugs were commonplace. Being together was a way of being in the world and in the inquiry. As I drew backward and inward, these scenes of the research conversations replayed in my mind's eye. I began to sense how relationality in a pandemic *feels* different, as I recalled the experiences of growing to care about—and with—each participant over the course of our time spent together, physically, in conversation and inquiry.

Writing this chapter, then, began from a place of grief and loss for what was and for what is not possible during a particular moment in time in 2020. It began from a place of intense uncertainty and a longing for sentences that project a kind of vision for a possible future, as if there might be a way to grasp some semblance of normalcy and healing through the writing of such words. And yet, I reminded myself that “[the] knowledge developed from narrative inquiries is textured by particularity and incompleteness—knowledge that leads less to generalizations and certainties (Clandinin & Murphy, 2007) and more towards wondering about and imagining alternative possibilities (Bateson, 2000)” (Clandinin, 2013, p. 52). I have taken comfort in this reminder. And, so, this chapter situates itself in the midst of wonders of what this inquiry might shape and invite. That is, this chapter is not intended to bring forth certainties, but, rather, possibilities.

Alongside these emerging possibilities, the context of a global pandemic, in the midst of calls for attentiveness to significant societal issues, has shone (re-)new(ed) light on what it might mean to live and lead with an ethic of care in higher education. This unprecedented crisis has given rise to experiences and evidence of care-centered leadership, and has added complexity to how care might be practiced and sustained, near and far. Together with these moments, experiences of care’s absence also remain. And, so, my sense is that amplifying care-centered leadership, with all its complexities and multiplicities, as sustaining ways of leading and living in this world, may be even more important now than it was when I began to imagine this inquiry.

### **Emerging Visibility of Care-Centered Leadership**

As a narrative inquiry, this research has been guided by thinking with and understanding experience, and specifically attending to experiences of academic leaders who embrace, in their practice, an ethic of care. In coming to this inquiry, I sensed the possibility in making visible my



experiences which shaped my motivation for engaging in this research. What emerged, over time, in the places where participants lived and worked, and with milieus specific to each individual (Clandinin & Connelly, 2000, p. 20), was a visibility of what it is like to live and lead in care-centered ways.

In Chapter 8, I foregrounded the resonant threads that emerged across participants' narrative accounts. Specifically, their accounts drew me towards the reverberations of: being cared for by and learning to care from the presence and/or absence of care from others; the kinds of challenges and difficulties experienced when leading with an ethic of care; and the importance of care for the self as a way of sustaining a practice of care-centered leadership. As I continued to return to the narrative accounts, I realized that participants were also attentive to the language of care, to speaking that language, and to seeing care where it is present, and absent, across the breadth of the stories they lived, told, retold, and relived.

In the sections below, I attend first to the ways in which Beth, Lynn, Abby, and Genevieve directed specific attention to care's *visibility* in their settings of higher education, and to their collective desire to proclaim that, indeed, care exists in leadership spaces in higher education. Thinking with the (in)visibility of care-centered leadership as storied by Beth, Lynn, Abby, and Genevieve, had the effect of drawing me back to the social, practical, and personal *justifications* of this study. This thinking has supported me to revisit and retell what I had initially considered in Chapters 1 and 2, as I move towards forward-looking possibilities, what I see as the social, practical, and personal *implications* of this study. In doing so, these possibilities interrupt dominant narratives of both leadership and higher education, opening a space to imagine working and living otherwise in higher education and elsewhere. This chapter, therefore,

moves to address the “So what?” and “Who cares?” questions (Clandinin, 2013, p. 35) I have kept in mind over the course of this inquiry.

### **Making Care in Leadership in Higher Education Visible**

Thinking with Beth’s, Lynn’s, Abby’s, and Genevieve’s narrative accounts drew me towards the ways in which they each expressed their experiences of making care in leadership visible. These ranged from experiences with colleagues who became friends; care experienced across a team; seeing care across the spheres of one’s life; and realizing the depth of care in one’s midst.

Beth, for instance, was heartened by her experience with her colleague who became a friend, [Amy], telling the heartfelt story about a text message that shared and showed care in Beth’s life as a leader. Beth recalled:

*... [Amy] was at a conference last week and she texted me to say that she was talking with some colleagues there about how they feel supported in their universities and that she’d shared that she has me as her [dear friend, Beatrice]. And so that just made me feel fantastic, to know that she felt supported, but I also have that support.*

That feeling of care is one that Beth spoke of with a kind of joy that she recalled with great fondness, a feeling that lingered with me as Beth’s stories worked on me.

Lynn similarly shared a story from her current work life, thinking about the ways in which her team approached their work collectively with care for the work—and care for each other:

*I think that the care about the work comes from a kind of a collective understanding among all of us in this office, on our team, about the importance of the work and what*

*we're actually doing. And I find that when we are all understanding why we're doing what we're doing and for whom we're doing it—and it's never for ourselves.*

The experience of care that Lynn storied here began with the work, and then extended outwards towards and across her immediate team. She then also imagined the impact of that care on others—students, faculty, community—across the university campus. In this story of experience, care begins in Lynn's milieu, but care's impact extends far beyond.

Across the many months of engaging in this inquiry, I also often found myself thinking with Abby's story about feeling "*surrounded by care*," feeling this to be one of those stories that we do not hear often in higher education. She shared:

*I do try to enact everything that I do with care because I do feel completely surrounded by care. I think I'm very lucky. Not only in my personal life, family, how I grew up, but also professionally. ... I'd say that the people that I surround myself with, or I have the good fortune of being surrounded by, are those that enact care all the time. I recognize how fortunate that is. That begins already with the person that I work with most closely, who's my assistant chair. ... Knowing I have that is so much easier to walk through the world unfrightened. ... I have no one story because I think it's constant and ongoing and I'm very lucky for that reason.*

I think I have returned to this story many times because it seems rare, or "*lucky*," as Abby senses. But Abby's story is also a story of care becoming visible. With these words Abby has continued to remind me that, in settings of higher education leadership, there is care, but it is not considered typical to have this experience. I have also returned often to Abby's sense that this care allows her to "*walk through the world unfrightened*," and I linger with the wonder about how experiences of care have the capacity to shape courage, and action.

Thinking back to my conversations with Genevieve, I have recognized that she was sensitive to the dominant narratives of competition within and across the academy, alongside her own experience that care “*exists in lots and lots of places.*” As we continued to journey together and to think with our experiences with care ethics and practices, Genevieve also shared her emerging commitment to creating visibility for care. I have continued to linger with her words:

*... that contradiction that we talked about earlier, between the university as a competitive place, but also a place of actually quite intense care. [That] strikes me as important for people to know about—or to think about.*

Reflecting on Genevieve’s emphasis, and as her stories continued to work on me, I have sensed a commitment awakening in me to further attend to and foreground visibility about care in higher education alongside imagining spaces *for* the visibility of care to be seen in the academy. I will continue to wonder about how the shift from *invisibility* to *visibility* of care happens.

As I have reflected upon these specific examples, what strikes me is that each story of highly visible care, for these leaders, is connected to being cared for by others in their lives as they are lived, as they are unfolding. As well, in the “living, telling, retelling, and reliving” (Huber et al., 2013) of these experiences, these leaders have expressed their desires to see the care in their midst become more visible. Recognizing that these are stories of experiences of academic leaders who have embraced an ethic of care, and as I think inward and outward, backwards and forwards, I wonder further about the ways in which leading with care, alongside being cared for, is a kind of reciprocity of care. I return once again to the sense I shared in Chapter 1, that we do not care in this world alone. Understanding this, living and leading in relational ways, care-centered ways, creates the possibility for extending reciprocity beyond the relationship between the cared-for and the one-caring (Noddings, 1984/2013); the visibility of

care then creates the possibilities for others who witness or experience care to themselves act in caring ways. And, perhaps, creating these possibilities makes space through which it might be possible to begin to address issues like systemic racism, climate change, and gender-based violence in our midst, in our settings of academia, and in our own daily lives.

With care's emergent, and necessary, visibility foregrounded, in the following section, as I revisit the social, practical, and personal justifications of this inquiry, I aim to further address specific ways in which care-centered leadership can be enacted, made visible, and lived out loud.

### **Revisiting Social, Practical, and Personal Justifications: Implications and Possibilities**

As I have worked to compose this final chapter, I have embraced my commitments as a narrative inquirer to “return to the personal, practical, and social justifications of the work” (Clandinin, 2013, p. 50). In doing so, I share the hope “to create research texts that allow audiences to engage in resonant remembering as they lay their experiences alongside the inquiry experiences, to wonder alongside participants and researchers who were part of the inquiry” (Clandinin, 2013, p. 51). In revisiting the initial justifications for this work in this chapter, my parallel hope is to “engage audiences to rethink and reimagine the way in which they practice and the ways in which they relate to others” (Clandinin, 2013, p. 51). To do so, I begin by revisiting the social and theoretical justifications, before returning to practical justifications and then personal justifications, in order to show that thinking with this inquiry can be relevant in multiple ways.

### **Revisiting Social Justifications: Social and Theoretical Implications and Possibilities**

As I revisit the social justifications of this inquiry, I am reminded that “[social] justifications of narrative inquiries can be thought of in two ways: *theoretical justifications*, as well as social action, and policy justifications” (Clandinin, 2013, p. 37, emphasis added). As I

have returned to read and re-read, my initial social justifications of this inquiry alongside the threads that resonated across Beth's, Lynn's, Abby's, Genevieve's, and my lived, told, retold, and relived stories, I have been drawn to think with the idea forwarded in Chapter 2 that this study emphasizes the potential positive effects of caring leadership on both leaders and the people with whom they are in relation. I now see that one offering from this inquiry, in recognizing the initial social *justifications* and moving towards social *implications*, has been a *theoretical understanding* of care-centered leadership—a theory of the practice of the ethics of care in higher education leadership—adding to existing theories of care and care ethics practiced by individuals. The theoretical understandings that have emerged include the integrated and interrelated ideas and tensions brought forward through the resonances shared in Chapter 8, the resonances of: learning to care from others; the challenges and tensions that can be experienced alongside leading with an ethic of care; and the need to care for the self as a practice that supports and enables leading with care. The social and theoretical understandings are also furthered through the practical implications and possibilities described in the next section, as well as the personal implications I discuss in the last section of this chapter.

### ***Lingering with the Language of Care***

Across this inquiry, I have lingered with the language of care, the language initially brought forward by participants through our research conversations and time together in relation, and then later highlighted through their narrative accounts. While Noddings (1984/2013) emphasized the distinction between the *cared-for* and the *one-caring*, part of the complexity that has emerged in this inquiry is that embracing an ethic of care allows the possibility of being both the *cared-for* and the *one-caring* at the same time, in both the past and present, and across the narratives of a life in the making. Further, as the participants drew me to think with their stories

of *care for the self*, the layers of possibility, the integration of self and other(s) has drawn me to think about the language of care as simultaneously tri-dimensional. That is, the lived experiences of care are not isolated from one another: being the cared-for, the one-caring, and the one caring for oneself are integrated through life's narratives. This theory of *care-centered leadership* is sensitive to this integration of self and other(s), all the while acknowledging the multiple relational spaces within and between. To embrace care-centered leadership, then, invites *care for/by/with others* alongside and in relation with *care for the self*.

### ***Lingering (With) Wonders***

As I have continued to think with and revisit the social justifications for this inquiry, I have continued to think forwards and backwards, inwards and outwards, and with place. In doing so, in awakening to the theoretical potentials of this inquiry, I have been able to attend to several wonders that remain. For instance, what are the ways in which care-centered leadership can continue to or more easily be made publicly visible? Put another way, is the onus of responsibility for foregrounding care on the carer or the cared-for—or both? In places of higher education, who should be advocating for care-centered leadership? Can care-centered leadership or care-centeredness become an organizational orientation? Or, put another way, what stands in the way of care-centered leadership becoming commonplace? In trying to interrupt dominant stories of leadership in institutional academic spaces, by diving into the complex experiences of those who choose and advocate for care-centered leadership, who and what stories are left out? I am also wondering about the voices and experiences of students and staff who may also desire to experience and to contribute to care-centered leadership.

These wonders linger as tensions, but also as possibilities for future research. They linger in ways that remind me that this work is not yet done, that there is work to do for those of us who

may wish to see our campuses transformed into more care-centered places of leading and working, of research and learning, of service and community. I am thinking specifically about the possibilities that open up with the recent work and calls to action of scholars such as Cranston (2020), Donald (2016), hampton (2020), Johnson (2020), and Wall Kimmerer (2013). What I know, and understand from these scholars, is that the work of creating a culture of care ethics to effect change, supported by and through care-centered leadership, is in many ways just beginning.

What I have come to understand, even with these outstanding wonders in mind, is that to extend and expand care-centered leadership, academics have to be thinking in these ways, the ways in which an ethic of care can underpin everything, and recognizing that an ethic of care is indeed “a moral way of life, one that guides personal interactions in every domain of activity” (Noddings, 2010, p. 72). To care in these ways—to embrace care-centered leadership and attend to relational ethics—is not merely a *leadership style*; it is a *way of living*.

### **Revisiting Practical Justifications: Practical Implications and Possibilities**

It has been illuminating to linger with the initial practical justifications of this research alongside the resonant threads as I tentatively imagine implications and possibilities of this inquiry. In Chapter 2, I suggested that “my ultimate focus [was] on individual and organizational well-being in higher education” and “I therefore [suggested] and [imagined] that we may need new ways, care-centered ways, for leading in higher education.”

### ***Using the Language of Care-Centered Leadership***

What I have gradually come to understand, after having spent time thinking and living narratively in the midst of this inquiry, is that this inquiry has been unfolding since this research was first conceptualized. It is as if, thinking of the oft-cited Kierkegaard phrase, the story of this



inquiry had to be lived forwards, but can only be understood backwards. That is, what I have come to understand is that care-centered ways of leading in higher education were always and already present. But what was missing in my experience was, first, an understanding of some of the experiences of living in this way, and second, language that could be used to shape this way of living and practicing academic leadership. While Noddings's (1984/2013) and Gilligan's (1982) feminist care ethics has been used to shape ways of teaching and being in educational spaces, I now imagine the ways in which leadership spaces in higher education might also begin to *publicly* embrace care-centeredness.

I think of this not so much as a radical shift, but, rather a building upon other positive ways of approaching leadership work and leadership challenges. I am thinking here of proponents of *authentic leadership* and *servant leadership* (Uusiautti, 2013) or *transformational leadership*, (Simola et al., 2010), and the ways in which these leadership *styles* have transformed conversations about what is possible in the ways in which leadership is experienced and practiced. Language creates possibility—and the language emerging from this inquiry supports the visibility, practice, and living of care-centered leadership in relation with the worlds in which we, collectively in academia and elsewhere, live and work.

My enduring wonder is if the language of *care-centered leadership*, cast in a way that embraces a feminist ethics of care and a relational way of being alongside others, in higher education and elsewhere, is language that creates the possibilities that the participants in this study desire and describe. And yet, at the same time, I continue to wonder if language is enough. We need examples, lived experiences, and narratives to amplify these possibilities. Though the scale of this inquiry has been intentionally modest, I believe Beth, Lynn, Abby, and Genevieve have brought these voices forward.

Still, these voices and narratives bring only a start, yet another beginning. What may be possible now, is a way forward for others and for future research, to explore *care-centered leadership* in ways that go beyond this inquiry. What may be possible now—with this language of care in higher education leadership and the full range of experiences lived and told, retold and relived in this inquiry—is the awakening to multiple paths for myself and others to build upon this research.

### ***Countering the Narrative of Neoliberalism***

In Chapter 2, I also wrote that “care may be one of the ways resistance to neoliberalism may be practiced” and that this project was needed “in order to better understand the experiences of those who practice care.” As I have wondered with the practical implications of this work, I have read and re-read these statements. I recognize now, differently than I could before engaging in this inquiry, the ways in which the study of experience, “over time, in a place or series of places, and in social interactions with milieus” (Clandinin & Connelly, 2000, p. 20), shaped spaces for the sharing of experience and opened possibilities otherwise not possible. In its own way, this inquiry was shaped by, with, and in care-centered leadership, and drew me to understand how care-centered leadership can be seen as generative, as creating a counter-narrative to the experience of neoliberalism with which many in the academy have become familiar. Though primarily considering the American models of higher education, Fitzpatrick’s (2019) reflections are very relevant in this context. She notes:

[Where] in the mid-twentieth century, the value of education was largely understood to be social, it has in recent decades come to be described as providing primarily private, individual benefits. And this, inevitably, has accompanied a shift from education being treated as a public service to being treated as a private responsibility. ... This

*displacement* is at work in the defunding of public universities, which effectively transforms them into nonprofit organizations rather than state institutions. The effects of this program of neoliberal reform run deep, not least being that the dominant motivator behind these privatized institutions becomes sustainability rather than service, leaving universities, like nonprofits, in an endless cycle of fundraising and budget cuts. (pp. 9–10, emphasis added)

While care-centered leadership may direct us away from this *displacement*, Fitzpatrick offers the additional caution “that the building of relationships and the cultivation of care are slow and difficult and of necessity inefficient” (Fitzpatrick, 2019, p. 10). My hope is that, by imagining that an ethic of care can be *enacted* by leaders in higher education, and by seeking to understand experiences where this care is enacted already, an ethic of care might be *enabled* more broadly across our institutions. My hope is that the effect might be an expansive embrace of a narrative of care, a narrative that counters neoliberalism’s momentum.

For instance, I imagine the possibility of finding new ways, institutionally, to care for international students, upon which so many institutions depend financially, especially institutions in which English is the medium of instruction. Or, I wonder how leaders in institutions of higher education might more intentionally care for students from groups typically under-represented in higher education participation rates? How might this work of care support reconciliation or decolonization on university campuses and higher education landscapes more broadly? Are there ways to draw on this inquiry to enable meaningful responses to experiences of systemic racism, such as those made so visible through the Black Lives Matter and Indigenous Lives Matter movements? In thinking about these wonders and possibilities, I am once again reminded of Tronto’s (2013) definition of *care*: “a species activity that includes everything that we do to

maintain, continue, and repair our ‘world’ so that we can live in it as well as possible” (Tronto, 2013, p. 19). I wonder: What forms of *change* might be possible now?

And yet, I also acknowledge that living with and practicing an ethic of care is incredibly complex. Despite the possibilities that this work might open up—like the possibilities opened up for me through the works of Noddings (1984/2013), Tronto (1993; 2013), and Held (2006)—I also acknowledge that the ideas of care, caring, and care ethics risk becoming oversimplified. Tensions remain. For instance, acting with (or intending to act with) care does not guarantee that the actions will be received as care, as Genevieve brought forward. Or, caring for one individual (or group of individuals) may sometimes be in conflict with expectations of care for another. With this example, I think back to Beth’s story of care for an individual student following an assault; and I also reflect on to my own recent experience of witnessing student needs and faculty needs sometimes appear to be in opposition as institutions navigate the pandemic. In other words, as care and care ethics are woven into leadership practices, the threads of the complexities and tensions of everyday life remain part of the fabric of experience.

As I began this chapter and as I began the thinking with the resonances brought forward in Chapter 8, I acknowledged the ways in which the coronavirus pandemic is shaping higher education and the entirety of the world we, all of us, share. As I have written this chapter, I have continued to wonder how this pandemic has shaped—and might continue to shape—my understanding of care-centered leadership as it is practiced. For instance, I wonder: What does it mean to care in academia when we are all distanced and online? How do we connect and live relationally through our computer screens? In the midst of a crisis, how can we remain committed to an ethics of care, even as academic leaders may be required to make decisions without the benefit of full information, in the midst of uncertainty?

As I revisit the personal justifications of this inquiry below, I have imagined readers who might wish to embrace an ethic of care and a practice of care-centered leadership. Alongside reminders and remembrances, then, for those readers, I offer a place to begin.

### **Revisiting Personal Justifications: Implications and What I Will Remember**

As I began this research, I was aware that, alongside my hope that the work I would do might help to shape positive change one day, I would also be changed by the experience. I knew that as I entered the field to engage in inquiry alongside participants, as our lives were unfolding together, my ways of being in the world would shift at least as much as my thinking. All of this came to pass. While the social and practical implications of this research discussed above hold the promise of usefulness and imagined possibilities for change, there are things I will—in relation with Beth, Lynn, Abby, Genevieve, and their resonant and individual experiences—carry with me and remember as I move into my next academic leadership role.

### ***The Courage to Care***

To begin, care-centered leadership is not easy or perfect, and it is not merely synonymous with kindness. Embracing care in academia and in the work of leadership, especially visibly and vocally, carries with it the risks that the ways in which I practice care might not be experienced as care by others. I will sometimes get care wrong, even as I am attentive to relational ways of being with others. To attempt care risks being judged harshly for the attempts and the errors. I think back to my conversations with Genevieve and the ways in which she tried to show care with her team and then the sadness (and frustration) she felt when that care was not received in the ways in which she intended. But she tried again. Working on and with care takes time, much as building relationships takes time. I will remember: When I stumble, I will move forward; I will learn; I will try again.

Thinking still with Genevieve's stories of experience, I will carry with me the reminder that care-centered leadership does indeed bump with and disrupt, for many, the accepted, sometimes unconscious, ways of leading in higher education. Leading with an ethic of care deliberately counteracts—and creates counter-narratives to—the competitive ways in which academia is organized. This, too, may be a personal risk owing to the narrative of care as female or feminized. As Fitzpatrick (2019) notes of ways of being that are grounded in an ethic of care, following Gilligan and Noddings, “focusing on women’s grounding in interpersonal relationships and resulting personal responsibilities might enable the development of ‘a powerful and coherent ethic and, indeed a different sort of world’ from the male-dominated rational-objective world of principles” (Fitzpatrick, 2019, p. 208, citing Noddings, 1984/2013, p. 46). As someone who lives as a feminist scholar, I am also someone who is willing to live and assume the risks associated with living as a care-centered leader. Here, I think back to Noddings’s suggestion that this is not an easy path, that “[in] an age concerned with equity and justice—and far less concerned with relatedness and cooperation—we shall almost surely find it easier to join men [*sic*] in their traditional ways than induce them to join us” (Noddings, 1984/2013, p. 119). I will remember: In a (post-)pandemic era, alongside the ways in which relatedness and connectedness have become so present, I hope that the global crisis will shape spaces and places that foreground connectedness, thus shifting the dominant narratives of care in institutional settings through which leading with care becomes a viable and visible way of leading in higher education and elsewhere.

### ***The Need to Care for One's Self***

This is not, of course, to downplay the potential of the personal risks and costs of caring, or to ignore the very real labour of care. When I think with the stories of experience shared in the

midst of this inquiry, I am reminded frequently of the need to care *for* myself, to remain in relation with myself, even as I endeavour to practice care-centered leadership for and with others. I think especially with Beth and Lynn's stories of self-care alongside our experiences of leading with an ethic of care. I will remember: Care for self should be foundational to the holistic practice of care.

### ***Listening to Care***

In relation with my practice, I often think about Abby's way of describing her practice of "*listening, really listening,*" alongside "*being genuine.*" This pair of practices is something I hold close as I move into new spaces and places, as I think forward with how this inquiry has changed me. Fitzpatrick (2019) would call the former "listening practices ... including a willingness to attend to the other, to hear their concerns, and to act as best as possible in consideration of the needs expressed" (p. 208). In Abby's stories and experiences, I heard very similar ways of being with the people in her department. And I draw from our experience alongside each other as I begin new conversations and new relationships in the worlds in which I am working. I will remember: Listen deeply; be genuine.

### ***The Promise of Care***

What I have also come to understand, based on experiences shared and in relation with my own life-making, is that care-centered leadership is not a one-size-fits-all answer to the ills of our times in higher education and elsewhere. But, I have come to believe that the more that experiences and practices of care-centered leadership are made visible, the more that care-centered leadership becomes a possibility, a practice that can be embraced. In other words, it is not enough to practice care-centered leadership or to practice it in isolation. We must speak of and amplify care; share our own and others' narratives of care; and deliberately encourage and

acknowledge relational ways of being in our professional and personal lives. It is the visibility of care-centered leadership and lives that hold the promise of shaping change.



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## Appendices

### Appendix A: Information Letter and Consent Form

**Study Title:** Towards Care-Centered Leadership in Higher Education:  
A Narrative Inquiry into Care Ethics Experiences and Practices of Academic Leaders

<p><b>Research Investigator:</b> Christie Schultz 2-244 Enterprise Square 10230 Jasper Ave. University of Alberta Edmonton, AB Canada T5J 4P6 University of Alberta Christie.Schultz@ualberta.ca 780-492-6702</p>	<p><b>Supervisor:</b> Randolph Wimmer Professor Faculty of Education Educational Policy Studies Dept 7-157 Education Centre - North 8730 - 112 St NW University of Alberta Edmonton, AB Canada T6G 2G5 rwimmer@ualberta.ca 780-492-0551</p>
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Dear potential participant:

#### *Background*

Thank you for contacting me about this study. Information about the study was shared broadly through my and others' professional contacts. I am seeking 3 to 4 participants who are interested in the topic of this study. I invite you to consider participating. Results from the study: will shape my dissertation; will be shared at local and national conferences and published in journals and online; may support the development of future professional learning; and may shape other future studies.

#### *Purpose*

The study purpose is to attend to the ways in which academic leaders' experiences and practices of care and care ethics shape, and are shaped by, their personal and professional contexts, knowledge, and identities. The study inquires into the experiences and practices of academic leaders in Canada, with the intention of attending to: the ways in which academic leaders understand and articulate care ethics and its practical expressions; the ways in which academic leaders who seek to practice care ethics experience their work lives; and the struggles, challenges, and possibilities academic leaders encounter in the process of practicing care and care ethics.

#### *Study Procedures*

If you consent to participate in this study you will be asked to engage in 4 to 6, 1-1.5 hour conversations, whose times, locations, and durations will be discussed and mutually agreed upon, between yourself and me, and then in on-going, less regular conversations as the study and the

writing of the dissertation proceeds. Each conversation will be approximately 1-1.5 hours in length, and will occur at times and in places of your choosing. The conversations will be digitally recorded from which a written transcript will be made. The transcript will be returned to you via email so that you may check it for accuracy and resonance, which also should take no more than 1 hour of your time. During these conversations, we will share stories of experience and wonder with our stories to further our thinking. All of these conversations will be shaped by both you and I in relation with each other and our stories. Should you desire, an online journal (shared in google docs) can be created to continue conversations digitally between the in-person conversations. After we have lived out the 4 to 6 recorded conversations and they have been transcribed and negotiated with you, I will spend time with them looking for emerging wonders and resonances that will help shape the research texts. These resonances will be used to shape a narrative account that reflects the wholeness of our conversations across the transcripts. This narrative account will be shared with you and will be shaped by you and your thoughts and wonders.

In sum, we will spend 6 hours in research conversations together at agreed upon times, locations, and over an agreed upon period. The transcripts will be sent to you for review. As I read through and across the transcripts for resonances and wonders, I will shape a draft narrative account that I will negotiate with you. While each component will be negotiated, participation in this study should not exceed 15 hours of your time over the course of 12-18 months.

#### *Benefits*

As a participant in this study you will have an opportunity to reflect upon, and potentially also deepen, your understandings of your past, present, and future experiences and understandings of/with care and/or care ethics. That is, an anticipated potential benefit is that the research conversations may serve as a form of structured reflective practice. Insights from the study might support future professional development programming for academic leaders. There are no costs involved in participating in this study.

#### *Risk*

There may be risks that are part of this study. Stories shared may produce tensions. Absolute confidentiality will be maintained.

#### *Voluntary Participation*

You are under no obligation to participate in this study. Your participation is completely voluntary. If you are not comfortable with any of the conversations or aspects within them, you are not obliged to approve the transcripts or these sections of the transcripts. You can end your participation in this study at any time without penalty. Until the written transcripts of our conversations are checked by you for accuracy and resonance and returned to me, you can omit, change, or add to their content. You can choose to withdraw from the study entirely up until you have approved the narrative account, written to foreground the resonant threads and complexities surfaced from across your transcripts. Should you choose to withdraw from the study entirely, all data and the signed consent form, will immediately be destroyed.



*Confidentiality & Anonymity*

The researcher intends to use the data from this study to publish her dissertation and present at conferences as well as to shape future professional development. A grant application or other proposals for future studies may also be developed. All data will be kept confidential.

Information will be kept confidential unless required by law. Beyond the researcher, the only person who may have access to the data is possibly a transcriptionist, who will sign a confidentiality agreement. If the Research Ethics Board wishes to review the data they, too, will be asked to sign a confidentiality agreement. Anonymization will be ensured through the use of a pseudonym to protect your identity unless you choose to have your real name used throughout the study's dissemination. If you choose to begin the study using your real name, you can elect to become an anonymized participant at any time until the narrative accounts have been approved by you. All electronic data will be stored on a password-protected and encrypted laptop. All hard data (paper copies) will be held in a locked filing cabinet in a home office in a home protected by an alarm system. All raw data (audio recordings) will be destroyed 5 years after the dissertation has been successfully defended. If you are interested in receiving a copy of any papers published from the study, these will be sent to you via email upon request.

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. If I use data from this study for future research, it too will be approved by a Research Ethics Board. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at 492-2615. This office has no direct involvement with this project.

**Informed Consent: Participant**

My signature below indicates my agreement to participate in this study. A signed copy of this form has been given to me and the researcher has also retained a copy.

---

Name (Please Print)

---

Signature

---

Date

My signature below indicates my consent for the researcher to contact me about my potential participation in future studies.

---

Name (Please Print)

---

Contact Information

---

Signature

---

Date

**Pseudonym: Participant**

My signature below indicates my agreement to participate in this study. A signed copy of this form has been given to me and the researcher has also retained a copy.

---

Name (Please Print)

---

Chosen Pseudonym

**OR**  I want my real name to be used in the study's dissemination.

---

Signature

---

Date

My signature below indicates my consent for the researcher to contact me about my potential participation in future studies.

---

Name (Please Print)

---

Chosen Pseudonym

**OR**  I want my real name to be used in the study's dissemination.

---

Signature

---

Date

### Confidentiality Agreement

**Project title:** Towards Care-Centered Leadership in Higher Education:

A Narrative Inquiry into Care Ethics Experiences and Practices of Academic Leaders

I, \_\_\_\_\_, the \_\_\_\_\_

(specific job description, e.g., interpreter/translator) have been hired to

I agree to:

1. keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the *Researcher(s)*.
2. keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession.
3. return all research information in any form or format (e.g., disks, tapes, transcripts) to the *Researcher(s)* when I have completed the research tasks.
4. after consulting with the *Researcher(s)*, erase or destroy all research information in any form or format regarding this research project that is not returnable to the *Researcher(s)* (e.g., information stored on computer hard drive).

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

*Researcher:*

\_\_\_\_\_  
CHRISTIE SCHULTZ

(Print Name)

(Signature)

(Date)

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by Research Ethics Board (*specify which board*) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

**Appendix B: Ethics Approval Notification Letter****Notification of Approval**

Date: January 21, 2019

Study ID: Pro00085914

Principal Investigator:

Christie Schultz

Study Supervisor: Randolph Wimmer

Study Title:

Towards Care-Centered Leadership in Higher Education:

A Narrative Inquiry into Care Ethics Experiences and Practices of Academic Leaders

Approval Expiry Date: Monday, January 20, 2020

Approved Consent Form:

Approval Date Approved Document

1/21/2019 Christie Schultz - Information Letter and Consent Forms.docx

Thank you for submitting the above study to the Research Ethics Board 1. Your application has received a delegated review and been approved on behalf of the committee.

A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Research Ethics Board does not encompass authorization to access the staff, students, facilities or resources of local institutions for the purposes of the research.

Sincerely,

Stanley Varnhagen, PhD.

Chair, Research Ethics Board 1

Note: This correspondence includes an electronic signature (validation and approval via an online system).