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SELECTED ASPECTS OF PEDAGOGICAL FAMILY DIAGNOSIS

INTRODUCTION

Diagnosis in pedagogical work in the field of creating knowledge and educational practice occupies an important place and is of key importance. It initiates all other pedagogical activities, directs them, and is constantly completed during these activities. A pedagogue's professionalism is proven, among others, by the knowledge they possess about a pedagogical diagnosis, the ability to conduct and use it efficiently, as well as their competent behavior and ethical attitudes related with diagnostic activities.

Universal and known in pedagogy diagnostic remarks, classifications, and properties have and should have a bearing on the diagnosis in relation to the realities of family upbringing, and they only acquire specificity due to the subject being diagnosed, which is a part of the reality. In this text, considerations are made regarding a pedagogical diagnosis in relation to the family, and more precisely family upbringing, in order to make a general overview and to point to selected aspects of a diagnosis, which are particularly important and useful in a family's pedagogical identification. Although it is the subject that defines the method (including the diagnosis and its method), yet the structure of the text accepts a different order. The first part presents selected aspects of pedagogical diagnosis which were considered important from the perspective of family upbringing. In the second, several issues regarding the family as the subject of diagnosis in pedagogy were pointed out. The text is a general contribution to the

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issue, and may help students organize certain topics related to family diagnosis in pedagogy.

1. DIAGNOSIS IN PEDAGOGY. GENERAL REMARKS

The word “diagnosis” comes from the Greek language and means *recognizing*. A dictionary description (Słownik Języka Polskiego [Dictionary of the Polish Language], 1996, p. 368) informs us that a diagnosis, meaning recognizing, mainly concerns medical problems, such as diagnosing someone’s state of health or a disease, as well as personality traits and mental characteristics in the case of a psychological diagnosis or social phenomena in a sociological diagnosis. A diagnosis should be correctly and accurately made, but it can also be misleading and distort the reality being studied. In relation to this, especially in medicine, the need for a diagnosis emerges based on strict diagnostic procedures and methods as well as diagnosing biomedical phenomena, which should be derived from empirical evidence. This approach promotes the EBM (Evidence-Based-Medicine) trend, established at the end of the 20th century first in medicine and then psychiatry (EST – Empirically Supported Therapies). In psychology, EBP (Evidence-Based-Practice) standards derived from EBM and transformed into EBPP (Evidence-Based-Practice in Psychology), recommended by the APA (American Psychological Association) strengthen the standardization of diagnostic activities by introducing the empirically proven principles of a psychological diagnosis, the therapeutic relationship and psychological intervention (Stemplewska-Żakowicz, 2011, p. 47).

The medical model, with a dominant nosological diagnosis, is less present in pedagogy. Similar to humanist-oriented psychology, we are moving away from the medical model towards the psychosocial model and, above all, the interactive model (Stemplewska-Żakowicz, 2011, p. 31). This time, the subject determines the ways of learning – describing – diagnosing. Intentional phenomena and the spiritual life, as the subjects of a diagnosis, are difficult to include in standardized procedures. In order to preserve the specificity of the subject of knowledge in pedagogy and humanist-oriented psychology, the principle of complementarity of procedures is more convincing. In effect, this means preserving the coexistence of different ways of getting to know man and the environment in which he lives.

There is presently a terminological distinction made in the field of pedagogy: diagnostics, diagnosing and diagnosis. Diagnostics include those considerations

(also within the sub-discipline or other disciplines) that concern the subject of a diagnosis, the ways of collecting information about them, and the principles of interpretation and forecasting. In a sense, it is a general reflection on diagnostic activities and their results.

Diagnosing is a process in the course of which various activities and tasks are undertaken, resulting in a description, the diagnosis of a given element of reality. Diagnostics and a pedagogical diagnosis are specified in the subject matter of pedagogy as scientific disciplines. Therefore, these concern educational processes as well as the environments for human education and upbringing.

Pedagogy draws attention to the need to recognize individual or complex states, and thus to diagnose phenomena and problems occurring in man's social environment due to a child's development and upbringing. In 1917, Mary Richmond first used the term "social diagnosis" (environmental), which directed further research and analysis in recognizing a child's living environment. On the basis of social psychology, Helena Radlińska, and later, among others, Ryszard Wroczyński, Aleksander Kamiński, and Edward Mazurkiewicz noticed the urgent need to recognize and know about the social environment in order to transform, process and extract social forces rooted in it (Lepalczyk, Badura, 1987; Marynowicz-Hetka, 2007). Janusz Korczak, on the other hand, directed teachers' attention to a child's individual traits and characteristics, emphasizing the need for knowledge about the child, but not trivializing the need to recognize his or her environment (see Korczyński, Okrasa, Wierzchowska-Konera, 2014).

Individual and social diagnosis are therefore inseparable, and they are the first links in setting our goal in practical pedagogical activity: counseling, therapy, prevention, corrective and compensatory activity, resocialization, animation, consultation or expertise. Both of these dimensions of a pedagogical diagnosis are indispensable in relation to the family. Recognizing that the family as the child's living environment and observing the child's traits, needs, potential, abilities and limitations enables us to identify phenomena, problems and connections which are the basis of his or her development and upbringing.

According to Ewa Wysocka (2013, p. 69), the basic features of pedagogical diagnosis include practicality, comprehensiveness, flexibility, insight, multifacetedness and objectivity. Referring to the functions classified by the author (2013, p. 77), according to my conviction, we should also pay attention to the particularly important functions of diagnosing in pedagogical work with a child and his family and assume the following concise understanding:

- Descriptive – answers the question of what it is and how it is, presenting the current state of matters as the most adequate.
- Explaining (explanatory) – why something is so, what causes it, regulations, principles and mechanisms that led to a given state of affairs, which explain the occurrence of phenomena and facts.
- Evaluative – this diagnostic function expresses its assessment value, and a diagnosis is to capture how far the state of affairs deviates from the desired and expected state. Therefore, it fits into the normative nature of pedagogy as a scientific discipline.
- Therapeutic – in the process of a diagnosis directed towards the person (individual) or the environment / group (social), to make an improvement, correction, or transformation that is beneficial based on the functioning of an individual and their social environment.
- Prognostic – the diagnosis enables the prediction and prognosis of pedagogical activities in order to improve the current situation.

Another aspect of pedagogical diagnosis, which is important due to the realities of family upbringing as the subject of a diagnosis, is distinguishing between a static and dynamic diagnosis.

The static approach focuses on the current situation. The main feature of this approach is emphasizing the present, understood in two ways: 1) as the current situation in which the child functions, and 2) as the resources that the child has at this moment in his life. A diagnostic state is given only from the perspective of the here and now, and no questions are asked about its origin or further consequences. In this sense, this approach is not developmental, because it does not take into account the dynamics of changes occurring over time and marginalizes the prognostic function of a diagnosis.

In the dynamic approach, a diagnosis requires knowledge about a person's development and takes into consideration the spheres of closest development. It is a broader approach to human functioning against the background of the process of man's development and the stages of ontogenesis. With regard to a family diagnosis, it is also necessary to take into account the marriage-family life cycle (Barbaro, 1999). The state of affairs is diagnosed simultaneously from three perspectives of time:

- the present: an analysis of the here and now in the context of the person's current state, their environment and relationship with the environment;
- the past: a cause-and-effect analysis explaining the genesis of the current state of affairs;

– the future: what can be expected and what is the prognosis for a given state of affairs in the case of the absence of pedagogical intervention or a designed and implemented intervention.

A complete individual and social diagnosis consists of several types of partial diagnosis. These include a classification diagnosis, also called typological, genetic, phases, meanings and prognostic (Ziemski, 1973).

Recognizing the phenomenon, describing its current state and characteristics, and classifying it precedes a genetic diagnosis, which contains information and explanations regarding the causes of the current state and presents regulatory mechanisms leading to consolidating this state. For example: at the stage of the classification diagnosis, a pathology in parental attitudes was diagnosed, and the next stage diagnosed the causes, factors and mechanisms of their formation. At the level of phase diagnosis, if the diagnostic tools allow for it, the description includes the stage and level of advancement of a given state of affairs.

Therefore, we determined at what level we are dealing with dysfunctional parental attitudes. The diagnosis of meaning requires formulating theses as to the significance of a given state of affairs for the functioning and development of an individual and their whole family, including its individual members, and thus showing the significance of dysfunctional parental attitudes in the child's development, the functioning of the family and the parent in different areas of life. In pedagogical recognition of the realities of upbringing in the family, it is particularly important to predict what in relation to a given state of affairs can be foreseen in the situation of lack of support and intervention, and these also predict the results of actions undertaken to improve the current state.

The types of partial diagnosis must take into account the strengths and weaknesses of the reality being diagnosed. Therefore, our recognition aims to make a positive and negative diagnosis. A positive diagnosis is aimed at determining individual and environmental resources by identifying undisturbed spheres of functioning; it is the basis for designing remedial programs using what is healthy and strong in the family. A negative diagnosis classifies disorders, dysfunctions and difficulties, determines their behavior and mechanisms of emergence, the stages of development of irregularities and their significance in the child's and its family's functioning.

In formulating a positive and negative diagnosis as well as predicting and designing preventive measures, the so-called risk equation, first described by George Albee (Szewczuk 1998, p. 688), may be useful. The types and nature of pedagogical diagnostic and preventive actions are determined by the quality of the

elements constituting the risk equation. It is extremely helpful both in our diagnosis and in the construction of assistance programs, because it does not allow us to ignore any aspect and serves to organize the diagnostic material well. It includes risk factors and immune resources, taking into account a person's characteristics, possible events and the social context (biological, psychological and social dimensions). G. Albee proposed the following schematic representation of the risk equation:

$$RE = \frac{\text{Biological and constitutional weakness} + \text{stressors and critical events} + \text{low social status}}{\text{Biological and constitutional resistance} + \text{mental resistance} + \text{privileged social status}}$$

In the process of a diagnosis, it is important to discern the relationship between risk factors and resistance resources. The possibility for a disorder or pathology to appear is greater when risk factors dominate over the resources. This indicates the need for educational and pedagogical intervention, taking care of the child and providing support for its family. The more the risk factors outweigh or even dominate the resources, the more difficult the intervention and assistance measures, and these should be implemented with greater intensity and in a broader scope. In every situation, regardless of the final "result of the equation," a pedagogue, using their acquired knowledge, skills and competences, cooperates with the interested parties and the institutions appropriately responsible for any needs that arise by cooperating with a team of specialists.

The risk equation, although it mainly refers to an individual, can also be used in the diagnosis process for a family. An attempt can be made to describe individual elements of the risk equation, taking into account how upbringing functions in the entire family and among its individual members. For example, it is important to assess resources and risk factors in relation to people who are significant in a child's life (the resources and immunity at their disposition). Another example: in the analysis of the last element of the risk equation, social position (a privileged position or low social status), special attention should be paid to the strength of the family environment and the network of social connections. Assessing the family's social position will help determine whether the family can count on the local environment's social support.

Thus, a diagnosis that takes into account the risk equation allows for better recognition and creating a possible plan for assistance activities within interdisciplinary teams.

2. FAMILY IN THE DIAGNOSTIC PROCESS

When addressing the issues of family diagnosis in pedagogy, which means, first and foremost, the upbringing functioning of the family, theoretical assumptions that search for explanations in philosophical anthropology that show an understanding of the essence and nature of the family and the specifics of family upbringing are crucial (Kukołowicz, 1996; Wilk, 2016; Izdebska, 2015). Initially, they define the subject of pedagogical diagnosis and are particularly valuable in the process of normative arrangements related to recognized and valued states and phenomena. Detailed phenomena associated with family upbringing have their narrow approaches, theoretical models, descriptions and explanations, which in the diagnostic process are used to identify difficulties and irregularities. The adopted concepts and theoretical approaches constitute the framework for a pedagogical diagnosis of the family, direct the interpretation and provide conceptual apparatus for its description. One can use such examples for understanding the family in pedagogy as an environment, group, institution or community. Each of these highlights and emphasizes slightly different aspects of family upbringing, but they are complementary and complete the description, explanation, understanding and interpretation of family upbringing. Their common denominator is recognizing the unique importance of the family, first emerging in the process of human development and upbringing (Opozda, 2013). Another example can be adopting a systemic understanding of the family, which clearly outlines the areas and phenomena that are the subject of family diagnosis (Świętochowski, 2015).

In pedagogy, attempts were made to organize family factors important in upbringing, which should be included in a pedagogical diagnosis. Jacek Piekarski (1985) identified three groups:

1. Material conditions: family income, housing, furnishings, the family's permanent property and place (territory) of residence.
2. Educational impact: educational sanctions, parental attitudes, organization of family life, emotional relationships and bonds, upbringing atmosphere, free time, cultural contacts.
3. Values and goals of upbringing: goals and contents of upbringing, educational plans and aspirations, attitude towards social norms, recognized values.

In Stanisław Kawula's approach (1997, p. 75), there are also three groups of factors, briefly presented below:

1. Economic and social: family structure, livelihoods, material childcare, division of roles and work in the family.

2. Cultural: parents' education, cultural property, language culture in the family, spending free time, attitude towards one's education and profession, life plans, attitudes towards traditions and customs.

3. Psycho-pedagogical: social and emotional bonds, accepted patterns of family life, parental attitudes, the atmosphere in the family, measures used in upbringing, control over the child, attitude towards pathological phenomena.

The above approaches originate and refer to the tradition of social pedagogy, which describes the family as an upbringing environment directing its reflection on the material (economic), cultural and social conditions of life. A general model of family diagnosis as an upbringing environment was proposed by Ewa Wysocka (2008). The model refers to humanistic, developmental and educational contexts seen from the perspective of social pedagogy (2008, p. 369). She pointed out that a complete family diagnosis consists of a positive and negative diagnosis that includes a partial diagnosis (identifiable, genetic, purposeful, phases, prognostic). There are three pillars in this model.

The first pillar refers to the perspectives of points of view, meaning sources of information about the family, which include:

- the social environment (information obtained from neighbors, teachers, family and friendships);
- the cognizing subject (direct observation and conversation by a psychologist, pedagogue, teacher);
- the known subject (self-assessment questionnaires and tests completed by family members).

The second pillar concerns the contents of the gathered information arranged on the following levels:

- sociological (assessment of the social functioning of family members, a diagnosis of the family system: relationships, communication, assessment of developmental conditions, meaning material, cultural and educational);
- psychological (assessment of mental functions as well as emotional and behavioral disorders in family members);
- biological (assessment of the somatic state of family members).

The third pillar, according to the author, points to cross-sections of knowledge:

- lengthwise (history, course and dynamics of family life);

– crosswise (assessment of the family's situation, the current state of the family, i.e. mental, somatic, and social functioning of family members as a consequence of their up-to-date history) (Wysocka, 2008, p. 370).

In the presented model, attention was paid to the presence of a diagnosis “from the start,” which can be read as a preliminary and projecting diagnosis; it should include the project of the modification process and an evaluation of this process. The last element was considered to be the “final” and ending checking diagnosis, which verifies not only the initial diagnosis, but also the processes and effects of change (modification) (Wysocka, 2008, p. 370).

The presented model is an attempt to generally cover not only the subject matter but also diagnostic activities, and goes beyond the pedagogical perspective in the discussed areas of observation. Undoubtedly, however, it is a proposal that indicates the need for further analysis and attempts to specify the diagnosis of pedagogical upbringing in a family, not so much as formal terms but in terms of contents.

3. FINAL REMARKS

The reflection on family upbringing covered by a pedagogical diagnosis leads to several comments and conclusions. 1) The diagnostic process and the diagnosis must refer to understanding the family in the anthropological dimension and theoretical approaches to narrow phenomena. 2) It is important for the family's pedagogical diagnosis to respect its universal characteristics, functions, types (individual and social, static and dynamic, positive and negative diagnosis) and kinds (partial diagnosis). 3) Due to changes taking place in the family, the emergence of new phenomena and problems, and changes in the process of conceptualizing the subject of pedagogical research, there is still a need to develop the subject scope of diagnosing family upbringing specific to pedagogy and in common with other disciplines.

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WYBRANE ASPEKTY DIAGNOZY PEDAGOGICZNEJ RODZINY

Streszczenie

W niniejszym tekście podjęte są rozważania dotyczące diagnozy pedagogicznej w odniesieniu do rodziny, a ściślej wychowania w rodzinie, celem dokonania pewnego ogólnego oglądu i wskazania na wybrane aspekty diagnozy szczególnie istotne i przydatne w pedagogicznym rozpoznaniu rodziny. Uniwersalne i znane w pedagogice uwagi, klasyfikacje i właściwości diagnozy mają i powinny mieć przełożenie na diagnozę w odniesieniu do rzeczywistości wychowania w rodzinie, nabywają jedynie specyfiki z racji diagnozowanego przedmiotu – fragmentu rzeczywistości. W pierwszej części tekstu przedstawiono wybrane aspekty diagnozy pedagogicznej, które uznano za ważne z perspektywy wychowania w rodzinie. W drugiej natomiast zasygnalizowano kilka kwestii dotyczących rodziny jako przedmiotu diagnozy w pedagogice.

Słowa kluczowe: rodzina; wychowanie; diagnoza; pedagogika.

SELECTED ASPECTS OF PEDAGOGICAL FAMILY DIAGNOSIS

Summary

In this text, considerations are made regarding pedagogical diagnosis in relation to the family, or more strictly speaking, in the family. The goal is to make a general overview and point to selected aspects of diagnosis particularly important and useful in a pedagogical diagnosis of the family. Universal and well-known remarks, classifications and properties of diagnosis have and should have a bearing on diagnosis in regard to the reality of family upbringing, and they only acquire specificity due to the diagnosed object, a part of reality. The first section of the text presents selected aspects of a pedagogical diagnosis, which was considered important from the perspective of upbringing in a family. In the second section, several issues regarding the family as the subject of diagnosis in pedagogy are brought up.

Key words: family; upbringing; diagnosis; pedagogy.