

Letters

Absolute Statement on Clinical Supervision Criticized

Dear Editor:

In the Ben Harris article, "Supervision Competence and Strategies for Improving Instruction" (*Educational Leadership* 33: 332-35; February 1976), a puzzling statement appears: "Morris Cogan . . . is urging us to forget all strategies except that of clinical supervision." It is the absolute tone of the statement that is puzzling. Harris cites Cogan's book, *Clinical Supervision* (Houghton Mifflin Company, 1973), as his source for the statement, but I do not find support for it in Cogan's book. On the contrary, there is support for quite a different interpretation.

In the foreword (page x), Fred T. Wilhelms states that Cogan "fully recognizes that there are other essential elements in 'general supervision'—that teachers also grow through cooperative curriculum development, for instance—but this book is about one-to-one, in-class observations and the assistance that can be built on that base alone."

In his preface (page xi), Cogan states that the second purpose of the book is "to help correct the neglect of in-class or clinical supervision and to establish it as a *necessary complement* (italics mine) to out-of-class ('general') supervision," the first purpose being to develop and explicate a system of in-class supervision.

On pages 9 and 10, where Cogan describes the limitations of the book and its ideas, he concludes: "Above all, the book will not try to promote clinical supervision in any doctrinaire fashion. Rather, it is offered to the reader as an examined synthesis developed out of long experience, in the hope that the reader will find some ideas to examine, some to assimilate, and others to reject."

Taken as a whole, Cogan's book is characterized by tentativeness, openness to question,

and lack of pretense. I consider Harris' statement about it an error in scholarship.

ANNE M. RONEY
Reading Resource Teacher
Knoxville, Tennessee

Educational Leadership, before printing Anne Roney's letter, asked both Morris L. Cogan and Ben Harris if they would care to respond. Their replies follow.

Dear Editor:

I want first of all to thank you for your editorial concern about the statement made by Ben Harris: "Morris Cogan is urging us to forget all strategies except that of clinical supervision."

The reply Anne Roney has written to that statement clearly demonstrates the irresponsible nature of Harris' claim. His accusation is so contrary to everything I say and believe as to be simply absurd. It doesn't really merit the careful documentation and rebuttal that Anne Roney has accorded it.

MORRIS L. COGAN
Professor of
Curriculum and Supervision
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Dear Editor:

Thank you for your letter urging me to make a statement clarifying the concerns I tried to address in the February 1976 issue of *Educational Leadership*. It is readily apparent, as I indicated previously to Anne Roney and Morris Cogan, that my statement was indeed too "absolute" in tone. I accept, too, Cogan's conclusion that as an "accusation" the statement does not merit careful documentation.

What does possibly merit some further consideration by all of us involved in the professionalization of supervisory practice is the

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programs furnish evidence that some schools, at least, can develop a curriculum that vitalizes and strengthens the educational experiences that occur outside their walls.

Summary

Many curriculum projects of the past two decades have overlooked the active role of the student in learning and have assumed that he or she can be made to learn. They therefore gave little or no attention to the interests, concerns, and perceptions of students while developing the curriculum. If learning is to be both effective and lasting, it is necessary for the school to give special emphasis to the implications of the learner's active role when it selects objectives, designs and sequences learning experiences, and strives to achieve transfer-of-training.

It is also clear that a great erosion has taken place in the total educational system in the United States. The home, the working place, the religious institutions, and the educational milieu of the community are furnishing fewer opportunities for constructive learning experiences for young people today than in the past. As a result, it is now particularly necessary in the area of curriculum development to give careful consideration to the non-school areas of student learning. To this end, the school can *always* seek to maximize the effectiveness of its curriculum in relation to the student's opportunities for learning experiences outside the school. In this way and in others, the school can help to establish a more constructive total educational system. [E]

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larger concern being clumsily expressed in several of my writings. The context of my concern is that: "The fast moving events of the past 25 years have allowed too little time for careful thought leading to new insights," about supervision competencies. I try to make a case for:

1. Clearly defining competencies for instructional improvement,
2. Building collaborative relationships without subservience to either administrators or teachers, and
3. Facing the need for participation in honest, constructive evaluation of both teaching and program.

Against this context, I am deeply concerned, and find the practitioners/supervisors I work with also concerned about the growing numbers of supervisory practices which are promising fragments of professional practice. They are windows without a view, doors without a walk, walls without a roof. Creative minds and scholarly pursuits have provided supervisors with concepts, skills, strategies, and instruments for making supervision a truly professional specialization. The need is for synthesis, not fragmentation; for inclusion, not exclusion nor neglect; for defining programmatic relationships between diverse practices, rather than delimiting and narrowing.

When clinical supervision is defined as relating only to in-classroom supervision, the questions that must be asked include:

- What other forms can in-classroom supervision take?
- When can both in-classroom and out-of-classroom events be combined to produce a more effective strategy?
- When is a clinical approach most appropriate?
- When is it inappropriate?
- Given the high cost factor, what problems should get priority?
- What are the contra-indications for clinical supervision?
- What are the negative side effects?
- How can clinical supervision models be changed to make them more appropriate to in-service personnel?

Many of these questions do merit much more careful consideration than they have yet received.

BEN HARRIS
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