In defence of pedagogy: A critique of the notion of andragogy

Philip Darbyshire

Malcolm Knowles' theory of andragogy has gained increasing acceptance among nurse educators. Andragogy is espoused as a progressive educational theory, adopted as a theoretical underpinning for curricula and is even considered to be synonymous with a variety of teaching techniques and strategies such as 'problem-based' and 'self-directed' learning. This paper offers a critique of the notion of andragogy which maintains that the distinction created between andragogy and pedagogy is spurious and based upon assumptions which are untenable. It is argued that andragogy has been uncritically accepted within nursing education in much the same way that the nursing process and models of nursing were in their day. Finally, it is claimed that true pedagogy has far more radical, powerful and transformative possibilities for nursing education.

As a teacher with a particular interest in storytelling and narrative approaches to understanding, I begin this paper with a story. In a large Scottish college of nursing a few years ago, there was a sense among the senior staff that the college 'philosophy' was perhaps not as progressive as it should be. Fortunately a member of staff had been learning about a 'new approach' to adult education called andragogy which seemed to answer this particular need nicely. A memorandum was duly sent to all teaching staff informing them that a series of in-service lectures on 'andragogy' was being held. The memo concluded, without a hint of irony, by informing staff that their attendance was compulsory.

INTRODUCTION

The notion of andragogy, as popularised by Malcolm Knowles (1970, 1979, 1980, 1984) has been increasingly accepted within higher education and nursing education. Perhaps acceptance is too passive a descriptor in this respect, for it does seem that andragogy is not simply accepted but actively promoted and espoused as the educational philosophy which will give nursing education the credibility and respectability which nurse educators so desperately seek.

Indeed it seems that for many nurse educators, andragogy has become the new orthodoxy or new religion to be extolled as the 'underpinning philosophy' for everything from curricular design to teacher-student relationships. However, like so many nurse educators' causes, for example, the nursing process, nursing models and nursing diagnoses, andragogy seems to have been wholly and uncritically adopted. In
this paper I suggest why this unquestioning acceptance may have come about. It is also argued that the foundational assumptions of andragogy are inappropriate for nursing education and that a caring pedagogy offers a more radical alternative for the twentieth century nurse education.

**WHAT IS WRONG WITH ANDRAGOGY?**

**Andragogy's underlying assumptions are flawed**

Andragogy is no new concept. Davenport & Davenport (1985b) have noted that the term was originally coined by a German educationalist, Alexander Kapp in 1833. Andragogy has however, been touted as a particularly 'modern practice' of adult education (Knowles 1970). In order to understand both the appeal of andragogy and its fatal flaws, it is necessary to turn first to the major assumptions which underly the notion. Knowles (1980), drawing upon the works of other educationalists such as Lindeman (Davenport & Davenport, 1985a), posits four ways in which andragogy is to be differentiated from pedagogy.

1. As a person matures, his or her self-concept moves from one of dependence towards independence, self-direction and autonomy.
2. An adult accumulates a rich background and store of experiences which are used in developing new learning.
3. Adults readiness to learn are now more closely related to their developmental tasks in relation to their social roles.
4. Adults experience a change in orientation to learning away from the subject-centred learning of school to more problem-based learning which is of more immediate importance and relevance.

Fundamental to these assumptions is the notion of difference. It is suggested that children's learning is fundamentally different from adults' and that consequently different educational theories, philosophies and teaching approaches are required. Yet Knowles presents little or no evidence for this bold assertion. Hartree (1984), in a sustained critique of Knowles' work has argued that this assertion 'is as yet an arguable one' (p203). Similarly, Thompson (1989) has shown that:

The notion that all adults share a set of learner characteristics that differ from the learner characteristics of all children was found to be problematic. (p2)

The first assumption, the children are essentially dependent while adults are self-directed is a gross simplification of human learning. This view encapsulates much of the deficit-mode thinking related to children's education which sees them as essentially unwilling conscripts in an endeavour in which they have no motivation, interest or personal involvement.

In contrast we are asked to believe that adult education is (or should be, for Knowles never makes this distinction clear) hallmarked by an enthusiastic voluntarism on behalf of the adult student. I contend that most parents of children at school would scarcely recognise this image of their child as lacking in essential self-direction. I suspect also, that an examination of the projects and coursework done by many school pupils would upend the suggestion that they lack 'autonomy' or educative initiative. Similarly, in relation to adult education, it must be acknowledged that voluntarism and self-direction are by no means self-evident givens. Rather, as Rachal (1983) has explained:

Voluntarism is hardly an either/or proposition; rather it is measurable by degree. (p15)

To this should be added that it may be measurable by degree but assuredly not by age. Nurse teachers will recognise that not all students are driven by a desire to become self-directed and autonomous in their learning. These may be qualified nurses who feel the need to 'get a degree' or some other qualification, not because they have a burning desire for knowledge and enlightenment but because 'you need a degree to get on' or because 'everyone else is getting them'.
At a recent conference on transforming RN (American ‘post-registration’) education, Patricia Benner spoke of nurses who sought, and educators who provided, ‘stamp me smart courses’. In ‘stamp-me-smart’ courses, the student comes knowing all there is to know and resents any educational attempts to question ideas or practices in a real and radical sense. Educators who collude with such courses will be content to deliver the ‘appropriate content’ in the most unchallenging way, that is by lecture or by ‘modified lecture’ where a few questions may be periodically asked.

Knowles’ second assumption is equally ‘andracentric’, suggesting as it does that children’s life experiences are qualitatively of lesser value than those of adults. The history of pedagogy and what has been termed ‘progressive’ or ‘child-centred’ educational theory and practice, from John Dewey to Carl Rogers is a history which places the child’s experience at the heart of teaching practice. Andragogy also suggests that the adult has reached a more mature stage in this respect in that he or she now defines their self in terms of private, idiosyncratic, personal experiences. This, Knowles suggests is a developmental progression from the child’s understanding of self as being relational and ‘external’. Such a view is consistent with a typically western, technological understanding of the person (Dreyfus 1990) where individualism and autonomy are celebrated. This view of the radically insular self and person has been criticised most successfully from a Heideggerian phenomenological position by Benner (1985a, 1989), Benner & Wrubel (1989), Leonard (1989) and specifically in nursing education by Diekelmann (1990, 1992). Benner’s and Diekelmann’s work has helped us to revision education and practice in ways which allows the relational, contextual and connected nature of caring practices such as nursing and teaching to show up for us.

Knowles’ third assumption seems equally untenable. While an adult’s readiness to learn may well be connected to their social role, career progression etc, it is myopic to claim that readiness is not an equally marked feature of children’s learning. Hartree (1984) reminds us here that the psychologist Havighurst was describing children’s ‘developmental tasks’ as long ago as 1948. As with the previous assumption, this seems to be another example of Knowles’ elevation of more calculative and instrumental thinking in relation to learning. ‘Mature’ or ‘adult’ learning is seen to be directed towards more worthy goals than the thinking of the child. Diekelmann (1991) brings out the importance of alternative conceptualisations of thinking when she draws upon Heidegger’s work on thinking in noting that:

Thinking is dwelling in the world (…). Thinking as a pathway does not necessarily lead to a predetermined outcome. (p46–49)

Finally, Knowles assumes that pedagogy is synonymous with subject-centred learning while andragogy involves adults in problem-solving activities, since of course they are essentially goal-directed in their learning. Yet again it seems that Knowles has devised a dichotomy between children’s and adults’ learning which bears little resemblance to our knowledge of either current schooling practices or to present-day developments in higher and nursing education.

The andragogues’ travesty of both primary and secondary education in this assumption seems patent. If, and as Hartree (1984) observes, this is yet another uncertainty, Knowles is suggesting that this is how schools and higher education are, then he may be quite simply wrong. Alternatively, if he is suggesting that this is how children’s and adults’ education should be then he does a huge disservice to children by suggesting their exclusion from problem-solving learning and their consignment to a schooling involving no more than the acquisition of subject matter content.

Sensing perhaps the flaws in his assumptions, Knowles (1979) did try to revise his andragogy versus pedagogy polarisation when he claimed that:

I am not saying that pedagogy is for children and andragogy is for adults, since some pedagogical assumptions are realistic for adults in some situations and some andragogical assumptions are realistic for children in some
situations. And I am certainly not saying that pedagogy is bad and andragogy is good; each is appropriate given the relevant assumptions. (p52)

Such an about-turn in thinking seems unconvincing however when read in the context of the rest of Knowles work where little doubt appears as to which approach is most desirable. To judge from the regularity with which androgogues decry pedagogy and extol andragogy, it seems clear that advocates of his ideas do not accept this turn either. Knowles' defence here also gives the strong impression that andragogy is not an educational philosophy or approach but merely a collection of teaching techniques and strategies to be used with students of any age whenever 'appropriate'. As Thompson (1989) has argued, it is difficult to see how a teacher could reasonably subscribe to both of Knowles' assumptions and simply 'pick 'n' mix' supposedly andragogical or pedagogical approaches for particular lessons or students. To assume this is to ignore the very real sense in which teaching is not merely the implementation of a series of educative techniques or strategies (Van Manen 1991, Diekelmann 1992).

There is a particularly cherished myth in higher education and nursing education that students experience a particular 'culture shock' when they move from school into nursing education. This myth is usually expressed as follows:

These are schoolchildren who are used to being spoon-fed information by teachers. Now that they are in college/polytechnic/university they'll find it difficult making the transition to adult learning where they need to take responsibility for their own learning, work independently and take part in more discursive types of learning.

This myth may be fantasy for two reasons. First, senior pupils in many secondary schools will be more than comfortable being in classes where they work in smallish groups since many secondary school classrooms are now organised to teach pupils in groups at tables rather than by having children sitting passively in rows of desks. In addition, much of the work that senior pupils do is project based or coursework based, involving considerable self-direction, initiative and a pronounced lack of quiescent ingestion of facts. It is also possible that 'integrated studies' may have been offered in which case the pupils will be unlikely to have a view of education synonymous with the rote learning of isolated subject-specific content.

Uncomfortable as this may be, we now need to contrast this with the educational experience which these young men and women might well encounter when they move into the 'andragogical' world of nursing education. Allen (1990), in discussing the dominant teaching ethos, has described the approach taken towards many students in higher education as being akin to:

Assembling them in auditories and hosing them down with microfacts. (p70)

Likewise, Bevis (1990) highlights the oppressive and disempowering practices which continue to permeate so much of what is fondly imagined to be 'adult' nursing education. Behaviourist assumptions, constraints and objectives continue to define teacher-student power relationships and learning encounters. Evaluation and grading continues to be a disciplinary event rather than an educative process. Curriculum continues to be seen as the property of teachers which is to be 'delivered' to students, and of course the lecture is the dominant mode of 'transmission of content'. In many Colleges of Nursing there are elaborate panoplies of rules, regulations and surveillance procedures which show the thinly disguised contempt which characterises so much of the teacher–student relationship. Students may have to sign in and out of buildings and classes (because of 'fire regulations' of course), be refused admission to classes if they are minutes late, have no choices regarding attendance, have only 'guided' or 'supervised' study time, and generally have little or no involvement in their own education. Any student resistance or 'insolence' in the face of such oppression is likely to evoke the standard victim-blaming teacher's response that this shows immaturity or obduracy on the part of the students.

In the present political climate, with its almost
exclusive emphasis on 'traditional teaching' and 'effectiveness and efficiency', it is possible that this situation may worsen rather than improve.

A recent newspaper report on Scottish higher education noted an average 14% increase in admissions without a concomitant increase in resources. The report also described how:

Across the country, lecture halls are overflowing and students are being forced to sit in aisles. One university is relaying lectures to remote rooms with primitive television equipment. In many institutions, 'small' tutorial classes have doubled or trebled in size and are being held less frequently. (Briggs 1992, p6)

In the light of the above, it is to say the least, difficult, to maintain the andragogues' imagined differences between school and nursing/higher education.

**Andragogy is linguistically inappropriate**

The almost wholesale, uncritical acceptance of andragogy within nursing education, particularly in the UK, has devalued and demeaned the term pedagogy. Knowles must accept some of the responsibility for this as he subtitiled the first two editions of his book 'The Modern Practice of Adult Education - Pedagogy versus Andragogy' and subsequently 'From Pedagogy to Andragogy'. The message here seemed as simplistic as it was obvious; andragogy = good, progressive and an achievement, pedagogy = bad, oppressively traditional and merely a starting point. For many educators, pedagogy has now become almost an educational term of abuse.

But when pedagogy is caricatured as a quasi-Dickensian oppression involving the passive acquisition of subject-related facts, then almost anything can appear to be an improvement, even the scarcely coherent notion of andragogy. The andragogues have chosen the wispiest of straw men to attack.

The word 'andragogy' is derived from the Greek 'aner' meaning 'man' (Hartree 1984, p203) and 'agogus' meaning 'to lead'. Can nurse educators, in a profession which is increasingly focussing on the importance of feminist understandings of our history, theory and practice, countenance the adoption of a neologism which excludes the vast majority of nurses?

I have argued, that it is inappropriate to dichotomise child and adult learning. There is, however, much stronger evidence of differences between the ways in which men and women learn (Belenky et al 1986). Could we therefore adopt the term 'gynagogy' to describe the education of adult women? To continue within Knowles' fragmentary 'difference' paradigm, Rachal (1983) has suggested that it may not be too long before infantagogy, adolescagogy and geragogy are mooted as ways to build further empires within education.

I suggest that the dichotomising of adult and child education into pedagogy and andragogy is a pointless exercise in the fragmentation of education which damages a potentially unified and holistic practice.

I would also concur with Elias (1979) who charged that the attempt made to create a distinction between andragogy and pedagogy was:

not a matter of educational theory but a misguided attempt to enhance the status of the field of adult education. (p254)

In a patriarchal society which over-values autonomy, control, mastery and productivity, caring practices involving children, such as parenting, child care, and teaching are marginalised and accorded a lesser status. I suggest that the notion of a separate andragogy would never have arisen if children's education and the teaching of children were highly valued and richly rewarded practices within our society.

**Why has andragogy been so uncritically accepted by nurse educators?**

Hartree (1984) has argued that andragogy 'says what his (Knowles') audience wants to hear' (p203), and that is that they are special, progressive, and with a unique edifying theory of their own to underpin their practice. I suggest that there are other questions which need to be raised.
in relation to nurse education's open-armed acceptance of andragogy. As nursing education has moved gradually into the realms, if not the actual sites of higher education there has been a commensurate desire on the part of educators to find for nursing the academic credibility which we seemed to lack. Unfortunately however, nursing's rush to find theoretical respectability was often more headlong than considered. In the 1970s management theory offered us 'the nursing process' which educators embraced wholeheartedly as the only way to 'organise' or 'deliver' nursing care. In the 1980s 'models of nursing' filled a similar void in nurse educators' thinking.

As with the nursing process, acceptance of particular models and the need for models in general was promoted almost uncritically. To question, or worse still to oppose such ideas was taken as evidence of unprogressive, traditionalist thinking. When practitioners in particular expressed concerns in relation to these 'new' ideas, this was often taken as evidence of resistance to change, lack of theoretical understanding, and of the essential deficiency of practice itself. Andragogy may well be merely the latest in a line of notions.

What is of fundamental import here is the concern that nurse educators may be less than willing or able to practise the kind of critical thinking in relation to their own practices which they so often demand of their students. Perhaps we need to question more seriously the adequacy of nurse teacher education. I would suggest that the majority of nurse teacher preparation courses are still based upon an essentially behaviourist, instrumental and content-driven conception of education. Within such courses student teachers will receive a particular behaviourist view of education and curriculum which claims that we know the 'competences' of the 'product' which schools will 'produce' at the end of a course. The nurse teacher's job is therefore to sequence the curriculum in such a way as to ensure that students finish the course having duly 'covered the content'. For many nurse educators, this model of curriculum and education is so obviously 'right' that an alternative vision of education is impossible. Within such nurse teacher preparation, it is unlikely that the foundational educational philosophy which underpins the behaviourist assumptions will be seriously critiqued. Such instrumentalism short-circuits real thinking about education and allows notions such as andragogy to be readily accepted as synonymous with certain techniques such as 'problem-solving' or 'self-directed learning' which will maximise the efficient achievement of the overall 'course objectives' while leaving more radical questions about the meaning of andragogy unasked.

IN DEFENCE OF CARING PEDAGOGY

To speak of caring pedagogy is tautologous since an elemental dimension of pedagogy is 'that which directs us and draws us caringly' (Van Manen 1991, p31) towards our students. I do this nevertheless to locate the practice of pedagogy within the wider tradition of caring practices and to stress that without an involved caring stance, the educator is in danger of seeing the entire educative project as synonymous with teaching strategies and techniques. As Van Manen (1991) warns:

It is possible to learn all the techniques of instruction but to remain pedagogically unfit as a teacher. (p9)

There is a proud tradition of humanistic thinking within nursing which can be traced through the work of, for example, Peplau, Henderson, Paterson & Zderad. Over the past decade, the work of visionary nurses such as Patricia Benner, Madeline Leininger, Jean Watson and others, has helped nursing re-claim and rescue the ideas and practices of caring in nursing. We are now more aware of the power and complexity of nursing's caring practices. We understand that human caring is central to nursing and that it is not merely sentimentality nor an essentially private, individual feeling or personality trait.

Within nursing education and education in general a similar reclaiming of pedagogy is now required in order that the vision and richness of
possibilities offered by pedagogy may be recovered from the deficit-mode stereotype created by Knowles and the andragogy movement. Pedagogy has a long and valuable tradition within European and North American education and human science (Van Manen 1990, 1991). In the field of general education, Max Van Manen continues to be the most eloquent articulator of the complexity and power of pedagogical thoughtfulness and practice. Van Manen explains that pedagogy involves all of our encounters and dealings where we dwell learningly with our students for the sake of their development, growth and well-being. Pedagogy is neither a set of teaching techniques, nor a method of curricular organisation. Nor is it age-specific. Pedagogy calls forth not simply new 'ways of teaching' but new ways of being, thinking, conversing and becoming lifelong learners ourselves. For as Heidegger (1954/1977) has observed:

Teaching is even more difficult than learning. We know that; but we rarely think about it. And why is teaching even more difficult than learning? Not because the teacher must have a larger store of information, and always have it ready. Teaching is more difficult than learning because what teaching calls for is this; to let learn. The real teacher, in fact, lets nothing else be learned than - learning . . . The teacher is ahead of his (sic) apprentices in this alone, that he (sic) has still far more to learn than they - he (sic) has to learn to let them learn. The teacher must be capable of being more teachable than the apprentices. (p356)

In nursing education, the Curriculum Revolution movement has given nurse educators a renewed sense of the power of true pedagogy (National League For Nursing 1988, 1989, 1990, 1991). When educators such as Diekelmann, Tanner, Watson and Bevis speak of pedagogy; of our lives and practices as teachers, this is no educational infantilism which is being proposed. This is a pedagogy which embraces critical, feminist, political, hermeneutic, and phenomenological insights (Giroux 1989, Bevis & Watson 1989, Donahue & Quandahl 1989, Stanley 1992). It is a pedagogy which asks us to consider education not primarily as an epistemological endeavour whose prime function is the transmission of curricular content. It is a pedagogy which re-visions teaching as a particular way of being with and for our students (Berman et al 1991).

CONCLUSION

These are both challenging and destitute times for nurse educators. Destitute times because we are in an era which seems to value thinking less and less in favour of a mechanistic, 'pack 'em tight and teach 'em cheap' national education policy. As the managerial imperative forces questions of effectiveness and efficiency to the forefront of the educational agenda for predominantly financial reasons, there is a real danger that the actual practices of teaching may be even further ignored and devalued (Leftwich 1991). The challenge of our times is for nurse educators to rediscover a vision of teaching. Andragogy's vision seems divisive and fragmentary. It seeks to elevate the status of adult education by demeaning the education of children. It offers little more than the possibility that different teaching techniques will transform the educational experience of adults when what is required is a far more radical and fundamental understanding of the nature and meaning of teaching and learning and of the lived experiences of teachers and students. If nurse teachers were to rediscover the sense of pedagogy which andragogy either ignores misrepresents, then andragogy might be seen as at best, the stimulus for such a reclaiming, or at worst, a distraction from such a search.

References
Benner P, Wrubel J 1989 The primacy of caring. Addison-Wesley, Menlo Park
Briggs S 1992 Surge in students engulfs universities’ resources. Scotland On Sunday, October 25th, p6
Davenport J, Davenport J A 1985a Knowles or Lindeman: Would the real father of American andragogy please stand up. Lifelong Learning 9 (3): 4–5
Davenport J, Davenport J A 1985b A chronology and analysis of the andragogy debate. Adult Education Quarterly 35 (3): 152–159
Knowles M S 1979 Andragogy revisited part II. Adult Education 30 (1): 52–53
Rachal J 1983 The andragogy-pedagogy debate: Another voice in the fray. Lifelong Learning 6 (9): 4–5