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Constructivist Theories in Educational Counselling as a Source of Inspiration for Changes in Educational Diagnosis

The article presents a theoretical approach to educational diagnosis as an important element of broadly conceived pedagogical activities. Diagnosing as a continuous process is an object of ongoing research in the studies on teaching methods and methodologies, and the search for new solutions in diagnosis involves going beyond what is known and routine to add new theories. The aim of this article is to outline a different approach to educational diagnosis by recourse to the theory of constructivism as applied in counselling and guidance studies. The theories discussed in the paper can inspire change in the understanding and practice of educational diagnosis, which is always the starting point for support and help-provision. Our argument in the article is driven by the following questions: To what extent can the theory of social constructivism be used in the relationship with the child's parents/caregivers as part of the educational diagnosis process? How does the diagnosis model change with the inclusion in it of constructivist thought?

Keywords: counselling, career counselling, educational diagnosis, learning assessment, life management, constructivism, support, diagnostic relationship

Introduction

Constructivism as a theory and model of real action redefines the cognitive and learning processes by assuming that they are based on the subject's activity aimed at creating/constructing reality and knowledge in social relations. This perspective strongly emphasises the value of social contacts and the importance of interpretive processes (Dylak, 2009; Giddens, 2006; Gołębniak, 2009).

Rooted in philosophy and the social sciences, the constructivist paradigm is also present in pedagogy, where it is involved in the processes of teaching, education, help-provision and counselling. It concerns the interaction of social actors in the context of their perceptions of their role in educational and counselling activities. We adopt the constructivist perspective in this article in order to argue that educational diagnosis (Polish: *diagnoza pedagogiczna*) is a basis for support interventions, which we outline in the light of selected constructivist theories already used in career guidance and counselling (Guichard 2018a, 2018b; Guichard & Hu-teau, 2005; Savickas 2005, 2013). The transfer of concepts and practical solutions from counselling to diagnostic practice in school education is possible insofar that educational diagnosis (especially specialist one) is an element of broader support activities and a basis for institutional counselling interventions, including psychological and educational counselling centres.

Diagnosing in education is part of a broader exploration process. In the traditional/directive approach, it focuses on students, their educational opportunities and development level, all of which are analysed in conjunctions with their community-related factors. An result of diagnosing, the diagnostic measurement is mainly used to improve a child's outcomes and functioning as a student, and it is most often carried out through measurement techniques in the diagnostician/diagnosed student relationship. Constructivism introduces new techniques into this context; those are founded on dialogue, narrative and articulation of views and expand the diagnostic relationship to incorporate other with adults, such as the child's caregivers, educators and teachers.

Diagnosing versus Assessing: Terminological Dilemmas

Whoever studies diagnosis must realise that there are various positions on the conceptual apparatus that defines the theoretical considerations and empirical research. The term 'diagnosis' itself was borrowed from medicine and is today firmly rooted in the social sciences, particularly in psychology and education studies (Jarosz, 2001; Jarosz & Wysocka, 2006; Wysocka, 2013; Niemierko. 2002, 2007, 2021; Skalbania, 2011; Stemplewska-Żakowicz, 2011). With the endorsement of the term, the medically-stamped way of thinking about diagnosis became popular, as a result of which diagnostic activities came to be schematic and determined by an algorithm presupposing a diagnosis of a disease/problem, establishment of the cause, application of treatment and assessment of its effects. This model became an inspiration for the first theoretical and methodological studies of diagnosis in the social sciences (Podgórecki, 1962; Ziemski, 1973). While diagnosis is commonly associated with evaluation, the latter is only one procedural element in diagnosing as a purposeful activity (Podgórecki, 1962).

The literature registers polemics around the accuracy and questioning the legitimacy of the term 'diagnosis' in relation to the education and development of children and adolescents. In this context, abiding questions are: Is 'diagnosing' the right term to describe every cognitive activity of students in their school education? Can diagnosis and the closely related support/counselling be framed in schemes, procedures and based on the measurement of factors such as features, properties, knowledge and skills? Such dilemmas articulated across the literature prompt a search for diagnostic activities of teachers, educators and counselling practitioners aligned with contemporary education processes. Similarly, new definitions should also be coined, but those fall outside the theoretical focus of this article.

Assessment is of great relevance to educational practice, regarding both teaching and the functional, social and developmental dimensions. The assessment of students is integrated into the school-based education system and is particularly important in helping students in their educational and school activities. Assessment covers students' behaviour, knowledge and skills to understand the changes resulting from learning and gaining individual experience. Therefore, assessing students means providing them with a comprehensive overview of their activity, learning progress, educational difficulties, interests, needs and individual resources requisite for further coping and optimal functioning at school.

The theory and practice of education provide many ways of evaluating student achievement across education stages. The set of assessment kinds includes formative/supportive assessment and summative assessment. The former provides information about students' progress and difficulties on an ongoing basis and gives verbal or written feedback on the outcomes of their general educational activity, while the latter is expressed in the form of a grade. Descriptive assessment in early childhood education has informational, corrective and motivational functions. While it concerns students' school achievement, it is closely linked to their cognitive, emotional and social functioning.

As stipulated by the educational law in Poland, teachers use both terms—assessment and diagnosis—in their work, whereby 'assessment' and 'recognition' clearly predominate, while 'diagnosis' is as a rule part of the vocabulary and practice of other school professionals, such as psychologists and school counsellors, and the staff of psychological and pedagogical counselling centres (Journal of Laws of 2020, item 1280).

Regarding diagnosis and assessment in education, it should be borne in mind that, in line with its original meaning, diagnosis is enclosed in the predefined procedural frames and has a slightly wider scope, while assessment, while also based on predefined criteria, is more personalised and closely related to teachers' work. While diagnosis is associated with the work of support institutions, assessment is associated with the teaching, educational, care and therapeutic work of teachers. Diagnostic practice brings together specific assessments of students' achievement, modes of action, outcomes and selected aspects of their development, whereby

comprehensive diagnosis usually covers an individual's personality as a whole combined with their psychosocial environment.

Further in our argument, we focus on diagnosis as a process of obtaining a complex understanding of students, including their backgrounds, with the participation of parents and caregivers.

Diagnostic Activities in the Counselling Process

Despite the terminological doubts outlined above, diagnosis is a popular notion in education. It is used in all its sub-disciplines and provides a basis for designing a range of teaching, educational, caring and therapeutic/revalidation interactions (Jarosz, 2001; Jarosz & Wysocka, 2006; Niemierko 2007, 2021; Skałbania, 2011; Sowa & Wojciechowski, 2001; Wysocka, 2013; Ziemiński, 1973) and guidance and counselling interventions. Diagnosis concerns the description of individual students' school achievement level, departures from the developmental norm, developmental risks, adjustment/adaptation level, needs and psychophysical capabilities. It is related to psychological and educational support-provision for students and their families and forms a salient part in the practice of teachers, school-based counsellors (Lewandowska-Kidoń & Kalinowska-Witek, 2016), and the specialist staff of the psychological and pedagogical counselling facilities (Skałbania, 2012, 2015). As a social interaction and explorative activity, diagnosis consists of assessment, description, explanation, interpretation, reasoning and inference. The traditional understanding of diagnosis emphasises its selective and social character, because identifying and naming a problem always renders a 'social category' (Żółkowska, 2002, p. 317).

Stereotypes that exist in society and define social expectations regarding the behaviour of people assigned to a given category cause stigmatisation (Żółkowska, 2002, p. 318), manifest in the social representations of people with intellectual or sensory disabilities, children with an autism spectrum disorder and the like. If diagnosis can be associated with negative fallout, such as stereotyping, stigmatisation and pejorative social labelling (Błęszyńska, 2001; Borzyszkowska, 1997), it also has a positive dimension since it facilitates the understanding of behavioural and disorder mechanisms, which makes it possible to apply proper support forms or remedial strategies. Following Stanisław Palka's observation (1989, p. 16), we agree that 'diagnosis is necessary for the rational and accurate conduction of practical activities in various fields, including education, schooling and self-instruction,' as well as, we may add, counselling.

In school and pre-school practice, in the first level of integrated education, a comprehensive/holistic model of diagnosis is proposed, which consists of genetic-developmental, educational and social diagnoses (Włoch & Włoch, 2009). The genetic-developmental diagnosis mostly concerns organic and genetic factors. It is

structured by obtaining data on children's health, sensory development and behaviour in variety of their activities, mothers' pregnancy period and health and the history of child development. Social diagnosis, which recognises the local background and family as a factor of communal education, covers the family structure and social status, intra-family bonds and relationships, child-raising styles and methods, parenting attitudes and the level of responding to child needs (Włoch & Włoch, 2009). As a result, 'educational diagnosis is based on the recognition of skills, development anomalies, the rate and rhythm of a child's work and the identification of difficulties and disorders in manual skills, visual and auditory perception and mental operations' (Włoch & Włoch, 2009, p. 114).

The level of children's development and their efficiency affect the mastering of reading, writing and counting skills. According to Stanisława Włoch and Agnieszka Włoch, 'in order to get to know the child accurately and reliably, a holistic diagnosis should be carried out, which is characterised not only by continuity, but above all by polymodality, that is, by recognising the individual as a certain whole' (Włoch & Włoch, 2009, p. 110). The ultimate goal of a holistic diagnosis is to prepare the ground for intervention, remedial and optimising activities, whereby diagnosis and post-diagnostic activities are regarded as a comprehensive totality (Wysocka, 2013, p. 9).

Current humanistic concepts insist on a paradigmatic shift from stigmatising diagnosis to appreciative diagnosis, which entails revising the current perspective and exploring possibilities of a flexible, integrated diagnosis model that fits in with the new concepts of educational work. In this respect, inspiration can certainly be found in the impressive achievements in the field of counselling, particularly career counselling, where diagnosis has been the cornerstone of guidance and counselling practice since the very beginning of the field. Initially, guidance and counselling activities were mainly based on diagnosis, the purpose of which was to assess people's occupational predispositions in terms of matching individuals and jobs. Specialised diagnostic tools were developed for application in educational and technological counselling in the period of industrialisation. At the time, diagnosis served mostly guidance and selection purposes (Kargulowa, 1986) and was impacted by technological advancement.

As part of school counselling, initiated by Józef Joteyko, institutional career guidance was developing dynamically and involved diagnosis that mainly relied on scales, questionnaires and tests for the assessment of occupational skills. Later, interviews and psychological interviews were introduced as diagnostic techniques in addition to testing techniques. A profound overhaul of diagnosis in counselling was launched by Carl Rogers, a proponent of humanistic psychology and the founder of the client-centred approach. He called for abandoning the behaviourist diagnostic model in counselling and focusing on the strengths of people striving for development and constructing their self-esteem. In this framework, the counsellors' task was to reinforce the clients' potential and expand their self-knowledge

in dialogue-based meetings. Continuing this approach, constructivism presupposes establishing a humanistic relationship, cooperation and dialogue in a joint search for solutions.

Life Design Theory in the Diagnosing Process

Constructivism changes the educational and counselling reality by proposing new ways of learning and teacher training and promoting a new model of counselling based on the processes in which people construct themselves and their lives. Michał Mielczarek observes that ‘constructivism highlights the role of the person who generates knowledge, the subject who is the producer of knowledge—not a passive recipient of it, but an active constructor’ (2010, p. 109). Rather than being considered a complete product, knowledge is regarded as ‘something like a toolbox that makes the production of it possible’ (Klus-Stańska, 2010, p. 54).

The diagnostic relationship in the diagnostician-student-parent system is undoubtedly also a learning situation whose form changes as social needs change. Diagnostic activities in education should not be studied in isolation from counselling practice understood as interpersonal interaction, organised operation or a form of social support (Kargulowa, 2006), because both processes—education and guidance—are closely related. Hence, the need to seek inspiration for educational diagnosis in constructivist theories employed in counselling, vocational guidance and career guidance is legitimate and warranted (Cybal-Michalska, 2015; Drabik-Podgórna, 2016, 2018; Gołębnik & Wojtasik, 2003; Kłodkowska, 2010, 2013; Mielczarek, 2010; Minta, 2009; Piorunek, 2016; Zamorska, 2014).

The dynamic development of career counselling with its multiplicity of theories about designing work and career has prompted analyses of their applicability in the light of the idea that diagnosis and counselling are complementary fields. Joanna Kłodkowska (2010, p. 200) emphasises that, in counselling, ‘constructivism can be a theoretical perspective that gives legitimacy to the new notion of the counselor and counselling practice itself’, which can also apply to diagnostic practice. Diagnosis is undoubtedly an element of counselling/support intervention, as it aims to identify and design help and support activities.

In the constructivist orientation, the Life Design model is a promising option. Although it is associated with career guidance, it can also be applied in counselling interventions to solve people’s life problems. The Life Design encompasses a theory of career management (Mark Savickas) and a theory of life management (Jean Guichard), which ‘are intertwined’ (DiFabio, 2014, p. 194). The aim of the interventions they propose is ‘to facilitate careful reflection by individuals so as to develop a stable sense of identity in order to successfully adapt to ever-changing life and workplaces’ (Di Fabio, 2014, p. 196). Since both theories explain the mechanisms behind processes involved in management of one’s own life, they can be used in

work with adults, who are capable of self-assessment and reflective thinking (Lenart, 2018).

The use of constructivist theories in counselling practice entails conducting interviews, establishing dialogue and constructing narratives, all of which encourage help-seekers to reflect on themselves and their settings, help them open up to feedback and foster an ability to imagine their possible 'selves' (Duarte, 2014).

In the structure of educational diagnosis at a counselling facility, relationships are established between the diagnostician and the child/student referred to him/her as the subject and between the diagnostician and the child's/student's parents/guardians, that is, adults. The object of educational diagnosis is most often the child's learning process and its psychosomatic and community-related factors. No comprehensive identification of those is possible unless the diagnostician establishes a relationship not only with the child, but also with the parents/guardians. The literature recommends a model of diagnosis that includes parents, peers and/or other people from the child's community (Elliott & Place, 2000, p. 16), who are often the initiators of help-seeking. According to Barbara Kaja, in the relationship with parents, adults should focus on the child, his/her family and school situation, and this takes place in the dialogical exchange of information. In the past, diagnosis was clearly dominated by the directive model, in which the diagnostic process was managed by the investigator, who focused on the task at hand, used standardised tools, made decisions for the diagnosed person, named the problem and took responsibility for the results of diagnosis.

This model made it possible to assess the current state relative to the norms in place (fixed standards for perceptual and motor functions, reading aloud, motivation, etc.). Such practices tend to be observable even today in direct contact of the counselling facility staff with students, their parents and, sometimes, also with teachers, when children's functioning as a student must be assessed. However, the calls for a comprehensive model of diagnosis require expanding and redrawing activities involved in community-related diagnosis to enhance the participation of parents as co-creators of diagnosis developed/constructed together with the diagnostician. The reasons for following the constructivist approach in the process of comprehensive diagnostic regarding students' learning outcomes include:

1. The purpose of diagnosis, that is, to support parents in the education and upbringing of their children, which automatically makes them recipients and constructors of guidance, people involved in this process.
2. The notion that the community contexts are important in capturing the situation of children/students promoting community-focused diagnosis in accordance with the model of the comprehensive diagnosis outlined above (Włoch & Włoch, 2009).
3. The assumption that students' and their parents' personal experience and activities are important in identifying and planning development and education.

4. The idea that knowledge is relational and that diagnosis can be a form of situational learning that takes place in social interactions (Malewski, 2006, p. 32).

Since every diagnosis contains a forecasting component (Ziemski, 1973), it should be future-oriented and rely on experience and reflectivity understood as 'the fact that people's knowledge and interpretations of their own deeds, actions of others and social situations in which they are involved significantly affect their decisions, conduct and, consequently, the society in which they live' (Sztompka, 2002, p. 52). Hence, diagnosis should reflect one's image of the self and the world, be a basis for correcting one's actions (Giddens, 2003, p. 41) and spark readiness to cope with tasks at various stages of life (Savickas, 2005). Every diagnosis is made in specific contexts and affects them both directly and indirectly. Therefore, it is not reducible to one-side assessment or single measurement, especially when it is supposed to be comprehensive and contextual (Savickas, 2013; Cybal-Michalska, 2015, pp. 237–38).

The Life Design model includes the key concept of *life themes*, which is the focus of a diagnostic interview in Savickas or a diagnostic dialogue/narrative in Guichard. In the relationship of the diagnostician and the parents, the life theme is the development and education of a child embedded in community and family contexts. The theme is formulated as a result of the analysis of the current situation and the recognition of the child's problems, which is combined with the development of solutions to them. Despite their common roots in the social sciences and the humanities, Savickas's and Guichard's constructivist approaches differ in how they work in personal relationships.

Savickas's approach is founded on interviews with open questions that complete diagnosis and foster reflection, which is the basis for the inclusion of parents in the helping process. In an interview with the parent, the researcher may ask what the parents admire their child for; what should be changed and why according, in parents' view; what the experiences are linked to the analysed problem; what possibilities for change there are and what the potential of the parents and the community is; what solutions the parents suggest, etc. When asking the questions, interaction of all the parties involved is necessary in order to agree on the assessment of opportunities and barriers, which is related to the full identification of the object of the relationship and the design of solutions informed by reflection and experiences. In the relationship between the diagnostician and the parents, an image of the child is 'constructed' as a result of the diagnosis process to which both parties contribute as subjects. By accepting it, the parents try to take responsibility for their children and everything that happens to them (Minta, 2009). Questions about the children's life and developmental stages encourage the parents to confront reality and themselves, helping them take responsibility for their action or the lack thereof.

Dialogues in Guichard's Life Constructing Counselling aim to help parents envisage a broad perspective of their children's development and undertake the related tasks. According to Guichard, dialogues, whose structure is based on telling a life story, are supposed to motivate people to be active, and they serve to elicit experiences that are the basis for the identification of needs, problems and individual resources necessary to solve them. Dialogues follow an established pattern and include four stages: the conclusion of the contract, parents' preparation of a list of experiences and events relevant to fathoming a given issue and parents' self-narratives in which meaningful elements and connections between them can be identified. The last phase consists in planning action and steps to be taken to increase the real chances of meeting the clients'/parents' expectations (Guichard, 2018b, pp. 267–69). The inclusion of life narratives makes it possible to give meaning to the steps taken and to better understand the functioning of the narrators as parents who struggle with their own and their children's difficult situation.

The theory of managing and giving direction to life holds that the researcher refrains from offering immediate diagnosis and from steering the dialogic process, instead encouraging parents to construct a story by using phrases such as 'Please, tell me about your child' and asking open questions, for example: 'What can you say about your child's problems?' and 'What can you say about your expectations for your child?' Alicja Czerkawska emphasises the importance of humanist-minded counsellors' double-subject questions, such as: 'What is your child for you?' (2018, p. 334). In this way, the can counsellor construct networks of associations between the themes narrated, notice recurring words and expressions that bespeak the parents' perception of the children's situation and encourage the parents to talk about their emotions. Constructed in this way, dialogues are supposed to help the parents realise what resources they have and can use to fully identify the children's educational needs and solve their situation: 'Dialogue is, thus, fundamental to counselling since any semiotic practice, focused on interpretation and meaning-making, implies the relevance of dialogue and communication as strategies for understanding the existence' (Spętańska, 2015, p. 331). Dialogue serves to deepen understanding and is the foundation of good counselling interactions (Alhanen, 2019). Guichard's dialogics-based theory encourages help-seekers to solve problems through dialogues, encourages them to engage in dialogues and to look for other forms of counselling interventions (Duarte, 2014). In his model, communication between the diagnostician and the parents is more open, leads to self-diagnosis, and mostly offers no room either for discussing the diagnostic information or the diagnostician's concluding statement, unlike Savickas's model. In the dialogues, the emphasis is on the importance of the person rather than the problem and on the support as resulting from being together (Drabik-Podgórná, 2016, p. 194–95).

As can be seen, constructivism-underpinned diagnosis requires quite different diagnostic skills than traditional diagnosis, as the former above all calls for and prioritises openness and skills of relating to others and conducting a dialogue: 'Being

open can be treated as receptiveness to others' thoughts and feelings and as a propensity for self-disclosure, disclosure and self-discovery' (Harwas-Napierała, 2006, p. 42). Personal knowledge and expertise are not enough to construct a diagnosis aimed at learning about, understanding and activating parents for future-oriented change by drawing on past events and experiences. As counselling researchers point out, 'as implied by practitioners' observations and findings of counselling studies, it is necessary to rethink the professional competencies of counsellors' (Siarkiewicz, Trębińska- Szumigraj, & Zielińska-Pękał 2012, p. 105). In their view, 'reflectivity becomes the basic element of professional activity' (ibid., p. 107). The constructivist approach in educational diagnostics also has its limitations and depends on the object and purposes of diagnosis. Given this, it should be treated as one of possible options, provided that it is selected when it suits the situation and properly applied.

Conclusion

Our argument in this article falls between tradition and postmodernity and prompts relevant questions, including: Are diagnosticians ready for change? Are parents' ready to participate in diagnosis and construct it in collaboration with the researcher? The theories proposed by Savickas and Guichard emphasise and rely on the considerable engagement of actors in the interaction, their implementation may trigger resistance as they are premised on redefining the principles and organisation of diagnosis as such and on there being diagnosis professionals who do not regard themselves as experts, but construct knowledge in the situation of understanding and meaning-making. As pointed out by Joanna Minta, in such a model, 'communities of practice are created by counsellors with their clients and by the clients themselves' (2009, p. 232).

In the new approach, diagnosticians are not only consultants, which emphasises the importance of dialogue, but also trustworthy counsellors and thoughtful researchers of the diagnostic situation in the context of interdependence. Educational diagnosis practitioners ponder whether diagnosis is supposed to be instrumental in educational selection and assessment or whether it aims to foster the diagnosed people's reflection and help them design the support process.

As long-term diagnosis professionals, we recognise the need for change in the perception of educational diagnosis, which should not be a field dominated by the diagnostician's actions; rather, it should also be a site of the activity of parents who contribute to its construction. We realise that this change is not easy to implement as traditional diagnostic practices are deeply entrenched, and the medical blueprint and origin of diagnosis impose certain purposes and structures on the diagnostic process, as mentioned above.

The humanistic concepts of diagnosis urge the adoption of a different orientation in conducting diagnosis, with a greater focus on the person, dialogue,

understanding and support (Czerkawska, 2018). Following the constructivist notions in diagnosing requires reforming the entrenched practices and calls for a certain preparedness on the part of the subjects in the diagnostic relationship to commit to self-analysis and to undertake reflective, engaged and responsible action. In conclusion, one question that remains is: How can such changes in the diagnostic process be applied to educational practice other than that encountered in counselling?

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