

# DEVELOPMENT OF STUDENTS' ACADEMIC LITERACIES VIEWED THROUGH A POLITICAL ETHICS OF CARE LENS

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## ABSTRACT

This article explores insights which the political ethics of care (Tronto 1993; 2013) offers to academic literacies development of students. Research on ethics of care has been conducted in contexts ranging from micro to macro levels. However there has been no research on academic literacies development using this lens. In this article, data on academic literacy development within a health sciences faculty at a South African university is re-analysed through an ethics of care lens. Curriculum and programme alignment, departmental relationships and ethos and institutional approach to academic literacies development are considered through this lens. While the initial research project focused on student acquisition of dominant academic literacies, this article explores the insights that care ethics can bring to a “transformative” approach to academic literacies (Lillis and Scott 2007) and argues that care ethics can make a contribution to the decolonisation of education.

**Keywords:** academic literacies, political ethics of care, attentive listening, health sciences education, decolonization

## INTRODUCTION

This article explores insights which the political ethics of care (Tronto 1993; 2013) offers to the development of academic literacies of students. Academic literacies are understood as social practices and their development takes place within the context of teaching and learning, curriculum, disciplinary frameworks and institutional structures (Lea 2016; Lea and Street 1998; Lillis and Scott 2007). The political ethics of care provides a normative framework through which to assess the quality of caring practices ranging from the micro to macro level (Tronto 1993; 2013). An ethics of care approach has been used in research on critical pedagogies in higher education (Zembylas, Bozalek and Shefer 2014) and dialogical feedback on writing (Bozalek et al. 2016). However there has not been research on students' academic literacies development through a political ethics of care lens.

In this article central concepts from care ethics are used to form an exploratory lens for analysing data about academic literacy development practices within departments in a health

sciences faculty at a South African university. Scaffolding learning and curriculum alignment throughout a degree are considered as practices of care using this lens. I argue for the need to develop caring settings for literacies development through collaboration, dialogue and trust. Furthermore, the university as an institution needs to provide an environment that supports the academic literacies development of students. While the research was done from the perspective of a “normative”<sup>1</sup> approach to students' literacies development, i.e. socialisation of students into dominant academic literacies (Lillis and Scott 2007, 12), I will explore what insights the political ethics of care can bring to a “transformative” approach to academic literacies (Lillis and Scott 2007, 12). I end by suggesting that the potential contribution of care ethics to decolonisation of education be pursued.

## **CONTEXT OF THE STUDY**

This research was located in the context of undergraduate programmes in a health sciences faculty in a historically disadvantaged university in South Africa. In the higher education system in South Africa in the post-apartheid era there has been widening participation, including more black students and students from lower socio-economic backgrounds entering universities (CHE 2016). The university in question admits large numbers of students from lower socio-economic and poor educational backgrounds, including many students for whom English is an additional language. While students from disadvantaged backgrounds may face more barriers to mastering complex academic discourses than those from middle-class backgrounds, middle-class students who are fluent in English also need to be socialised into academic and disciplinary literacies (Ballard and Clanchy 1988; Lea 2016). Thus the research is not only concerned with “disadvantaged” students.

## **ACADEMIC LITERACIES**

Theory on academic literacies in higher education draws on the new literacy studies where literacy is conceptualised as social practice (Street 1984; Gee 1990). Street (1984) critiqued what he termed the “autonomous model” of literacy, which views literacy as a decontextualized set of skills and claims that it enables cognitive development apart from the social and cultural contexts in which it exists. Street proposed the “ideological model” which views literacies as concrete social practices which interact with social factors, including political and economic conditions and local ideologies (Street 1984).

Lillis and Scott (2007) outline three specific ways in which individuals use language in socially and culturally situated contexts. Firstly, spoken and written texts do not exist in isolation but are bound up with practices in the material, social world. Secondly, ways of doing

things with texts become part of “everyday, implicit life routines” both of the individual and of social institutions (Lillis and Scott 2007, 12). Thirdly, the notion of practice offers a powerful way of conceptualising the link between “the activities of reading and writing and the social structures in which they are embedded and which they help to shape” (Barton and Hamilton 1998, 6, in Lillis and Scott 2007, 12).

Applying the understanding of literacies as social practice to higher education, theorists argue for a move away from a skills-based deficit model of student writing which locates problems with individual students to consider the complexity of writing practices required at university (Ballard and Clanchy 1988; Lea and Street 1998). Learning in higher education is understood as involving new ways of knowing, interpreting and organising knowledge, which is deeply embedded within the ways that the “various disciplines construct themselves through language” (Jacobs 2007, 875).

Lea and Street (1998, 159) identified three approaches to student’s writing, a *study skills*, an *academic socialisation* and an *academic literacies* approach. These are not seen as mutually exclusive. Academic socialisation refers to induction of students into academic cultures and conventions. The academic literacies model is linked to both the skills and academic socialisation models but goes further by “paying particular attention to the relationships of power, authority, meaning making, and identity” implicit in the use of literacy practices within particular institutional settings (Lea and Street 1998, 228). The plural form of literacy is used as students are required to switch practices between different settings, to “deploy a repertoire of linguistic practices appropriate to each setting, and to handle the social meanings and identities that each evokes” (Lea and Street 1998, 159).

Lillis and Scott’s concepts of *normative* and *transformative* approaches to academic literacies (2007, 12–13) appear to correspond to Lea and Street’s concepts of “academic socialisation” and “academic literacies” respectively. A transformative approach involves a critical engagement with academic conventions and an ability to locate these conventions within “contested traditions of knowledge making” (Lillis and Scott 2007, 13). It requires questioning by writers of how these conventions may affect their meaning making. It explores alternative ways of meaning making in academia, valuing the resources that students bring to the university as “legitimate tools for meaning making” (2007, 13). A transformative approach can be seen to contribute to a socially just pedagogy (Moje 2007) that aims to reduce inequalities in society. Such an approach initiates students into powerful knowledge and ways of knowing as well as providing students with the academic literacies to engage with and critique knowledge.

## THE POLITICAL ETHICS OF CARE

Fisher and Tronto (1990, 40) defined care 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.* That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web.”

Held (2006) described the focus of the care ethics as “the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility” (Held 2006, 10, in Tronto 2013, 20). Care involves emotion as well as reason, shows concern for particular others, and entails an ontology in which people are understood relationally. The political ethics of care is flexible and can be widely adapted. A large international body of scholarship has emerged which concerns the moral implications of care in contexts ranging from a micro level to broader social and political institutional settings and from caring attitudes to behaviors and practices (Tronto 2013, 19).

Fisher and Tronto (1990) identified four “analytically separate but interconnected” dimensions of care (Tronto 1993, 106). These are: *caring about* which refers to recognising caring needs in the first place, *caring for*, that is taking responsibility for caring; *care-giving*, the hands-on work of caring; and *care-receiving*, that is the responsiveness of the care-receiver to the care given. Out of each of these dimensions of care arise a corresponding moral element. Tronto (2013) added a fifth stage, that of *caring with* which relates to the moral element of *trust*. These are represented in Table 1 below:

**Table 1:** Dimensions of care and their associated moral element.

| Dimension of care | Explanation of dimension   | Moral element associated with dimension |
|-------------------|--|---|
| Caring about      | Noticing/recognising people's needs  | Attentiveness                           |
| Caring for        | Once the need is recognised, taking responsibility to see that the need is met         | Responsibility                          |
| Care giving       | The actual hands-on work of caring for people  | Competence                              |
| Care receiving    | Responding to the care that is given by the care-giver                                 | Responsiveness                          |
| Caring with       | Reiteration of the process of care, where habits and patterns of care emerge over time | Trust and solidarity                    |

Adapted from Bozalek, Mitchell, Dison and Alperstein (2016, 829)

*Caring about* involves firstly recognising that care is necessary, “noting the existence of a need” and assessing that it should be met (Tronto 1993, 106). This requires the moral element of *attentiveness* since it is not possible to address the needs of others if one is not attentive to them. Drawing on the writing of the philosopher Simone Weil (1973), Tronto views attentiveness as an “*other directed* activity”, which is crucial for any genuinely human interaction (1993, 128). “Attention consists in suspending thought, leaving it detached, empty, and ready to be penetrated by the object” (Weil 1973, 111 in Tronto 1993, 128), which can be interpreted as

suspending one's own opinions, beliefs and judgments in order to recognise and be attentive to others. Listening to what others say is a prerequisite for understanding needs (Sevenhuijsen 2002).

*Taking care of* involves taking *responsibility* for the identified need and deciding how to respond to it. It involves recognition that one can act to address the need, agency to do so and a belief that the need can be met. Responsibility is embedded in a set of implicit, cultural practices rather than in a set of formal rules or obligations (Tronto 1993).

*Care-giving* refers to the actual giving of care where care-givers come into contact with the receivers of care (Tronto 1993). This corresponds to the moral element of *competence*.

*Care-receiving* refers to how receivers of care respond to care given and corresponds to the moral element of *responsiveness*. Caring by its nature is a challenge to the notion that "individuals are entirely autonomous and self-supporting" (Tronto 1993, 134) and being in need of care means that one is in a position of vulnerability. Tronto rejects the belief that humans are always potentially equal citizens and argues that assuming equality among humans ignores important dimensions of human existence. All humans go through varying degrees of dependence and independence, autonomy and vulnerability throughout their lives (Tronto 1993). According to care ethics, many forms of dependency and vulnerability are seen as a natural part of the human condition, and "societies and their institutions ought to be constructed in such a way that dependence can be accepted as 'normal'" (Robinson 2011, 852).

## **LINKS BETWEEN ACADEMIC LITERACIES AND POLITICAL ETHICS OF CARE**

In this section I explore how an academic literacies approach and a political ethics of care relate to each other with regard to the concepts of *practice*, *autonomy* of individuals and *transformative* potential. As mentioned both an academic literacies approach and the political ethics of care are concerned with practices in various contexts ranging from micro to macro levels.

Within a care ethics approach, care is seen as both a practice and a disposition rather than a principle or emotion. It involves both thought and action, which are interrelated and are directed towards a particular end (Tronto 1993). Practices are defined by Ruddick (1989) as "collective human activities distinguished by the aims that identify them and by consequent demands made on practitioners committed to those aims" (Ruddick 1989, 13, in Sevenhuijsen 1998, 20). The goals of the activity determine what is reasonable within the framework of the practice. According to Sevenhuijsen (1998, 60) the ethics of care demands "reflection on the best course of action in specific circumstances and the best way to express and interpret moral problems". Sevenhuijsen's view is that "it is not the practice itself which sets aims, but that

these aims are embodied in the way human agents who are engaged in these practices perceive and interpret them” (Sevenhuijsen 1998, 22). She adopts Frazer and Lacey’s understanding of practice as “human action which is socially based and organised, underpinned by formal or informal institutions, usually a combination of these” (Frazer and Lacey 1993, 17 in Sevenhuijsen 1998, 22). Participants in care practices perceive and interpret needs and act upon these needs. Their interpretation and acting are affected by “social and institutional contexts, and depend on a variety of factors, such as norms and rules about good caring and the relational dynamics between the actors concerned” (Sevenhuijsen 1998, 22). Both academic literacies and ethics of care reject the notion of human beings as autonomous individuals. Following on from Street (1984) and Gee (1990), Boughey and McKenna (2017, 970) critique what they call the “discourse of the decontextualized learner” which locates the ability to learn as a factor inherent to the individual, without acknowledging the significance of social context in learning. Care ethicists assert that individuals are not autonomous but live in relations of interdependence (Tronto 2013).

While much of the work by academic literacies practitioners focuses on socialisation of students into mastering academic and disciplinary literacies, the literature has emphasised from the start that development of academic literacies is not just about a normative approach to development of literacies or socialisation into dominant literacy practices (Lea and Street 1998; Lillis and Scott 2007). In addition to this, an academic literacies approach has a transformative dimension which challenges dominant discourses and power relations and values “the resources that (student) writers bring to the academy as legitimate tools for meaning making” (Lillis and Scott 2007, 13).

From an ethics of care perspective, care is not achieved through the “‘inclusion’ of the previously excluded into a system, community or dialogue that may in fact lead to further isolation” (Robinson 2011, 853). Rather than the goal of inclusion there is a need for “a longer-term commitment of listening and responding to the needs of those who are excluded and marginalised ... and therefore vulnerable” (Robinson 2011, 853). Robinson uses listening to mean “not just hearing the words that are spoken, but being attentive to and understanding the concerns, needs and aims of others in the dialogue” (Robinson 2011, 847). The concept of inclusion of the previously excluded can be compared to socialisation of students into literacies valued by the university. Students come from diverse social backgrounds bringing different literacies and are expected to adopt dominant academic literacies uncritically. The goal of a transformative approach to academic literacies is not just enabling students to master these dominant literacies but to enable dialogue, valuing the resources that students bring to the university.

## **METHODOLOGY**

This article draws on data from a research project conducted in a health sciences faculty at a South African university in 2015. The project was on facilitating the development of academic literacies of students in health sciences programmes. It was conducted through individual and pair interviews with lecturers from a range of departments as well as student focus groups. Data was analysed initially through a recursive combination of an inductive and deductive approach. In the initial data analysis the theoretical framework was based on academic literacies and not the political ethics of care. The data was re-analysed using a political ethics of care lens in order to explore how the political ethics of care can influence understandings and practice of academic literacies development of students.

## **EXPLORING THE DATA THROUGH A POLITICAL ETHICS OF CARE LENS**

In this section I discuss the following themes derived from the data and framed with an ethics of care lens. The recognition of “dependency” and “vulnerability” of students in relation to expectations of university learning and literacies as a normal condition; Arising out of this, the need for care through scaffolding and curriculum and programme alignment; creating collegial spaces for developing academic literacies and the building of trust; and, lastly the need for an institutional approach to developing academic literacies. General observations made in the discussion of themes below draw on careful analysis of the data as well as my experience of working in academic development.

### **Entering university: “Dependency” and “vulnerability” of students**

There is a tendency for some lecturers to criticise students' lack of responsibility for their own learning as if they expect them to come to university as autonomous learners, with the foundations of academic literacy in place. Lecturers (and managers) who hold such a view tend to believe that academic literacy can be developed in an add-on course and then applied to disciplinary subjects. While one cannot generalize about students' capacities, the state schooling system in South Africa is extremely poor and even students from better resourced schools often struggle to master the academic literacies required at university. Thus the vulnerability of students should be recognised in relation to the literacies that they bring and the disjuncture between these and the academic literacies expected at universities. Thus most students are dependent on lecturers to induct them into academic literacies, ways of knowing and learning at university generally and particular disciplinary literacies. From a care ethics perspective, lecturers need to recognise that there is a need, be attentive to the nature of the

need and take responsibility for playing a role in addressing it. Thus they need to recognise their role in developing curricula and pedagogies and providing opportunities for practices which facilitate development of literacies.

Anne,<sup>2</sup> one of the lecturers in a health sciences department, made a statement which is commonly expressed by lecturers:

“Students struggle to take responsibility for their own learning, so [they are] looking to be spoon-fed. At school things are very structured for them and suddenly you come to university and there's less structure and you're expecting them to read up and ... comprehend what they've been reading ... and make it their own.”

The metaphor of “spoon-feeding” is one that is commonly used by students and lecturers referring to students' expectations. The metaphor likens students to babies, ill or old people, those who are most vulnerable in society who cannot feed themselves. There may be cases where students' have inappropriate expectations of “spoon-feeding” but in many cases students do have legitimate needs for scaffolding which some lecturers might confuse with expectations of spoon-feeding.

### **Care through scaffolding**

Jerome Bruner (1986) developed the term scaffolding which refers to support structures which assist a learner to accomplish a task within her zone of proximal development (ZPD) (Vygotsky 1978) that she would not be able to achieve unassisted at that stage in her development. Literal scaffolds are “temporary, adjustable frameworks for construction in progress” which provide a metaphor of an “ever-shifting ZPD” (Cazden 1994, 174). Identifying the need for scaffolding is a constructive way of recognising students' dependence on lecturers, which is appropriate to their stage of academic literacies development and which is temporary if addressed by lecturers, pedagogies and curricula.

Judith, another lecturer, spoke about a strategy of facilitating first year students' engagement with literature relating to their fieldwork practice, using dialogical journals. Every week for nine weeks the students wrote a reflective journal relating to their fieldwork practice and she gave them feedback. She said that students, when required to read an article, tend to only read the abstract. Through dialogical, reflective journal writing, students started “engaging with the actual article and identifying aspects from the article that link to something that they have experienced in practice”. Judith said “it was a lovely way because [by the end of the fieldwork placement] you could see that development”.



## Care through curriculum alignment

One of the focus areas of academic development in the last decade or so has been curriculum alignment (Biggs 1999). Curriculum alignment as defined by Teater (2011) begins with the specification of the learning outcomes in terms of context and level of understanding followed by “the creation of an environment that maximizes the likelihood that students will engage in the activities designed to achieve the learning outcomes” (Teater 2011, 3). This environment is created through alignment between outcomes, teaching and learning activities and assessment methods. Some universities have defined graduate attributes for students to contribute to society in terms of employability, citizenship (Barrie 2007) and orientation to the social good (Bozalek 2013) and have set goals to embed these graduate attributes into the curriculum. Fluency in academic and other literacies is an essential graduate attribute. Programme alignment entails the engagement of students in an increasingly complex way with disciplinary knowledge as well as the formation of graduate attributes. This requires alignment through the year levels of the degree (vertical alignment) as well as alignment within and across modules in one year level (horizontal alignment). Research on programme alignment has mainly been on embedding graduate attributes and generic skills in Australian universities (Bath et al. 2004). These practices arise mainly from top-down policy directives from quality assurance bodies and are implemented through the university structures.

My use of the term vertical curriculum alignment here is based on a loose understanding of the need for academic literacies to be developed throughout the disciplinary curriculum in such a way that students are required to engage with increasingly complex learning activities throughout the course of the degree. I identified curriculum alignment as an important theme in the data and my interpretation of the data was that the practice of curriculum alignment is one of caring for students. It requires recognising the need of students where they are initially vulnerable and dependent on the lecturers, pedagogies and curricula to scaffold their development in engaging with disciplinary knowledge and academic literacies. Lecturers and departments take responsibility for doing this by being attentive to what students needs are and using appropriate pedagogies throughout the curriculum to develop literacies embedded in disciplinary content at appropriate levels of complexity.

In an interview with two lecturers from the social work department, the interchange was striking between Pam who taught first year students and Khwezi who taught third and fourth years. In the interview Pam reflected that many students struggled in first year to meet the requirements of the tasks given. For example students were exposed to a “theory” or protocol about what social workers should do in a particular setting. They would then go and observe the practice of social workers from agencies, and they would be required to compare what they

observed with the theory. Most of the students, according to Pam, would just write about what they observed, which she called telling a story, even though they were given clear guidelines about what was required of them.

Khwezi reflected positively on the transition the Social Work students made between first and fourth year. She said:

“... when you are in the thick of things on first year level, you think they are not moving [but] working on the senior levels now, I'm quite excited about what all of us as colleagues are doing to develop our students ... looking at the challenges we are faced with at first year level and how [the students] have developed. I've got good examples of work students have done now at third year level, where I would give them a research task, they have to look at the development of a specific piece of legislation and use almost ten different documents and see how it has developed and how they are able to interpret that. ... and it's what they've been taught at first and second year levels.”

[Addressing Pam] “Maybe it doesn't sink in immediately, but when they move on its very encouraging to see how hard you are working on first year level with them, so you might not see it but I do, when they get to third and fourth year.”

In the conversation above Khwezi, the fourth year lecturer reflects on the development of the students over the four-year social work degree. She refers to the challenges which the lecturers experience with first year students, which relates to the vulnerability and dependence of students. However, the challenges are alluded to in the light of the future development of the students. She reflects on how a process of scaffolding in first and second year has enabled them to do a particular type of analysis which requires a high level of academic literacy. While Pam felt overwhelmed by what appears to be the burden of the first year students and their lack of responsiveness to her efforts (care-receiving), Khwezi indirectly affirms Pam's competence in facilitating the development of the students. Students' development of academic literacies takes place over time and Khwezi points this out when she says “you might not see it but I do when they get to third and fourth year”. This resonates with the recognition by care ethicists of “the need for patience and commitment in the recognition that responsibilities to others are fulfilled over the long, rather than the short, term” (Robinson 2011, 847).

Taking responsibility for facilitating development of academic literacies of students over the period of the degree is not written into rules about university teaching practice. In this context it is not necessarily a practice that is fully verbalised or made explicit nor is the term “academic literacies” used in the department. Rather responsibility arises from identifying a need in the students and taking responsibility to address that need. It is “embedded in a set of implicit cultural practices” (Tronto 1993, 131–132) which relate to the department's ethos of care for students' processes of learning and development.

In another department in the health sciences faculty it emerged through focus group interviews with students that there was a serious lack of alignment in the physiology component of the degree. I am not claiming that this department did not care for the well-being of their students in terms of the everyday usage of the word “care”. However, from a care ethics perspective, the lack of curriculum alignment in physiology revealed an absence of care for the students in this area. Students in focus groups were questioned about their difficulties with a third year exercise physiology module which required application of knowledge about physiology in training contexts, for example the effect of exercise on the cardiovascular system. Sumayah, the third year physiology lecturer, thought that students were struggling because they found it hard to remember the basic physiology knowledge from first and second years. The focus group interviews with students confirmed that there was to some extent a problem with recall of knowledge from previous years and with students' ability to read sufficiently in advance of lectures to re-familiarise themselves with the material. However, the main problem as identified by the students was lack of alignment between the demands of the first and second year modules and those of the third year module. John, one of the third year students said the following:

“It’s not really third year that is the problem but it is actually our foundation especially coming to understand that we have come to learn the information through looking at past papers and to see the trend or pattern that the lecturer uses to ask questions.”

“In our third year you get Dr [Lecturer’s Name] who actually generates new questions and she wants to see how you understand and how you can put it on paper. So it’s not necessarily third year, but literally the foundation ....”

Damian, another student, expressed a similar view:

“Can’t they start in our first year already, building this foundation [of applying knowledge], so that when you do your third year, you would have received more exposure and be better prepared to know what to expect, because it is a big shock when you get to third year.”

It emerged from the focus groups that the first and second year physiology modules required students to learn and memorise physiology knowledge without any form of application. As John’s comment implies, students’ learning is driven by assessment. The ways in which they are assessed determine how they learn, so if they are assessed for their recall of facts, their learning will be geared towards memorising facts (Biggs 1999). John recalled that in first year they were not required to read from a physiology textbook at all and were able to learn from slides from the lectures in order to pass. This sends a message that knowledge consists of

memorizing and reproducing the facts will enable the student to succeed.

Sevenhuijsen (1998, 21) argues that “a ‘good’ motive, such as attentiveness to vulnerability, is no guarantee of good care: it can also lead to paternalism or undue protection”. The types of teaching and learning that were engaged in in the first and second year physiology modules could be motivated by a “good” intention to make things easier for the students and to help them to get good marks. It is understandable that in first and second years there is a high volume of basic content that needs to be learned, but according to the students, the focus was more on memorising rather than understanding. Furthermore students should be being prepared for applying knowledge and should not get “a big shock” when they get to third year. In the curriculum, the academic literacies and low level of engagement with disciplinary knowledge required from students in first and second year protects the students from having to leave their comfort zones of memorising knowledge. However, working as a health science professional will require applied engagement with physiology knowledge and the first and second year pedagogies and assessment methods are not preparing them for making this transition in their degree.

### **“Caring with” and the building of trust**

A premise that this article is based on is that the majority of people working in universities do care in various ways about the well-being and flourishing of the students. However, they have different understandings of what social arrangements and practices enable students to flourish. In cases where lecturers are working towards students' development of disciplinary knowledge, literacies and capabilities for professional practice, the practice of “caring with” (Sevenhuijsen 1998; Tronto 2013) is needed. Tronto, in relation to working towards democracy, argues that when citizens engage in “caring with” practices, “even though they will disagree about and dispute the best ways to proceed, one outcome of their engagement will be greater trust for one another, and thus a greater capacity to care for this collective purpose” (Tronto 2013, xii).

In the extract from the interview with the social work lecturers, there were indications of lecturers working towards a collective goal, which included developing the academic literacies of their students. Khwezi, considering the growth of students from the first to fourth year of the degree, said “I’m quite excited about what all of us as colleagues are doing to develop our students”. This reflects a sense of collective endeavour. There was much discussion about the different aspects of the professional programme and the importance of students making connections between these aspects which revealed a process of grappling to achieve coherence in the programme, requiring cooperative and collaborative work between the lecturers. Engagement in such a collective project of caring for students requires a certain level of trust

in the first place and according to Tronto (2013) builds up further trust and a greater capacity to care for the collective purpose.

### **Care and the role of the institution in developing academic literacies of students**

What role do higher education institutions play in developing academic literacies of students? How is this development understood, what arrangements are put in place to facilitate this and where does the responsibility lie? What insights do care ethics provide which could influence the development of academic literacies at an institutional level? Lea (2016) traces how contexts within which academic literacy practitioners' work changed from marginal "language development" or "communication" courses in the early nineteen nineties to generic academic literacy courses in the late nineteen nineties in the United Kingdom. This trend was echoed in South Africa and, in the period between 2004 and 2011, attempts to address the "language problem" involved decontextualized "academic literacy" courses (Boughey and McKenna 2017, 971).

In some institutions in South Africa a model began to be implemented where academic development practitioners worked in conjunction with disciplinary lecturers to integrate academic literacies into disciplinary curricula (e.g., Dison and Moore 2016; Jacobs 2007; Paxton and Frith 2014). However, such approaches to literacies development are in a minority. Care ethicists emphasise the need to recognise the unequal levels of power, voice and influence amongst agents in an institution (Robinson 2011). Academic literacies practitioners have historically been on the margins of university structures, have had relatively low status and have had little power and voice to influence university strategic policies and to contribute to critiquing and reshaping existing structures and practices.

Bozalek and Dison (2013) put forward an argument for an institutional approach (D'Andrea and Gosling 2005) to enhancing teaching and learning at universities. Such an approach focuses on "a systemic view of institutions" and the role of "strategic planning and infrastructure in supporting the teaching and learning project" (Bozalek and Dison 2013, 386). One of the findings of my research within the health science faculty as well as my experience in the university was how disconnected the courses and resources available for supporting students' development of academic literacies in the university were. Most of the lecturers who were interviewed expressed little knowledge about what was actually "covered" in the "academic literacy" course which was compulsory for the students. Some lecturers showed care for the students doing their modules by organising for librarians to do presentations on searching for resources. However, many lecturers, while aware of resources offered by the

library or the writing centre to *students*, did not consider bringing the practitioners involved in those bodies to assist them as *lecturers* with academic literacies development of students. Rather resources such as the writing centre and the library were seen as facilities to “send students to”.

While the term “academic literacy” may be prominent in strategic documents such as the institutional operating plans of universities in South Africa, there are different understandings of what this means and how it can be developed by the students. Dominant approaches to literacies development need to be critically examined, drawing on the views of different stakeholders. This needs to include dialogue with students to listen to how they understand their needs and how they perceive and “receive” the courses and resources which the university provides to support them in developing academic literacies.

### **What can a political ethics of care offer to a transformative approach to academic literacies?**

Student protest under the banner of “Rhodes Must Fall” and “Fees must Fall” in 2015 and 2016 have forced those involved in South African higher education and society at large to recognise that there are deeply rooted problems in the higher education system which are symptomatic of a lack of transformation. In addition to the call for free, quality education, there has been a resounding call for decolonisation of education. Decolonisation of the curriculum involves more than change of curriculum content or geographical origins of knowledge production. It involves profound change of pedagogies and the nature of students' engagement with knowledge. If we understand academic literacies to be embedded in the way disciplines construct knowledge then the call for decolonisation of education and disciplines poses major challenges for those working in academic literacies development. Within this context a transformative approach to academic literacies is extremely relevant, mobilising a critical engagement with received traditions, exploring alternative ways of meaning-making and valuing the resources that students bring (Lillis and Scott 2007).

The moral element of attentiveness and in particular the concept of listening as articulated by care ethicists (Sevenhuijsen 1998; 2002; Tronto 1993; 2013) has much to offer to conceptualising processes of decolonisation. Robinson (2011, 855) emphasises the importance of dialogue and argues that it needs to be infused with the moral elements of care, particularly that of “learning how to *listen* attentively”. This involves suspending (or attempting to suspend) one's own preconceptions, preoccupations and fears and opening oneself to hearing expression of the lived realities of others, through this gaining an understanding of their needs. Robinson (2011) points out that in politics “there is much attention paid to ‘speaking’ – having ‘a voice’

... and some attention paid to being 'heard' by others ... it is assumed that those others will know how to, and be inclined to, *listen* to those voices" (2011, 856, my emphasis). However this cannot be assumed.

In the context of higher education in South Africa we need to learn how to listen attentively to students. Omar (2016) writes about her experience of teaching a course in political theory that was "infused with African context and ... grounded in textual and interpretative analysis from books such as Fanon's *Black Skin, White Masks*". She recounts:

"As I lectured, and *listened to students*, I soon recognised that the course ... raised ontological and epistemological questions which resonated profoundly with students in the context of an African university." (Omar 2016, my emphasis).

She describes how students would stay behind after classes, connecting the theories to the wider context of their lives.

"I was overwhelmed as I encountered the intensity, the pain, the anger, the frustration and the openness with which students in my class described how themes and ideas discussed in the lecture related directly to the structural and institutional inequalities that persisted in their daily lives. Weekly, I learnt about how students were alienated and marginalised and that racism and inequality in our university spaces continues to play a significant role in the shaping of the South African student narrative." (Omar 2016).

Relationships of power and authority are implicit in the use of literacy practices within particular disciplinary contexts and institutional settings (Lea and Street 1998). Appropriation of these literacies have implications for students' processes of meaning making and identity formation. Thus decolonisation needs to include the development of critical literacies and creating of spaces where students can question and interrogate established discourses and play an agentic role in engaging with literacies. This requires spaces for dialogue and attentive listening in order to understanding the concerns, needs and aims of others in the dialogue (Robinson 2011, 847).

Care ethics suggest that "relations of power are fluid and subject to constant change" (Robinson 2011, 852). The "Fees must Fall" student protests have accentuated this, for example where seemingly all-powerful university executive structures have had to concede to students' demands such as shutting down universities for periods of time. Many lecturers involved in the academic project feel vulnerable in the light of the call for decolonisation of education and the associated challenge to their knowledge, epistemic frameworks and academic identity.

The need for dialogue and attentive listening does not only apply to lecturers or members

of university management listening to students, but from a care ethics approach to dialogue, students would also need to listen to other role-players and particularly to other students, who come from a wide variety of backgrounds with different experiences and perspectives. Critical reading of institutional and other powerful discourses could be seen as a form of listening and both students and lecturers need to be able to read discourses of power as well as listen to the voices of marginalised groups and individuals in order to assert their agency and contribute to social justice.

## **CONCLUSION**

The purpose of this article has been to explore what contribution the political ethics of care can make to theory and practice of developing academic literacies of students. From reviewing the literature I found substantive links between academic literacies theory and the political ethics of care, including the importance of situated practice, a rejection of the notion of the autonomous individual and a transformative orientation which poses a challenge to dominant discourses and power relations.

Data from a research project on development of academic literacies of students in a health sciences faculty was re-analysed using an ethics of care lens. From recursive readings of the literature and data from the project, this article has put forward the following claims. There is a need for recognition of initial vulnerability and dependence of students entering university as a normal condition and thus those involved in teaching need to take responsibility for supporting students in the development of academic and disciplinary literacies. Processes of scaffolding and curriculum and programme alignment are put forward as examples of specific practices that could provide appropriate care for students in their development of academic literacies. Collegial, collective organisational practices need to be built up in relation to a common goal of facilitating students' development of academic literacies within the discipline. These collective practices involve and foster the building up of trust. Within the framework of an institutional approach to enhancing teaching and learning, attention needs to be paid to the structures within which academic literacies of students are developed and the coordination and articulation of these structures. From a care ethics perspective, if universities do not provide scaffolding in curricula and appropriate and integrated support for development of academic literacies, students are being denied care in this important dimension of education. Lastly, the article argues that the moral element of attentiveness, attentive listening and dialogue, as articulated in the political ethics of care literature (Robinson 2011; Sevenhuijsen 2002; Tronto 1993; 2013) has much to offer to engaging processes of decolonisation in the higher education context.



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## NOTES

1. The use of the word "normative" as defined in the text within the context of academic literacies needs to be distinguished from "normative theory" which proposes what is good, just and desirable.
2. All names of research participants in the article are pseudonyms.

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