THE GREAT IDEAS ONLINE

Feb '05 Nº 311



DOCTOR AND DISCIPLE

The Social Responsibilities of the Teacher

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I am not concerned with regaining the title of "doctor" for the teacher. The historic process by which the honorific passed from pedagogues to physicians and surgeons, dentists and chiropodists, is probably irreversible. It is the conception of teaching itself as doctoring which interests me. I wish to appeal to the analogy between education and medicine, between teaching and healing, because I think it can help us cut through some of our contemporary befuddlement about educational problems. By considering the teacher as a doctor and, I must add, the student as a disciple—one who is in need of discipline—some of the current confusion about the relation of the curriculum to individual differences can be clarified.

The analogy between education and medicine is deeply rooted. Teaching and healing are both co-operative, rather than productive,

arts. As ars cooperativa each merely assists natural processes. The body heals naturally, and the mind learns without the aid of teachers. Unlike a shoe or a ship, which would never come into existence without human artistry productively transforming passive materials, health and knowledge are primarily caused by natural processes. The physician and teacher as artists merely co-operate with nature, facilitating these processes and enabling them to reach their goals more surely.

The analogy can also be used to illuminate another problem, one that goes to the heart of current discussion concerning education—the question about the elective system. Shall the curriculum be a vast offering of alternatives among which the student chooses according to his inclination?

Those of us who think that, so far as general education is concerned, the course of study should be entirely prescribed, are not dangerous fascists, as some of our friends in progressive education would like to scare the public into believing. We are reactionary only in the sense that we want to regain the sanity of the day, not so long ago, before President Eliot introduced the elective system. We are certainly not denying the insight, which the progressive educators claim as their own, that nothing can he taught to students whose interests have not been awakened. We differ only in thinking that one interest may not be as good as another. All of the interests which a child manifests are not equally favorable to his learning what is good for him to know. The business of education, therefore, is to cultivate the right interests in the first place, and then to satisfy them. To do this the educators are required to know what the goals of general education are, and to construct the curriculum as means to such ends.

The whole question here is whether it is the educator or the child who should decide what is good for his mental health. If those who are in charge of education cannot decide what general knowledge should be known and how it should be taught, what reason is there to suppose that the student, presumably more ignorant and less disciplined, can make a better decision, guided only by the promptings of momentary interests? And if those who have reached the position of leadership in education can decide and are willing to prescribe, why should they be criticized for doing so on the grounds that thereby they stultify the student? A sounder view of the relation between teacher and student would correct these errors.

As Stringfellow Barr—former president of St. John's College in

Annapolis where the course of study is entirely prescribed—has pointed out, the elective system is shown to be fantastic by comparison with medical practice. If an ailing person can take care of himself, he does not go to a doctor. He goes to a doctor for help and treatment. Would he not be properly outraged if the doctor offered him a variety of remedies and told him to pick the one he liked? Diagnosis and prescription are the functions of the doctor, not the patient, simply because the doctor knows more than the patient about the nature of health and disease and how to control their causes. If he did not know more for the most part, there would be no science and art of medicine. The profession would be fraud and quackery.

The teacher and the educational profession as a whole are to be judged in the same way. If the educators do not know more about the cure of ignorance and error than those to whom they minister, they are impostors. And if they possess the knowledge which should he learned by the student, and the skill whereby to help the student learn it, they can perform their task properly only if they exercise that authority which is rightly theirs by reason of knowledge and skill. They must be leaders, not followers: they must show the way. They must be masters rather than instruments: they must discipline the student rather than be used by him.

Just as I would call the teacher a doctor because he should be the one to prescribe, so I would call the student a disciple because he needs to be disciplined. There is nothing servile about this notion of discipleship when it is understood that the student is in the state of needing the disciplines of learning. Is the patient who voluntarily submits to the physician's treatment servile? Nor is there anything dictatorial or tyrannical about the teacher's authority, when it consists of nothing but the knowledge and skill whereby the teacher is able to rule the student for his own good. No teacher has more authority than he has knowledge and skill, and the good teacher does not try to exert more authority than he has. If such a view of education is to be condemned as viciously authoritarian, then the practice of medicine must be similarly condemned.

The trouble with a large group of contemporary American educators is that they totally misconceive the relation of teacher and student. They fail to understand it in terms of doctor and disciple, with all the implications of these terms, because they have confused authority with tyranny, and discipline with regimentation or even, perhaps, indoctrination. If these misconceptions and confusions were rectified, what would there be left to say in defense of the elective system?

Some will reply at once that just as there are divisions of opinion in the medical profession, so not all educators agree about what should be taught and how. Granting the facts, one is not led to the elective system as a consequence.

It is true that a patient must choose his doctor in the first instance, and he may do so on the ground of preferring homeopathic or allopathic treatment; but once he has made that choice, he submits himself to medical care, and expects to follow the doctor's orders. So different colleges might, in the light of divergent educational theories, offer different curriculums. The student, or his parents, would be forced to choose a college, thus expressing a preference for one or another course of study. Once the choice is made, the student would submit himself to being educated. As matters now stand, there is very little basis for choosing among most colleges, because most of them offer the same variety of opportunities for the student to determine his own educational policy.

It may also be said that the elective system responds to individually different needs. Just as no two cases, even of the same disease, are alike, so the teacher, like the doctor, must adjust his practice to individual differences. There is a fundamental error here. Although the doctor must apply the principles of medical science and the rules of the healing art with regard for the unique peculiarities of each case, the principles and the rules are useful because they are true and right for the most part. There is much that is common to all cases of the same disease, and, for that matter, much that is common to all diseases. Similarly, despite their individual differences, most young people are alike in their lack of knowledge and discipline. It is as senseless to propose a special curriculum for each student as to demand a different medical policy for each patient. The curriculum must be devised for the general ailment of the immature—their ignorance and lack of skill in learning. Individual differences enter into the picture only in the administration of that program, and it is then ust as much a problem of individual differences among teachers as among students.

I certainly admit that the most difficult problem of education is that created by individual differences. Though I deny that the chaotic offering of the elective system is the way to meet these difficulties, I do not ignore their existence. In fact, I go further than many progressive educators in thinking that here lie the real *insolubilia* of contemporary education in this country.

I say "contemporary education" because the gross numbers we are

trying to educate and the institutional conditions with which we have hedged the process give the problem certain aspects peculiar to our situation. It is not merely the fact that we have enlarged the educational system to take care of tremendous numbers in a relatively short time. That fact may have something to do with the relatively low competence of our teaching personnel. If in the short time we had built as many hospitals as we have put up schools and colleges, we probably could not staff them adequately either. But it is not the competence of our teachers, their knowledge and skill, which concerns me here. It is rather the impossible burden of responsibility we have imposed on the individual teacher. Let me explain.

Suppose a good teacher to be one who takes his professional obligations as seriously as a good doctor. The number of patients which a single doctor can treat at a time is limited not only by his available hours, but also by his ability to carry the burden of responsibility for the vital welfare of each person whose health is in his care. No doctor would dare to be responsible for as many patients as the number of students assigned to the average teacher in our urban schools and in our colleges. The ratio of students to teachers was certainly more reasonable in colonial colleges or in the little red schoolhouse. We cannot evade the significance of this numerical comparison between the practice of medicine and education by inventing the myth that the teacher is responsible for the class as a unit, and not for its individual members. Any teacher who takes education seriously measures his success in terms of the individuals whom he has influenced for their profit.

A few private institutions may be able to solve this problem by limiting numbers, but so far as public education is concerned it appears to be insoluble under present conditions. Sound educational policy does not demand a curriculum adapted to each individual student, but it does require that the program be administered in such a way that each individual student profits by it to the maximum. The administration of the program belongs, in the last analysis, to the teachers. It is their responsibility to see that the course of study becomes a living thing for each individual in their charge. That means discriminating and sensitive attention on their part to the individual peculiarities of each student, attention which they must sustain for a fairly long period of time and with regard for the changing character of the student. But it is precisely this ultimate obligation of their profession which most teachers cannot fulfill simply because of the staggering burden which the number of students assigned to them imposes.

It may be said, perhaps, that no one teacher is responsible for the education of an individual student, unlike the family doctor who always establishes a unique relationship, excluding others from the same post, and admitting specialists only for consultation and with the family doctor's advice. The day is gone forever, perhaps, when one teacher might suffice for the whole range of studies; but if the specialization and multiplication of subject-matters require a plurality of teachers, how much more than ever before must we try to achieve a unity of purpose by getting the variety of teachers to devise a curriculum they can really understand, with singleness of mind. True discipleship can happen, of course, in any educational system and with any course of study, but the chances of its happening under current conditions are almost at the vanishing point.

The difficult problems of education, as of medicine, are those which involve personal relationships—physician and patient, doctor and disciple. Relatively much easier are the problems of determining the ideal curriculum and the methods or teaching it, precisely because these problems can be solved by reference to specific human nature, the nature that is common to all individuals. The science and art of medicine are founded on knowledge about the nature of health and disease in general, not on a consideration of individual idiosyncrasies. So the general principles of education are founded on our conceptions of knowledge and ignorance, skill and its deprivations, and upon our understanding of man as a teachable and teaching animal. Individual differences not only can be, but also must be, ignored when we are trying to formulate general principles; but they cannot be ignored when our task is to put them into practice, for then we are dealing with individual practitioners and the particular human beings with whom they must work.

It must be said to the credit of the progressive movement in education that it rightly insists upon the importance of individual differences. Each child is an educational problem to be solved. But, unfortunately, the progressive educators fail to see that the problem of each student must be solved by the individual teacher, rather than by educational theory in general. As a result of this error, they have denatured the curriculum by trying to individualize it, and some of the extremists have even called for its abolition entirely. If you focus entirely upon the individual child, there is no place for a course of study in education. As someone recently remarked, we have gone from the curriculum-centered school, in which the student revolves around a course of study, to the child-centered school in which the student just revolves.

There need be no conflict between the curriculum and the student as problems for the educator to solve. John Doe is both *a* human being and *this* human being. He presents one educational problem in so far as he shares a common humanity with other members of the species, and another educational problem in so far as he is uniquely himself. Each problem must be solved, but by different means, and with due regard for the exigencies of the other. We should not exaggerate John Doe's individuality at the expense of his humanity, nor should we permit his peculiarities to obscure the fact that he is human. Education must serve both aspects of his nature without sacrificing either. There is no need to suppress the one or to neglect the other, if the proper order is observed in solving these two related problems—the determination of a course of study for all, because all are human, and its differential application in particular cases because each is individual.

The charge against so-called classical education is just, namely, that it thought only of the curriculum, and perhaps not even too well about that. But, at the other extreme, progressive education in its almost exclusive preoccupation with individual differences has either abandoned the curriculum or, what is worse, misused the curriculum in its attempt to adjust education to the peculiarities of each student. The simple truth is that the curriculum must not be abandoned or misused, any more than the child. Just as medical theory is concerned with the ills of mankind in general, and the individual practitioner with the cure of the particular patient, so educational theory must be concerned with the content and method of teaching, and the individual teacher with putting the principles into practice effectively. Practice in education, as in medicine, deals with particular cases.

If these distinctions were made, the educational proposals of Robert M. Hutchins; and the programs now in operation at the University of Chicago, Notre Dame, and St. John's College—would be more intelligently discussed than they have been so far. The course of study in each case would be criticized on its merits as a general solution of the problem of the curriculum for liberal education, and not in terms of irrelevant criteria arising from such considerations as individual differences. The abolition of electives would not be anathematized as fascist or "authoritarian," were it only understood that the teacher is a doctor who must exercise authority in the same way as the physician does for the good of those to be served. If it were recognized that even those who do not call themselves progressive educators abhor indoctrination as a kind of violence, because teaching must co-operate with the activity of learning in the student, there would be no issue about the methods to be used. The

"reactionaries" might even concede the wisdom that is in the project method, and the "progressives" might be willing to admit that activity for its own sake is not the point, but rather activity for the sake of discipline or skill.

In short, if a few simple distinctions were kept in kind, there might be a meeting of the extremes in contemporary education. False issues might be cleared away, leaving intelligence and energy free to cope with the genuine problems—problems difficult enough to occupy all our time.

To that end, I have proposed the analogy between medicine and education. I have suggested only a few of its implications. There are many others. The university trustee who understood it would not have the temerity to suggest that the board was as competent to deal with educational questions as the president and faculty, for he would recognize the folly of the hospital trustee who tried to interfere with the medical policy of the staff. The educator who spends most of his time worrying about the economic and political problems of our democratic society might realize the error of his ways. If he believes himself fit to solve those problems, he should leave the schoolroom and run for office; but if he stays in the schoolroom, he should give his major attention and effort to the problems of teaching and learning. The health of the nation would be gravely jeopardized, were most physicians as feverishly engaged in political agitation as some of our "democratic educators." As citizens we are all concerned with current political issues, but as the member of a particular profession, having a special obligation to the community, the teacher is not entrusted with the cares of a statesman any more than the physician.

Originally published in the Journal of Higher Education, XXIII, April, 1952, pp. 173-180.

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THE GREAT IDEAS ONLINE

is published weekly for its members by the CENTER FOR THE STUDY OF THE GREAT IDEAS ${\sf CENTER}$

Founded in 1990 by Mortimer J. Adler & Max Weismann Max Weismann, Publisher and Editor Marie E. Cotter, Editorial Assistant

Homepage: http://www.thegreatideas.org/

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