



THE EFFECT OF COUNSELING PROGRAM WITH GROWTH MINDSET ON
UNIVERSITY STUDENT RESILIENCE



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THE EFFECT OF COUNSELING PROGRAM WITH GROWTH MINDSET ON
UNIVERSITY STUDENT RESILIENCE



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for the Degree of MASTER OF ARTS
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THE THESIS TITLED
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The late adolescent university students encounter many adversities during their university years. The adjustment to the new environment, the increase in academic responsibilities and workload, and concern over the finances increase the risk of stress, anxiety, feeling of fear, and psychological disorders among university students. This study aims to investigate the effects of a counseling program with growth mindset in the enhancement of university student resilience. A significant body of research has shown that resilience is one of the protective factors supporting individuals during this adverse time. The present study is a quasi-experimental design with a pre-test and post-test resilience assessment. The participants were third-year university students studying in the Faculty of Education and the Faculty of Humanities who felt stress and anxiety about their life and academic situation and willing to either participate in a group counseling or do the pre-test and post-test on resilience only. They were conveniently selected on a volunteer basis. The 46 participants were divided into two groups, 23 in the intervention group and 23 in the control group. The intervention group were further divided into three groups with seven to eight participants in each group. Then the intervention group did the pre-test before receiving the six sessions of resilience enhancement counseling daily for six days per week, while the control group proceeded with their daily activities. The post-test was administered after the last session of each counseling group. The control group did the post-test in three-to-four-week interval. The independent *t*-test and the paired sample *t*-test were used to analyze the resilience assessment data. The results showed that the counseling program with growth mindset significantly increased university student resilience. The post resilience score of the intervention group shown a significant increase of .001 compared, to the pre resilience score and comparing the post resilience scores between the intervention group and the control group, the intervention group had a significantly higher score at .01.

Keyword : resilience, growth mindset, self-efficacy, social relationship, counseling program, university students

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Chapter 1

Introduction

Background of the research

Adolescent is at the major transformation period from childhood to adulthood with the physical changes, psychological changes, and social changes taking shape, and the transformation continues throughout the adolescent years. The physical transformation directly affects adolescents in term of personal identity or sense of self (Erikson, 1959; Rutter, 1999). On the cognitive level, adolescents possess a mature cognition with abstract thinking capability that enables them to think about the future and develop a set of value and belief system (Erikson, 1959).

In the late adolescents, the sense of self has yet to be completely developed. The transition to university and university experience can add confusion to the sense of self or identity development. The unfamiliar university environment and greater responsibilities both in academic and finance have increased the risk of stress, feeling of fear, anxiety, and psychological disorders among undergraduate students (Buajun, Sawatsing, Nuansithong, & Chotchai, 2019; Khanthakhuarn, 2010; Phoolawan, Khangrang, Butsri, Duphong, & Larpanantbangkerd, 2020). Moreover, the stress study of undergraduate students at Chulalongkorn University by Khanthakhuarn (2010) reported that the majority of undergraduate students were in a high and severe stress condition with 32% having severe stress and 29% having high stress.

Moreover, the recent COVID-19 pandemic and the pandemic prevention measures, such as social distancing and online learning, have added more stress to undergraduate students. The sudden change from onsite or face to face learning to online learning has negative effects on students ranging from stress and anxiety from the online learning experience, dissatisfaction of one's academic performance as the result of online learning and examinations, and loneliness from not being able to have face to face interactions with friends and instructors (Hatthasak & Diloksumpun, 2021; Oducado & Estoque, 2021; Pattanawittayakul et al., 2021; Pothimas, Meepring, & Youjaiyen, 2021; Sarmiento, Ponce, & Bertolín, 2021; Wongchaiya, Yana, & Pinjai, 2021).

During the lock down, students reported up to 44% of stress and 47% of severe stress (Oducado & Estoque, 2021). The percentage of stress and severe stress level have been higher than the normal learning situation.

Many scholars and psychologists have done studies to find interventions and support to help undergraduate students cope with the stressful experience and resilience has been one of the prevalent solutions (Prince-Embury, Keefer, & Saklofske, 2016). Leary and DeRosier (2012) found that cognitive style and social relationship were most important resilience factors for undergraduate students to cope with stress. Cognitive style determines the interpretation of the experience. Undergraduate students with positive perception of their ability would perceive and feel less stress in the change of situation, therefore they became more resilient. Social relationship provides feeling of belonging and having persons to talk to during stressful time reduces the negative responses to the stressful experience. Contrary, self-care and coping skills were not resilience promoting factors in undergraduate students (Leary & DeRosier, 2012). Shatkin et al. (2016) applied the risk and resilience course with coping skills to reduce stress and dysfunctional attitude of undergraduate students. The positive coping strategy and positive cognitive styles were the core of the intervention. The result showed the improvement in coping skills and mental health while reducing dysfunctional attitude. However, the data also showed that the positive coping strategy or cognitive behavioral skill was not much utilized by students in dealing with stress.

Then, First, First, and Houston (2018) reported the positive result from the group intervention using Resilience and Coping Intervention (RCI). The intervention emphasized the group members' strengths, group problem-solving, and member supports and connection. The 4-session RCI has been designed for group members to provide the social support and the emotional support in dealing with stress. In another study, Smeets, Neff, Alberts, and Peters (2014) found that the brief 3-session of self-compassion and mindfulness could moderate female college students' reaction to negative events. Self-compassion or self-kindness provides the recognition of human imperfection as common, therefore, understanding of oneself and being kind to oneself

with understanding of one's painful experience can increase resilience. The result showed that self-compassion intervention increased optimism, self-efficacy, and mindfulness. Self-compassion directly affects thought or cognitive perception of individuals' capability in dealing with life difficulty and its consequences.

In Thailand, the majority of resilience enhancement program has been based on 3 resilience resources of Grotberg (1995): internal resource or I Am, external resource or I Have, and social resource or I Can. Chitrak, Nintachan, and Taweekoon (2015) adapted resilience concept of Grotberg (1995) in the resilience enhancement program and the measurement to decrease depression and increase resilience in undergraduate nursing students. The data showed that the post-assessment score on resilience increased significantly, while depression score was not significantly lower. Students reported to have self-confidence, realize their efficacy, know how to manage stress, relate well with others, and able to plan for the future. The more focus intervention of resilience on depression was done by Kaiwikaikosol, Anutat, and Nintachan (2015) to support the nursing students. The program was based on Grotberg's internal, external, and social resource with the focus on self-efficacy and self-confidence as internal resource, family, relationship with friends, teachers, and others as external resource, and problem-solving skills as social resource. The post-depression assessment and the 6 months follow-up assessment showed the depression score to significantly decrease compared with the pre-depression assessment. The perceived self-efficacy and self-confidence enable individuals to give optimistic explanation to the adverse event and other people's actions, therefore individuals perceive control over the event and can constructively react to the adversity (Kaiwikaikosol et al., 2015).

Chayakul (2018) applied Grotberg's concept in the resilience enhancing program with the emphasis on emotional and cognitive adjustment. I Have referred to relationship with others. I Am referred to self-esteem. Lastly, I Can referred to problem-solving skills. The result showed the significant increase resilience level in undergraduate nursing students. The increase in resilience, according to Chayakul (2018), has been the result of interaction between having social support from teachers

and friends, self-esteem, and optimistic cognitive perception about oneself leading to effective resilience behavioral development. In another study by Surangsee, Leungratanamart, and Pookitsana (2019), Grotberg's concept was applied with the intervention focused on self-management skills to enhance I Can and general social skills to enhance I Have. After the program, the overall resilience level increased significantly, but examining in detail, data showed I Can level increased with the lowest average score while I AM level increased with highest average score, despite no activity design to increase I AM in the intervention. This finding is note-worthy that the impact of this skill focus resilience program has a greater impact on cognition than the coping skill behavior. Receiving the skill training could make students perceive self-efficacy from receiving the skill training because it made them think that they were better equipped with more skills to manage life challenges. It suggests that cognition is an integral part of resilience development. As Rutter (1999) stated that cognition as the psychological factor is the crucial mediator in individual's interpretation of oneself and adverse experience leading to resilience.

Further, in the COVID-19 pandemic under the social distancing measures, resilience has substantiated protective support for undergraduate students in coping with the sudden change of the learning environment from the onsite learning to the online learning. It has mitigated the online learning stress leading to lower acute stress disorder (ASD) among Chinese undergraduate students (Ye et al., 2020). In Spain, resilience has helped students better deal with fear and stress of Covid-19 (Morales-Rodríguez, 2021). Meanwhile, the study in Philippine has found that the undergraduate students with high resilience score have reported to feel safer, less tense, mentally strong, less depress, and physical healthy than the counterpart during the COVID-19 situation (Guillasper, Oducado, & Soriano, 2021).

It is evident that resilience is essential for students to manage stress from academic demand, university experience, and unexpected events while maintaining mental health by reacting positively to adverse events and accepting the negative outcomes. The optimistic cognitive perception or adjustment and emotional support

from social relationship appears to be the common and important factors to foster or strengthening resilience of university students based on the above studies.

On the definition of resilience, there is no one agreeable definition of resilience among scholars. Resilience definition has been examined in many different perspectives as a trait, a value, a process, an outcome, pattern of the life course, or a broad concept domain that encompasses all these ideas (Masten, 2018). Definition of resilience has evolved over time. At the beginning, resilience was defined as certain traits that supported individuals to react to the immediate major adverse catastrophic events. It made individuals less vulnerable to the adversity, but not all individuals had resilience (Werner & Smith, 1992). Jordan (1992) has proposed that resilience is the result of the individual's cognitive comprehension of relational dynamic of personal vulnerability, adverse situation, and self-confident assessment. This cognitive relational dynamic assessment leads to the protective coping and the acceptance of change. Therefore, cognitively the individual perceives change as a normal occurrence.

Then Chambers and Belicki (1998) posits that psychological well-being must be a part of resilience because a well-adapted social and behavior adjustment only are not enough if the individual still experiences mental health problems after the adverse experience. Bonanno (2004) suggests that resilience is the psychological ability to overcome highly disruptive life events and still maintains the stable and healthy psychological and physical function in the positive emotion. The positive emotion is the indicator of resilience. The positive emotion expressed after the adversity can reduce stress level, undo the negative emotions, and support the social relationship with important people. In particular, the positive emotions such as gratitude, interest, and love, are the predictors of positive adjustment and social relationship in the future (Bonanno, 2004; Gilmore & Meersand, 2013).

In the contemporary definition, resilience has evolved and become more relevant to individuals overcoming life adversities. Rutter (1999) defines resilience as the individual's relative resistance to psychological risk experience in life, which psychological outcomes must be accounted for. Masten, Best, and Garmezy (1990)

define resilience as the recovery from adverse life experiences, overcoming disadvantages to succeed in life, and withstanding stress to function well in the task of life. Resilience is the adaptability of ordinary individuals overcoming everyday life adversities and continue to thrive (Masten, 2009, 2018). Grotberg (1995) defines resilience in The International Resilience Research Project as universal capacity that everyone can possess in coping with the everyday negative effect of adversity in life. In conclusion, the definition of resilience for this study is the ordinary individual's psychological capability to recover from everyday life adversities and allow individual to function well in life task, which the positive psychological state and the emotional reaction are the indicators of resilience.

Similarly, the subject of resilience development continues to be an on-going research and discussion along with its diverse perspectives and factors contributed to resilience. The study of resilience development has started with a single aspect construct, then it has expanded into a combination of aspect construct leading to the positive adaptation to life adversities. According to Bandura (1994), self-efficacy is the foundation of resilience. The belief in one's ability leads to the disregard of self-doubts and negative emotional perception when encountering an adverse event. It determines the motivation whether to persevere by putting effort to overcome it and whether to be resilient after a failure by determining the future mentality of self-defeating thought or self-supporting thought (Bandura, 1988). Self-efficacy provides the positive self-evaluation and the positive perception of physiological emotional reaction, which exerts control over adverse situations. Self-efficacy can be learned through social cognitive learning by providing mastering experience, social modeling, social persuasion, and physiological state (Bandura, 2008).

On the other hand, Garmezy, Masten, and Tellegen (1984) have posited that resilience consists of 2 main factors, the personal factor or personal characteristics and the social factor or relationships with family and others. Prince-Embury et al. (2016) have proposed the 3-factor psychosocial model based on their past studies on resilience assessment for children and adolescents (Prince-Embury et al., 2016). The 3

psychosocial factors consist of sense of mastery or self-efficacy, sense of relatedness or relationships, and emotional reactivity, which these 3 factors are based on the personal experience. According to the psychosocial model of resilience development, the personal experience influences perception of one's efficacy, the adverse event, and the outcomes. Rutter (1999) is another resilience scholar who believes in psychosocial model of resilience development. He posits that the dynamic interaction between the individual's cognitive factor or the psychological factor and the environment or the social factor have the synergetic influence on resilience. However, resilience is affected by the individual's cognitive character and personal experience that influence the individual's adaptability of the present experience.

Grotberg (1995) shares the similar view on the dynamic interaction between factors having greater impact on resilience than a single or the tabulation of factors. Grotberg presents a handful of dynamic interactions between factors resulted to resilience in The International Resilience Research Project. However, there has been no guideline on the factor selection in order to create the dynamic interaction. Therefore, from reviewing various definitions of resilience, resilience development theories, and resilience intervention programs, this study is interested to examine the effect of the psychosocial factors between self-efficacy as the cognitive factor and social relationship as the social factor on university student resilience. Since these two factors have often been applied to university resilience interventions. Further, this psychosocial model can be an alternative for resilience intervention in Thailand since the majority of resilience interventions in Thailand are based on Grotberg's 3-resource model. Moreover, study of Leary and DeRosier (2012) have indicated that the coping skill is not a factor in resilience development. The study by Smeets et al. (2014) have also supported that point by excluding coping skills from the intervention. Finally, years of studies have led Prince-Embury et al. (2016) to conclude that the psychological factor and the social factor are sufficient to develop psychological resilience.

In relation to self-efficacy as cognitive factor, the present study incorporates the growth mindset concept into the intervention. In the academic setting, students with

growth mindset react with resilience when they encounter challenges (Dweck & Leggett, 1988). Growth mindset theory posits that an individual's intelligence, emotion, personality, and other qualities are malleable and can be improved, therefore, the individual has the capability to achieve any goal or overcoming any challenge in life (Dweck, 2017). On the cognitive level, the resilience mindset and the growth mindset share the optimistic cognitive perception toward one's capability and the adverse circumstances. Resilience individuals approach adverse situations with perceived self-efficacy leading to the feeling of control over the challenging situations. Individuals with self-efficacy believe that they have the capability to plan and apply their skills to accomplish a goal or overcome a challenge (Bandura, 1994). On the other hand, growth mindset individuals believe that their ability can grow or improve, therefore with self-betterment or change in circumstances, they can accomplish a goal or overcome the challenge (Dweck, 2017). A student with perceived efficacy believes that he can accomplish a goal or overcome a challenge. While a growth mindset student perceives a challenge as opportunity to learn and improve, therefore he is persisting in achieving the goal or overcoming the challenge (Bandura, 1994; Brown, 2015; Dweck, 2017; Luthans, Vogelgesang, & Lester, 2006). The cognitive process of resilience and growth mindset lead individuals to realize their efficacy and appraise the adverse situation as manageable, therefore achieving the goal or overcoming the challenge is possible.

Traditionally, growth mindset has been applied to academic resilience by promoting growth mindset of intelligence in students for a better academic performance. Growth mindset of intelligence states that intelligence is malleable. It can change and grow (Yeager & Dweck, 2012). Recently, growth mindset has been expanded to the emotion and personality to promote resilience in children and adolescents. A case in point, the freshmen students with growth mindset of emotion, believing that emotion can be regulated, have adjusted better in the university environment. They reported more happiness, more social support, and better adaptation to the new university environment in the long term (Tamir, John, Srivastava, & Gross, 2007). Then, there is a study that has applied the growth mindset of personality to the change of social environment. Yeager

et al. (2014) showed that students with growth mindset of personality could better handle the social adversity in the new high school environment. They had better academic performance, less stress, and less health problem due to less self-blame and shame. In another study, the growth mindset of personality has found to reduce the adolescent aggressive reaction to social adversity or social exclusion (Yeager, Trzesniewski, & Dweck, 2013). Growth mindset thinking has a psychological appraisal effect on the adversity. It promotes the perceived self-efficacy and mastery-oriented thinking leading to the positive adaptation in the face of adversity. It is this cognitive-affect-behavior pattern that influences reactions to the adverse situation and it has the profound impact on resilience (Dweck & Leggett, 1988).

In summary, from reviewing studies and theories, it is evident that a resilience intervention program can support undergraduate students in managing new challenges and adversities in the university environment by reducing the impact of stress, anxiety, and providing the support through the social relationship. In this study, the population are undergraduate Srinakharinwirot University students studying in year 1 to year 3 and in the late adolescent stage ages between 18-21 years. They are majoring in Education with the emphasis on Early Childhood Education and in Humanity with the emphasis on Psychology. They have been chosen because about 32% of these students have experienced the depression according to the previous research by Jantarach (2017). Moreover, the Education students can apply the resilience concept to nurture their young students in the future, while the Humanity students can apply the concepts and the program to their psychology study and help others now and in the future. The present counseling program has been incorporated the cognitive perception and the social relationship, which have been commonly cited as important factors among resilience intervention programs for undergraduate students. Further, the construct of resilience as a dynamic interaction process between factors has proven to be effective in resilience intervention development. However, there has been no study or research applying the self-efficacy and social relationship in a program to enhance resilience in late adolescents. Therefore, the self-efficacy as the cognitive factor and the social

relationship as the social factor are selected as components of this intervention. In addition, growth mindset concept is applied to the content of the intervention to reinforce the self-efficacy as it has the positive psychological appraisal effect (Dweck & Leggett, 1988).

Research question

How does the counseling program with growth mindset education affect the university student resilience?

Research objectives

1. To study the effect of the counseling program with growth mindset education on the university student resilience.
2. To study the difference of resilience scores between the intervention group receiving the counseling program and the control group proceeding with daily routine.

Significance of the study

Academic benefits

1. It is a further exploration of the resilience counseling intervention for university students that focuses on the psychosocial factors between self-efficacy and social relationship.
2. It is a further exploration of application of the growth mindset concept on resilience counseling intervention for university students.

Applicational benefits

1. Professors, counselors, and university administrators with the interest to support university students experiencing adversities or unexpected challenges can apply the counseling program or elements of the counseling program to enhance resilience and promote positive adaptation for needed students.
2. University administrators can implement this resilience counseling program or elements of the counseling program during the student orientation to prepare and strengthen students' resilience for the future academic adversities.

Research scope

1. Research design

This is a quasi-experimental design with intervention and pre-test and post-test assessment.

2. Population and participants

2.1 Population are 281 undergraduate students in year 1 to year 3 attending the Faculty of Education in Early Childhood Education and the Faculty of Humanity in Psychology at Srinakharinwirot University.

2.2 Participants are 46 volunteer undergraduate students from the Faculty of Education in Early Childhood Education and the Faculty of Humanity in Psychology at Srinakharinwirot University. The intervention group consists of 7-8 participants per group or 23 participants, and the control group consists of 23 participants. All participants consent to receiving the intervention and/or pre and post resilience assessment.

3. Study variables

3.1 The independent variable is the resilience enhancement counseling program. The counseling program consists of growth mindset education, the social cognitive approach, the person-centered theory.

3.2 The dependent variable is resilience.

Definition of terms

1. University students refer to undergraduate in year 1 to year 3 students at Srinakharinwirot University who are studying in the Faculty of Education majoring in Early Childhood Education and the Faculty of Humanity majoring in Psychology.

2. Adversity refers to university students' negative experiences that they have encountered while learning and living in their university environment such as the inability to adjust to university lifestyle and learning, the increase in academic work assignments, the feeling of stress and anxiety about academic performance, the lack of support from friends, professors, and family, the difficulty in making friends, and the concern about financial situation.

Operational definitions

1. Resilience is the ordinary individual's psychological capability to recover from adversities in everyday life and allow the individual to function well in life task, which the positive psychological function and the emotional reaction are the indicators of resilience.

2. The intervention program refers to the online resilience counseling program that is developed based on the psychosocial concept of self-efficacy and social relationship along with the application of growth mindset educational content. The intervention is structured in the online group counseling format. This 6-session program applies the non-directive approach of person-centered counseling. The role of the group leader is to be an equal companion with group members. The group leader facilitates the interaction between members and assists members to express their experience by applying genuineness, emphatic listening, and positive unconditional acceptance of experience. Each session takes about 1.5 hours and the group counseling meets 6 times per week. The total of 3 weeks for 3 counseling groups. All sessions start with 3 minutes of meditation to create awareness of physical experience, be mindful of being in the group, collect thoughts, and recognize the emotions, which contribute to the emotional reaction. Member's supports and the relationships created in the online group counseling lead to social relationship. Each session is briefly outlined below.

2.1 Session 1 is the introduction and rapport. It is designed to introduce participants to the team and for participants to initiate the relationship among themselves.

2.2 Session 2 is the self-awareness session. It is designed to create insight into the inner self by reflecting their thoughts and feelings through the self-drawing.

2.3 Session 3 is the self-acceptance session. It is designed to encourage acceptance of self and life by sharing the self-treatment experience during the setback or failure.

2.4 Session 4 is the growth mindset session. It is designed to enhance self-efficacy through learning about growth mindset concept that any human's quality is malleable and can be developed.

2.5 Session 5 is the mastery experience session. It is designed to make participants to perceive self-efficacy by sharing their successful past experience of overcoming adversities in their lives.

2.6 Session 6 is self-insight session. It summarizes what participants have learned about themselves from the previous sessions and how they have changed psychologically.

3. Resilience assessment refers to the resilience questionnaire that has applied the resilience assessment of Pontanya (2011) and Connor and Davidson (2003). Pontanya's resilience assessment has been designed for a wide age range of Thai adolescents. She has developed her resilience assessment from the construct of resilience of Garmezy et al. (1984) consisting of personal factor and social factor. Pontanya has adapted the personal factor items from Connor and Davidson (2003) and the social factor items from Stewart, McWhirter, and Sun (2007). Then, the researcher has applied the personal factor items and social factor items from Connor and Davidson Resilience Scale (2003) to be more appropriate for late adolescence, which is the age group of the participants in the preset study. The resilience assessment measures 4 aspects of resilience: perceived self-competence, emotional reaction, acceptance of change, and social relation. The answer is in a rating scale from 1 (strongly disagree) to 5 (strongly agree) with the total score of 150 points. The score at 70% and higher represents high resilience and the score at 30% and lower represent low resilience.

Chapter 2

Literature review

This study has applied the counseling program to enhance resilience in university students. This chapter provides a review of literatures and studies in the area of resilience construct, growth mindset concept, and psychological group counseling to explore available data on resilience in supporting university students experiencing adversities in the university environment. Below is the outline of literatures being reviewed here:

1. Concept of resilience
 - 1.1 Definitions of resilience
 - 1.2 Theories of resilience
 - 1.3 Resilience and growth mindset concept
 - 1.4 Resilience and university adversities
2. Group counseling and person-centered approach
 - 2.1 Group counseling
 - 2.2 Person-centered group counseling
 - 2.3. Resilience group counseling program
3. Conceptual framework
4. Research hypothesis

1. Concept of resilience

1.1 Definitions of resilience

Traditionally, the psychological research and studies typically focused on risk factors or negative consequences of a phenomenon. The coming of positive psychology has changed the perspective and it has turned the focus on the strengths and positive consequences supporting individuals who have undergone bad experiences (Masten, 2018). The study of resilience has begun as a new approach to the psychopathological problems.

Referring to the Literature Review of Concepts: Psychological Resiliency by Wald, Taylor, Asmundson, Jang, and Stapleton (2006), at the beginning of the resilience study, the focus was on maltreated children. Scholars and researchers involved in this area of studies strived to reduce the effect of maltreatments from the physical abuse, verbal abuse, sexual abuse, and psychological abuse. They came to recognize that serious maltreated children needed support throughout their lives as the resulted of being experienced with serious adversities (Wald et al., 2006). They also knew that the early adverse experiences had a cumulative effect and this effect, in turn, was affected by biological factors. Therefore, the solution was to reduce the stress factors to improve the malfunctioning conditions. Simultaneously, they observed that not all children were affected by the adverse experience. Some children were able to adjust and lived through the adverse experiences to become functioning adults (Masten, 2018). In the field of family and child psychology, some researchers observed that there were positive impacts or protective factors within individuals experiencing adverse situations and crises (Fonagy, Steele, Steele, Higgitt, & Target, 1994; Masten, 2018). These protective factors worked together to construct resilience.

Initially, resilience was defined in various meanings rooted in crisis contexts such as natural disasters, survival incidents, and later referring to family crisis. At the beginning, resilience was perceived as being a personal trait or characteristic that individuals displayed during and after a crisis. It had the protective effect and buffers vulnerable children and youths from the adversity (Werner, 1996). Jordan (1992) has posited that resilience is the dynamic relational capability of an individual to assess his resource and adverse situation to select a suitable adaptation. This adaptation transforms an individual to become the comprehensive individual. The dynamic relationship between comprehension of one's vulnerability, awareness of adverse situation, and self-confidence assessment determine the adaptive strategy. Therefore, the adaptive style can be problem focus or resolving the problem and emotional focus by accepting change as a part of life.

Then Chambers and Belicki (1998) studied the relationship between dysfunctional sleep and resilience of the adult survivors of child abuse and trauma. The study showed that the well social behavioral adaptation was insufficient to determine the individual's resilience because the adult survivors were suffering from psychological symptoms such as nightmare, sleeplessness, sleep apnea, and narcolepsy. Therefore, Chambers & Belicki expanded the definition of resilience to include the psychological adaptation as an essential characteristic of resilient individuals.

Masten et al. (1990) defined resilience as the recovery from traumatic life experiences, overcoming disadvantages to succeed in life, and withstanding stress to function well in the tasks of life. Resilience was referred to the patterns of positive adaptation of ordinary individuals manifested in the context of adverse life experiences. In The International Resilience Project, Grotberg (1995) has referred to resilience as the capability of children and adolescents that protects them from adversities and decreases the impact of adversity. Most importantly, this capability is available for everyone to acquire. Rutter (1999) has defined resilience as the interactive process within the individual that performs the protective function against psychological risks and it operates during and after the adverse life experience. Luthans et al. (2006) believed that resilience was an individual's positive psychological stage that enabled the individual to navigate through adversities and personal setbacks. Herrman et al. (2011) have summarized the definition of resilience as the ability to positively adapt to the adversity and maintain or regain mental health after the adverse experience. Fundamentally, the definition of resilience has transformed from the disaster coping to the adaptation of life adverse experience and from a unique capability of selective individuals to the ordinary individual's capability to overcome the adversity and setback in life. Moreover, the individual's psychological capability has been recognized as the center for resilient adaptation that protects him from psychological risks. Further, the psychological outcome has been an important indicator of resilient adaptation. Therefore, resilience is the ordinary individual's psychological capability to recover from everyday life adversity and allow the individual to function well in the life task, which the

positive psychological function and the emotional reaction are the indicators of resilience.

1.2 Theories of resilience

There have been many theories and research on resilience development and resilience enhancement. Unfortunately, there has been no agreement on any theory. However, most scholars have agreed that resilience is one of the protection factors against the adversity. The concept of resilience as the protective factor or promotive factor has been the foundation of resilience knowledge since the beginning of resilience developmental studies in children and adolescents with the focus on adaptation to adversities (Masten, 2018). Garmezy et al. (1984) have found that the protective factors can reduce the negative outcome of the risk factors by buffering the effect and disrupting the negative chain reaction caused by the risk factors, hence lessening the dysfunctional result. According to Rutter (1987) and Werner and Smith (2001), in 50% - 80% of the high-risk population, the protective factors can lead to positive adjustment outcomes. Garmezy (1993) has described protective factors as the variables that may be operative and adaptive in meeting stressful life situations. Therefore, there have been body of resilience research to find factors contributing to the development and enhancement of resilience.

Bandura (1994) has posited that most courses of action are initially organized in thought and resilience is not different. The individual's perception of self-efficacy is the foundation of resilience. Self-efficacy motivates the individual to cope with the adversity by eliminating self-doubts about his competence or ability. The perceived self-efficacy or self-competence makes the individual feel in control of the adverse event by perceiving the ability and capability to manage the adversity. This perceived self-efficacy also impacts the individual's perception of his emotional reaction during and after the adversity as being positive emotions such as excitement or negative emotions such as anxiety. It influences the individual's appraisal of the adverse event as under his control therefore the individual develops the positive cognitive reaction and the positive emotional perception to cope with the adversity. Moreover, self-efficacy is the key factor

of resilience when experiencing failures or setbacks. Self-efficacy determines the individual's mental response whether to give up or keep believing in oneself and move forward (Bandura, 1988). According to Bandura, this self-efficacy can be fostered through the social cognitive approach.

The social cognitive approach posits that individuals can acquire self-efficacy from their social experiences. There are 4 ways to achieve self-efficacy by having successful performance of experience, modeling success of others, verbal encouragement, and physiological state. The most effective way to increase self-efficacy is via the successful performance of experience because it provides tangible evidence of one's capability. The next effective approach is modeling after the individual who has similar background, context, and experience. Individuals have the tendency to compare with others who they can identify with. The success as well as the failure of a model with similarity provide a standard whether they too can achieve the success or fail in the task. Third is the verbal encouragement from the trusted individuals. The sincere verbal encouragement conveys the individual to believe in his efficacy or competence and eliminates the self-doubt, which self-doubt is the cause of maladaptation and helplessness (Bandura, 1988). Finally, the positive perception of physiological reaction, such as excitement, can increase resilience whereas anxiety can decrease resilience. Physiological reaction provides cues for the cognition to interpret the experience. Partially, human beings rely on the physiological reaction in responding to stress and to appraise their capabilities. The negative emotions and tension are perceived as vulnerability. Therefore, the emotional regulation can contribute to the enhancement of resilience (Bandura, 1994).

Then there has been a finding from the Kauai Longitudinal Study. It has indicated that protective factors supporting the disadvantage children from childhood to adolescence consist of the relationship with family, the relationship with friends, relationship with important people in their life, and the personal characteristic such as, good temperament, autonomy, belief in efficacy of his own actions, and sense of responsibility (Werner, 1996). Werner has explained that resilient children and

adolescents in this study have chosen to create the environment that has reinforced the positive adaptation enabling them to actively live their lives and become competent after the adverse experience.

Garnezy et al. (1984) have concluded from the long-term studies at the University of Minnesota that there are 2 protective factors affecting children's resilience development: personal characteristics and social relationships. Personal characteristics of resilience children are the competency to perform in school, ability to relate with friends, and following social rules. The psychological factors behind the personal characteristics are self-efficacy, self-control, and intelligence (Masten, 2009). The social relationship comes from relationships with a caregiver and caring people in one's community.

Then Prince-Embury et al. (2016) have proposed the 3-factor model of resilience for children and adolescents. The 3-factor model incorporates the sense of mastery, the sense of relatedness, and the emotional reactivity. The sense of mastery refers to self-efficacy or the belief in one's competence to overcome the adversity and the setback in life. Individuals with self-efficacy direct their lives with the motivation to accomplish a goal that they have set for themselves. The belief in future accomplishment leads to the sense of control resulted to the positive emotional reaction and less anxiety when facing with the adversity. The second factor of this model is the sense of relatedness or the social relationship. The secure attachment or relationship is the foundation of resilience and human development. It provides the sense of support, confidence, and optimism to face the adverse situation (Erikson, 1959; Grotberg, 1999). A resilient child requires only one secure relationship, not necessary be the parents, and this relationship can instill resilience in a child leading him to develop more meaningful relationships later in life to support him through adverse situations (Aldwin, Cunningham, & Taylor, 2010; Werner & Smith, 1979). The last factor is the emotional reactivity. The emotional reactivity refers to the speed and intensity that the individual emotionally reacts to adverse events. It is an inner quality within a person. The slow and less intense

response means more emotional regulation and greater resilience. Therefore, the ability to regulate the emotional reactivity is important in resilience development.

Rutter (1999) has proposed that resilience is a range of psychosocial process that comes together to support individuals before, during, and after the encounter with the adversity. This psychosocial process can mediate the adverse experience by reducing the impact of risks, reducing the potential negative chain reaction, maintaining self-efficacy, and creating opportunities to success. This psychosocial process is the interplay between the interpersonal quality consisting of biology and psychology, and the social relationship (Rutter, 1999). In this process, the cognitive processing of experience is the key in determining the resilience development. Since individuals have differences in the cognitive processing style, then this cognitive processing style plays an important role in the resilience development. Individuals constantly process their life experience and putting meanings to events based on the past-experience. The optimistic cognitive style frames the positive perception about one's efficacy and interprets the adverse event as manageable, therefore leading to the sense of control and positive coping behaviors. Contrary, the negative cognitive style frames the negative perception of one's efficacy as lacking or insufficient, when facing an adverse situation, he feels helpless. He perceives no sense of control and responds with mal-adaptive behaviors (Maier & Seligman, 1976).

Another resilience scholar, Grotberg (1995) refers to resilience as a universal resource that everyone can have, yet not everyone has it. According to Grotberg (1999), the foundation of resilience stems in the human developmental process. The successful completion of the initial 5 human developmental stages, proposed by Erikson, lays the foundation of resilience in children and adolescents. The development of trusting relationship between the child and a caregiver, at stage 1 from birth to 2 years, provides the basis of trust in himself and other people, which is the basis of relationship supporting resilience. At stage 2 from 2 years to about 4 years, when the child successfully achieves his autonomy, he develops the sense of independence and responsibility for his behaviors allowing him to develop his own ideas

and knowing right and wrong. At stage 3 or initiative stage, starting at about 4-5 years, achieving this stage leads to initiation of projects, activities, and ideas. This initiative ability supports the child to be creative in problem-solving in the future. At stage 4, the school years to adolescent years, the child succeeded in industry task can master academic and social skills making him confident in his ability to deal with future life challenges. Finally, at stage 5, during the adolescent years, it is the time of finding self and one's identity, developing new relationship with parents and important people in life, exploring his role in the social setting, and acquiring and mastering skills for the future (Zarrett & Eccles, 2006). The successful development of the sense of self or identity development leads adolescents to transit into adults with the assess that help manage the challenges of adult life. These are Grotberg's basic 5 building blocks of resilience (Grotberg, 1999). Furthermore, Grotberg has proposed 3 resources and numerous factors within each resource to foster resilience in children and adolescents that can be applied to human development as well.

In The International Resilience Project, Grotberg (1995) has proposed that the 3 resources consisting of the external resource, the internal resource, and the social resource can effectively enhance resilience. First is the external resource or the support that a caring adult provides to a child and an adolescent to develop and to enhance resilience. The major factors in the external resource are a trusting relationship, an emotional support outside family, a stable living environment at home and school, and a role model. Second is the internal resource or the inner strength within the child or the adolescent. The major factors are being a likable and loveable person, autonomy, self-efficacy, altruism, empathy, locus of control, flexibility, calming, loving and caring toward others, self-understanding, and taking responsibility. Third is the social resource or the interpersonal ability to resolve problems. The major factors in this resource are creativity, persistence, humor, seeking trusting relationships, situation assessment, temperament assessment of oneself and others, impulse control, and coping skills.

Recognizing the complexity of numerous promoting factors in the 3 resources, Grotberg has recommended that the dynamic interaction between factors

has the greater impact on resilience promotion than factor accumulation. The result from The International Resilience Project has suggested that an effective resilience development can be the result of interaction between factors from 2 resources (Grotberg, 1995). The characteristic of dynamic interaction between factors proposed by Grotberg is somewhat similar with the psychosocial process of Rutter.

After the review of the above resilience developmental studies and theories, it is apparent that resilience development and enhancement involve multiple factors including inner person factors, environment factors, and interpersonal factors. Further, the dynamic interaction between factors proposed by Rutter (1999) has been accepted as a possible explanation of how resilience has been developed as well. Evidence of the dynamic interaction between factors has been suggested by Grotberg (1995) in The International Resilience Project as being more effective in developing resilience, yet there is no guideline on the factor selection and the creation of the dynamic interaction.

Despite numerous factors have been accounted for resilience development, some factors are more prominently recognized. The relationship with a caregiver or a caring person during one's lifetime has been the recurrent factor and repeatedly recognized as the source and the reinforcement of resilience during adversities (Garmezy et al., 1984; Grotberg, 1995, 1999; Prince-Embury et al., 2016; Werner, 1996). This thinking has been rooted in the theory of human development by Erikson (1959). The other recurrent factor is self-efficacy or belief in one's ability or personal competence. Self-efficacy influences how individuals perceive their ability in an adverse event, and how they perceive the adverse experience as well. Individuals with self-efficacy possess the optimistic cognitive style (Bandura, 1994; Rutter, 1999). They perceive themselves as competent and equipped with ability and capability to cope with the adversity. Therefore, they interpret the adverse event as within their control. This cognition also affects the perception of emotion occurring during the adversity. It enables individuals to regulate their emotions and allow the cognitive appraisal to lead during the adverse event. The optimistic cognitive style motivates individuals to cope with the adversity with perceived positive emotions when encountering the adverse

event. The optimistic cognitive style is a resilient cognition that is needed to be fostered in individuals to develop resilience (Bandura, 1993; Maier & Seligman, 1976; Rutter, 1999).

The cognitive style is influenced by the belief in one's ability. Wood and Bandura (1989) has done a study to explore how the belief in one's ability affects thought process and performance through self-efficacy. The study has revealed that the belief of ability as an acquirable skill fosters the resilient sense of personal efficacy when encountering problems (Wood & Bandura, 1989). Contrary, the efficacy of individuals with the belief of ability as an inherited trait has plummeted when encountering problems. The result has clearly showed that the human functioning is affected by the belief individuals hold. Therefore, the present study proposes to incorporate the growth mindset lesson into the resilience program to influence individuals' thinking framework, enhance self-efficacy, and eventually strengthen resilience. In summary, the self-efficacy and the social relationship have been two of the most cited factors contributing to resilience development and enhancement.

1.3 Resilience and growth mindset concept

Mindset is the range of believes that forms the cognitive framework or thinking framework (Dweck & Leggett, 1988). Mindset makes people different. Dweck (2017, p. 16) believes that "the view you adopt for yourself, profoundly affects the way you lead your life." Individuals apply mindset to interpret the meaning of life experience. There are 2 kinds of mindset: growth mindset and fixed mindset. Growth mindset is a thinking framework that believes in possibility, potential, and malleability of human capability. Individual qualities, such as intelligence, personality, and attitude, can be improved or changed with effort. Contrary, the fixed mindset thinking framework believes that human capacity is static and fix. Everyone is born with certain level of intelligence, particular personality, and the precise attitude that cannot be changed.

When encountering an adversity, the growth mindset individuals perceive the adversity as a challenge and the goal is to learn and improve themselves from the experience by overcoming the challenge. More importantly, they believe that they can

overcome the challenge if they only put the effort. This cognitive framework contributes to perceived self-efficacy and resilience in coping with the adversity (Dweck, 2017; Wood & Bandura, 1989).

Dweck and Leggett (1988) have explained that the goal of an individual determines his adaptive pattern. Different goals lead to different interpretations of the adverse experience and different strategies to approach it. The learning goal in growth mindset individuals focuses on increasing one's ability and mastery of skills, hence they are less concerned about personal performance or achievement. Further, individuals with the learning goal perceive effort as the key to achieve the goal. On the other hand, individuals with fixed mindset concern about measuring up their ability to accomplish the performance and a failure reflects one's inadequacy. Therefore, fixed mindset individuals choose to either avoid the adversity or create an aversion from the adverse situation. The growth mindset cognitive learning goal is the thinking framework that motivates individuals to generate and maintain self-efficacy when facing obstacles or experiencing the setbacks. Therefore, the growth mindset thinking framework contributes to resilience.

Applying growth mindset to resilience enhancement, Yeager et al. (2013) taught the growth mindset concept to reduce aggressive responses of adolescents in the experimental peer exclusion situation and to reduce the depressive symptoms. Adolescents in the intervention group were prompted to have the growth mindset of personality. Growth mindset of personality posits that personality is malleable and can be developed or changes. Then, they were subjected to the peer exclusion situation in a computer game. The data showed that adolescents with the growth mindset of personality became less vengeful and less aggressive when they had a chance to get back. Moreover, there was a reduction in depressive symptoms associated with the peer exclusion comparing to adolescents in the control group.

In another longitudinal study, Yeager et al. (2014) applied a 2-session growth mindset of personality intervention to high school freshmen to support them during the transition from junior high school to high school. This transition time is

believed to be one of the most challenging periods in adolescence. The goal of this study was to explore the long-term effect of growth mindset on high school freshmen's stress level, health, and academic achievement. This study utilized a computer game to create adverse peer exclusion experience. The study reported that the adverse experience of peer exclusion did not have the negative long-term effect on freshmen with the growth mindset. These freshmen did not blame themselves for causing the peer exclusion and the peer exclusion experience was perceived as being short lived. Contrary, the freshmen with the fixed mindset labeled themselves as a loser and a victim and perceived this adverse experience to continue in the long run making the peer exclusion experience more stressful. Eight months post-intervention data showed that freshmen with the growth mindset exhibited the overall reduction in psychological stress and less complain on physical illness. The former fixed mindset freshmen, who were prompted to become growth mindset, showed improvement in grade by year end. Yeager et al. (2014) concluded from the study that the social cognitive process influenced people to cope differently during the social adversity.

Finally, Tamir et al. (2007) examined how the growth mindset of emotion helped the university freshmen students cope with the university transition. They studied 437 first year university students before entering to the university until the end of the academic year. Data came from assessments, diary, self-report, peer-report, and parent report. The data showed that the growth mindset of emotion associated with the psychological adaptation and the social adaptability. The belief, that emotions are malleable, can enhance emotional regulation and self-efficacy and increase the use of cognitive appraisal in adversities. The growth mindset of emotion enables individuals to use more cognitive appraisal during the adverse transition situation, to experience more positive emotions with more control, and to have greater tolerant to emotions of others leading to a new relationship development. Consequently, the new relationships provide the social support resulted to a better psychological adjustment in the form of a better physical health and less depressive symptoms.

In conclusion, growth mindset is a thinking framework that allows individuals to see the possibility and potential of change within themselves, others, and in the situation. It influences individuals' interpretation of the adverse experience and eventually the behavioral outcome. It is also a new concept that has not been widely applied to Thai undergraduate students especially in the resilience development domain. This study is interested to include growth mindset education into the resilience counseling program for the self-efficacy reinforcement because growth mindset individuals believe in their ability to overcome the adversity similar to individuals with self-efficacy.

1.4 Resilience and adversity of university students

University students are in the late adolescence period at the age of 18-21 years old (Insel, Edersheim, Tabashneck, Kinscherff, & Shen, 2022). At this period, late adolescents continue to face with confusion of the transformation to become adults. Their identities have been developed and formed to certain extend, yet to be completed. When facing with the adversity or in a stressful situation, their identities can be shaken because the sense of self has yet to be completely developed (Erickson, 1959). Moreover, the late adolescence period is a time of change in term of the environment, responsibility, and social roles (Uehara, Takeuchi, Kubota, Oshima, & Ishikawa, 2010). The continuous psychological development, the change in social situation, and setbacks can cause maladaptation in some late adolescents who cannot manage the unexpected adversities.

Resilience has been accepted by psychologists and educators as a suitable solution to support adolescents in the academic situation. Academic resilience is defined as the capability to effectively cope with stress, academic pressure, and setbacks in an academic setting (Munro & Pooley, 2009; Prince-Embury et al., 2016). The academic adversity or stress begins since the first day of university life and it occurs during the late adolescent period. The sudden change in social setting has forced these late adolescents to make the adjustment to the unfamiliar environment. When progressing further into university years, these university students must assume

more and more personal responsibilities for academic performance, manage the overwhelming academic works, become anxious about examinations, deal with relationship problems, and concern with the financial situation for some students. These stressors can increase the risk of stress, feeling of fear, anxiety, depression, and psychological disorders among university students (Buajun et al., 2019; Khanthakhuarn, 2010; Phoolawan et al., 2020).

Unfortunately, the unexpected COVID-19 pandemic and the preventive measures, such as the social distancing and the online learning, have increased stress, anxiety, and fear for the university students. Students have a great concern about their personal safety and the safety of their family. Moreover, they must manage the sudden change to the online learning and social distancing that have limited their social contacts and the support from friends, families, and instructors. (Besser, Flett, & Zeigler-Hill, 2020; Hatthasak & Diloksumpun, 2021; Oducado & Estoque, 2021; Pattanawittayakul et al., 2021; Pothimas et al., 2021; Sarmiento et al., 2021; Wongchaiya et al., 2021). However, many studies done during the COVID-19 pandemic have shown that resilience is an important protective factor in managing the impact of the pandemic and the sudden change to the online learning for university students.

At the onset of the pandemic and the lockdown implementation along with the online learning measure, Ye et al. (2020) has found that the stress resulted from the pandemic can be alleviated by resilience, adaptive coping, and social support. On the other hand, the study by Guillasper et al. (2021) has shown that Philippines nursing students with high resilience have felt less impact of COVID-19 situation on their quality of life. They have felt less at risk about their personal safety, less at risk about their mental health deterioration, and less tense about the situation comparing to the students with low resilience. In Spain, Morales-Rodríguez (2021) has done a study with Spanish undergraduate students during the COVID-19 pandemic. The result has shown the negative correlation between resilience and depression, anxiety, and somatization. Then there is a study in Thailand by Pothimas et al. (2021) that has found higher stress and severe stress in nursing students during the initial stage of online learning. The result

has also shown that students with high resilience have reported to have significantly higher coping level. Therefore, resilience has had the positive impact on students' coping with the stress of online learning.

However, the study of resilience and its protective effect in managing the stress of university students have been evident in various research prior to the pandemic. In a study of undergraduate students from 4 universities, the high level of resilience has reported to have a negative relation with stress. The social relationship in the university environment and self-efficacy have been found to be the source of resilience and support students to have the positive adaptation to the university experience (Leary & DeRosier, 2012). In another study, Rahat and Ilhan (2016) have reported that resilience is the most effective predictor of the undergraduate students' adjustment to the university life. The study has used coping style, social support, relational self-construal, and resilience to index the at-risk students in the adjustment to the university experience. The at-risk students have been more vulnerable to university experience because of lacking certain resilience development when they were growing up due to the adverse family experience.

Wu, Sang, Zhang, and Margraf (2020) have studied the relationship of resilience and mental health in Chinese undergraduate students. Data showed that students with high positive mental health level had high resilience level. Mental health appeared to affect resilience and resilience also affected the mental health level, since the increase in resilience associated with improved mental health. The study has recommended that the at-risk undergraduate students must receive the resilience intervention during the orientation. The intervention would enhance the coping ability and reduce the mental disorder manifestation or the negative consequences that could occur during the third and fourth year of university. Whereas the not at-risk students should receive the resilience intervention to ameliorate the mental risk and encourage positive adaptation as well.

In conclusion, it is evident from the above research that resilience can support university students experiencing adversities under the ordinary university hardship and under the extraordinary hardship of the COVID-19 situation.

2. Group counseling and person-centered theory

2.1 Group counseling

Group counseling is a psychological intervention that has a preventive and remedial effect. It focuses on promoting personal growth in discovering internal strengths. The dynamic of group counseling provides a safe environment, the trusting feeling, the empathic feeling, and the support that encourage members to share experience and explore their concerns. Group members are supported to develop new strengths and resolve personal issues, so they can better manage their lives and future (Corey, 2016).

The key strength of group counseling is that it allows members to create a micro-community reflecting the outside reality where members experiencing similar issues can safely share feelings, feedback, suggestions, and seeing themselves through experience of other members. Group members acquire the sense of belonging leading to openness to new relationships through the group process. It also enables members to experiment with new ideas, new behaviors, and making changes to become who they want to be.

Group counseling can be designed to meet a specific population group. Group counseling for university students, for example, is often designed to promote the developmental task and resolve university related problems such as identity problems, isolated feelings on campus, intimate relationships, educational plans, and career decisions (Drum & Knott, 2009).

2.1.1 Goals of group counseling

Corey (2016) outlines 14 goals of group counseling.

1. To develop the sense of one's identity through awareness and self-knowledge.

2. To develop the sense of connectedness from recognizing universal experience of members.
3. To help members establish meaningful intimate relationships.
4. To support members to uncover resources from their extended family and community to help with their issues.
5. To support a new view of self by increasing self-confidence, self-respect, and self-acceptance.
6. To learn to express one's emotions in a healthy way.
7. To develop concern and compassion for others' needs and feelings.
8. To explore ways to cope with normal development issues and resolving conflicts.
9. To improve self-direction, interdependence, and responsibility for oneself and others.
10. To be aware of choices and making choice wisely.
11. To plan to change certain behaviors.
12. To learn more effective social skills.
13. To learn to challenge others with care, concern, honesty, and directness.
14. To know one's values and choose to own them or modify them.

2.1.2 Group counseling stages

The understanding and preparation of group stages can optimize the therapeutic effective of the group counseling and better help members reach the goal. There are 6 stages of group counseling.

Stage 1. The formation phase is the preparation for the group counseling by announcing about the counseling group, recruiting members with screening and selection criteria in place, and having the pre-group meeting to inform about the group's purposes and get to know group members.

Stage 2. The orientation phase is the initial phase when the trusting environment is established, so members can share their experience. Ground rules, guidelines, and group norm are developed as the basis of group operation.

Stage 3. The transition phase is the time when members is ambivalent about sharing their experience with the group and how much should they share. They are still partially defensive and anxious about expressing certain feelings, thoughts, and reactions.

Stage 4. The working phase is when members have high level of trust and fully open to share. They are actively dealing with their issues, turning the insight into actions, and applying it in the group and the outside world.

Stage 5. The final phase is the time for consolidation. Group members focus on applying the insight from the group into everyday life. Members share their course of action, express a positive outlook, and concern for others.

Stage 6. The post group phase involves the assessment and evaluation of the effect of group after it ends. It can be a follow up session to help members gain the realistic impact of group on themselves and other members.

2.1.3 Group facilitating skills

There are 22 facilitator's skills in conducting group (Corey, 2016). It takes time to master all skills. Corey recommends that the more effectively way is for the facilitator to master minimal skills and appropriately use them.

Saksaengwijit and Jarupeng (2019) have extensively studied the facilitator skills contributed to the resilience development in group counseling. They have concluded that there are 7 essential skills that facilitators should possess.

Active listening. Active listening is the crucial skill for a facilitator. The facilitator must pay full attention to the speaking member by being sensitive to his verbal and nonverbal communication. There are subtle cues in speech style, body posture, gestures, voice quality, and mannerisms. Moreover, it is important that the facilitator teaches members to actively listen to one another for the benefit of the group.

Opening an interview. This is the skill that solicits participations from members by using simple questions. Examples of the question are “What should we talk about today?” or “Do you want to share that with the group?” This kind of questions projects warm and caring atmosphere and make members feel more comfortable to share their experience and feelings.

Questioning. This is the basic skill. The facilitator must learn to raise questions to the group as well as to each member. The open-ended question is preferred because it allows members to carefully ponder and answer at length instead of just “yes” or “no”. The “why” question should be avoided because it puts members on the defensive stand. The questioning should not be delivered in the interrogative tone and manner and the facilitator should not ask questions after questions to get an answer.

Probing. Probing is a sequent questioning. It is a skill that should be used with caution because it can make members feel uncomfortable. The facilitator must carefully observe the member’s reactions and feelings when applies this skill.

Silence. The facilitator can use silence to provide time for members to investigate themselves and think about their answers. Silence should be about 2-3 minutes.

Challenging. Challenging is another skill that should be used with caution. Challenging can be beneficial in creating an interest and getting members to focus on resolving their issues. However, it also can create pressure and an uneasy feeling when members are not ready for the challenge.

Approval. Approval can be an indirect encouragement for members. Approval can be done in the verbal or nonverbal manner.

2.2 Person-centered theory

The person-centered approach places the trust in human beings to realize their full potential. Individuals are trustworthy. They can direct their self-growth under a genuine relationship that facilitates the understanding of themselves, hence they can resolve their problems. In this approach, the therapist and the client are equal in the

counseling process. The role of the therapist is to facilitate the client's capability for self-directed growth and self-healing. Therefore, the therapist becomes the facilitator in the process, not the agent leading the change (Rogers, 1995).

The facilitator must develop a safe and trusting environment along with being present to focus on clients' experience with genuine caring, respect, positive unconditional acceptance, support, and understanding. This present allows clients to put the guard and the rigid perception down. Then, the clients learn to improve themselves and change (Corey, 2016).

2.2.1 Goal of person-centered group counseling

The main goal of person-centered group counseling is to help members see their real self by realizing the discrepancy between their self-concept or how they see themselves, their ideal self-concept or how they would like to be seen, and their actual self or how they are in reality. The realization serves as the motivation leading to change.

2.2.2 Role of the facilitator in person-centered group counseling

The role of facilitator in person-centered group counseling is to be the catalyst of change. The facilitator is required to provide the congruent or real and genuine relationship with group members. In turn, group members would use the relationship to discover themselves and grow. Metaphorically, the facilitator and members are partners in a journey where the facilitator can be a relational guide.

Being genuine and congruence, the facilitator must be himself by having trust in himself, accepting his self, and being aware of his self when relating with members. The facilitator must be himself when communicates with members and provides honest feedbacks to members' experiences. He is allowed to share his personal experience under the objective of mobilizing the group's capability to change.

Promoting the change requires the facilitator to possess the attitude of unconditional positive acceptance of members' experience. When being unconditionally accepted by the facilitator, members are less defensive to participate in the group, more open to share and learn new experience, and more acceptance toward

themselves. The facilitator can express the unconditional positive acceptance through eyes contact, body gesture, tone of voice, and facial expression. Most importantly, the facilitator must also unconditionally positively accept himself and recognize his own strengths and weaknesses.

Finally, the facilitator must show empathic understanding of members' subjective experience by accurately sensing how members are feeling and how they interpret their experience. Empathy fosters self-exploration. When members feel understood by the facilitator, they are encouraged to share more personal experience. When members receive empathy, they feel that they are valued, cared for, and accepted. According to Corey (2016), empathy is a key factor to the positive outcome.

The facilitator can show the empathic understanding through the active and sensitive listening. The active and sensitive listening is to listen more than just words, but to hear meanings and feelings behind those words in both verbal and nonverbal content. Empathic listening serves many benefits. It makes members pay attention and value their here and now experience. It gets members to cognitively process their experience and see new meanings in the old experience prompting to change in self-perception and perception of the world. Finally, the empathetic listening increases members' confidence in making decisions and taking actions. In summary, the empathetic understanding reestablishes members' understanding about themselves and their ability to relate to others.

2.2.3 Person-centered group process

There are 15 steps that happen during the person-centered group counseling. There is no clear sequence to this process, and it is various from group to group.

1. Milling around. This process is at the initiation when the members wonder who the leader is, who is responsible for the group, and what members should do, due to the non-directive role of the facilitator.

2. Resistance to personal expression or exploration. At the initiation, members present the public self and hide the private self.

3. Descriptions of past feelings. When members start to vaguely share their feelings about the past experience of the “there and then” unrelated to the group with hesitation.

4. Expression of negative feelings. As the group progresses, members express more of “here and now” feelings and sometimes they can direct negative feelings toward the facilitator for being non-directive.

5. Expression and exploration of personally meaningful materials. When members’ negative feelings are accepted, the trust in group is established and members feel less timid and free to share their experience.

6. Expression of immediate interpersonal feelings in the group. This is when members express their full feelings toward each other.

7. Development of a healing capacity in the group. At this point, members reach out to support one another constructively in the outside world with care and understanding. The supportive relationship has been formed.

8. Self-acceptance and the beginning of change. Members begin to accept their denied selves and are keen about their feelings. Then the change is welcome at this stage.

9. Cracking the facades. The meaningful relationship leads some members to respond with the deeper selves to the group.

10. Feedback. Members learn about themselves via feedbacks from other members and gain new insights about themselves to make the decision whether to change.

11. Confrontation. It is an emotional process where members challenge one another via feedback.

12. The helping relationship outside the group sessions. Members begin to make relationships outside the group.

13. The basic encounter. Members develop person to person relationships and commit to work for the common goal with a sense of community.

14. Expression of feelings of closeness. Members become increasingly warm and close to one another as the result of their genuine disclosure of feelings.

15. Behavior changes in the group. Members have noticeably changed with the more open manner, sharing deeper feelings toward others, greater understanding of themselves, and effectively relating with others.

2.3. Resilience group counseling program

The Resilience Coping Intervention (RCI) is an example of a successful group counseling program to foster undergraduate student resilience (First et al., 2018). This resilience group counseling helps undergraduate students cope with the university adverse experience by identifying thoughts, feelings, and coping strategies related to psychological and behavioral challenges. RCI has been designed based on “Listen to the Children” interview process implemented after the 1995 Oklahoma City Federal Building Bombing. In the 45-60 minutes session, the facilitator guides members to share and validate their experience, recognize the similar thoughts and feelings of members on the common experience, share and investigate their thoughts and feelings, adjust cognitive distortion, be conscious of their current coping style, learn more effective coping strategies from other members, and be valued for assisting other members. After attending the group, students felt empowered to actively take actions in resolving problems and they continued their relationships with other members giving them support in the outside world.

The other resilience enhancement group counseling program is done by Smeets et al. (2014). The brief 3-session of group counseling program has proven to be effective in enhancing resilience in the third year female students. It leads members to explore, examine, and apply 3 components of self-comprehension: self-kindness vs self-judgement, sense of common humanity vs isolation, and mindfulness vs over-identification. After the completion of the group counseling program, data indicates the

increase in protective factors contributed to resilience and resilience factors such as self-efficacy, optimism, mindfulness, and self-compassion. Students reported to have fewer negative thoughts about themselves and the adverse events. They felt more satisfied with life, more control over life, and cared for and supported, which helped them maintain the positive outlook for the future.

Then, there is a pilot study by Steinhardt and Dolbier (2008). The objectives of the study were to enhance coping strategies and resilience in college students by changing maladaptive thinking, providing social support, and increasing knowledge on causes of stress. The 4-session group counseling administered weekly. The findings showed that the intervention group had greater resilience and more effective coping strategies after receiving the group counseling. The intervention group also had lower scores on symptomatology meaning having fewer depressive symptoms, lower perceived stress, and less negative affect such as anger, anxious, depressed, disappointed, discouragement, blue, tired, and sad. Moreover, participants in the intervention group reported less psychosomatic illness symptoms such as nervousness and cold or flu.

3. Conceptual framework

The objective of this study is to examine the effect of the counseling intervention with the growth mindset education university student resilience. The counseling intervention is conducted in the online group counseling format.

The group counseling has traditionally been accepted and applied in the university environment to resolve problems related to the personal adaptation and the developmental tasks (Drum & Knott, 2009). For these university students, the identity vs confusion is the late adolescent developmental task that is still in the working process. Moreover, this task contributes to the successful development of resilience as it is the fifth building block of resilience according to Grotberg (1999). Therefore, the conceptual framework for this study is as below.

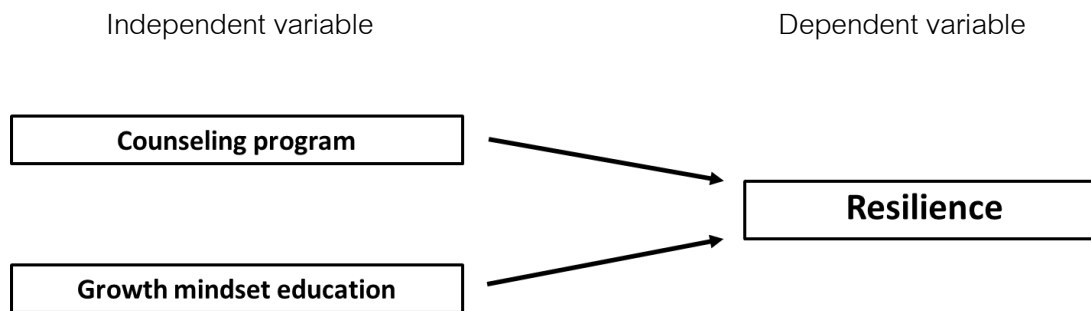


FIGURE 1 Conceptual framework

4. Research hypothesis

1. The university students receiving the counseling program with growth mindset will have a higher post resilience score than the pre resilience score.

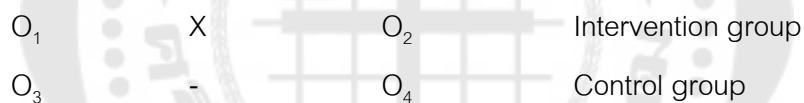
2. The post resilience score of the intervention group, after receiving the counseling program, will be higher than the post resilience score of the control group, which has continued with the daily routine.

Chapter 3

Methodology

Research design

This study was the quantitative quasi-experimental research design with the control group and the experimental group or the intervention group to investigate the effect of counseling intervention on university student resilience. The design consisted of pre-assessment before the intervention program and post-assessment after the intervention program to compare the impact of the counseling intervention on the undergraduate student resilience. Due to the volunteering nature of the student participation and the limitation on random assignment, the quasi-experimental design was appropriate to the current conditions of the present study (Cook & Campbell, 1979). Below shows the experimental design of this research.



O_1 refers to the resilience level of participants in the intervention group before receiving the resilience counseling intervention.

O_2 refers to the resilience level of participants in the intervention group after receiving the resilience counseling intervention.

X refers to the intervention or the resilience counseling program

O_3 refers to the resilience level of participants in the control group at the beginning of the study.

O_4 refers to the resilience level of participants in the control group after the 4 weeks interval without the resilience counseling intervention.

Population and participants

Population

The population of this study were 281 undergraduate students in year 1 to year 3. There were 82 students attending the Faculty of Education in Early Childhood Education and 199 students attending the Faculty of Humanity in Psychology at Srinakharinwirot University. They were informed about the study via psychology classes, class line groups, and peer to peer communications during the academic year.

Participants

The participants of this study were 46 undergraduate students from the Faculty of Education in Early Childhood Education and the Faculty of Humanity in Psychology at Srinakharinwirot University. The convenient sample design was utilized for this study. Participants were university junior students who had been informed about the study via psychology classes, class line groups, and peer to peer communications during the academic year. They volunteered to participate in the study. All participants signed the consent form prior to their participation in the study.

The sample size of 46 was determined based on the principle of group counseling by Corey (2015) and the power calculation for differences between two independent means by Howell (2004). Corey (2015) recommended that 8 members in a group counseling would yield the most effective result for the group counseling. Then the power calculation for differences between two independent means was applied to calculate the sample size. The formulation is below.

$$n = 2(\delta^2)/\gamma^2$$

The n is the sample size. The δ (delta) is the power of an experiment at 3.25. The γ (gamma) is the different standard deviation between two means or the effect size at 1.18. According to the Cohen's rule, the effect size at 0.8 is large. After replacing the values, the sample size is 15.17 samples. Therefore, the sample size of the current study was bigger than the required sample size.

Inclusion Criteria

In the present study, there were 5 criteria applied in the participant selection. Below is the list of participant selection criteria.

1. Undergraduate student ages 18-21 years old.

2. Studying at the Faculty of Education in Early Childhood Education and the Faculty of Humanity in Psychology at Srinakharinwirot University.

3. Feeling stress and anxious about the academic and life situation

4. Showing the willingness to participate in the study

5. Showing the willingness to spend time in the 6-session resilience group counseling program.

Exclusion criteria

Participants would be excluded from the study under these 2 criteria.

1. Participants choose to withdraw from the study at any time.

2. Inability to attend 6 sessions of the resilience group counseling program.

Recruitment procedure

The recruitment started with proposing the current study to professors of Education Faculty, professors of Humanity Faculty, and the faculty offices. With the approval from the faculty offices and professors in the faculties, the recruitment list was generated.

Professors notified students about the study and the purpose of the study in classes, online learning classes, and class line groups. The researcher informed students about the study in the online learning classes. Detail information about the study was made available in line group classes for interested students.

A list of interested students was accumulated and the participant selection was proceeded based on the inclusion criteria.

Measurement

The current study applied the resilience assessment of Pontanya (2011) and Connor and Davidson (2003). Pontanya's resilience assessment was developed for a wide age range of adolescents. She extensively studied different constructs of resilience and finally employed the theory of resilience proposed by Garmezy et al. (1984) as the foundation of her resilience assessment. The theory has posited that 2 main protective

factors, the personal characteristic and the relationship with family and others, can enhance resilience in children and adolescents.

In the development of the items for the resilience assessment, Pontanya adapted the resilience scale of Connor and Davidson (2003) and Stewart et al. (2007) to reflect the personal characteristic and relationship with family and others. The Connor-Davidson Resilience Scales (2003) emphasized mainly on the personal characteristic by measuring self-efficacy and self-belief. On the other hand, the resilience scale of Stewart et al. (2007) emphasized mainly on the family relationship, the relationship with others, and the social support. Then, making this resilience assessment suitable for the participants of this research, some of Connor and Davison's personal items and social items were again adapted to reflect the context of the late adolescent participants. Therefore, the present resilience assessment was the combined strength of resilience assessments on the personal characteristic of self-efficacy and the social relationship. The assessment consisted of 4 factors of resilience measurement.

The first factor was the perceived self-competence or the belief in one's capability. It would enable an individual to develop resilience by perceiving oneself having the ability to manage the adversity and by recognizing the positivity in the negative adverse event. There were 8 items assessing this factor.

When encountering a difficult situation, I believe that I can get through it.

I am not shaken by problems that come into my life.

I am proud of myself when I am successful.

I can accomplish the task as planned.

I put my best effort to get the job done.

I can resolve a problem by myself.

The hard work helps me develop.

I always avoid facing problems.

The second factor was the emotional reaction or the capability to manage feelings and handle pressure during and after the adversity. There were 8 items assessing this factor.

Even in a stressful situation, I can still see the positive side in it.

I can manage my stress.

I won't give up even when the situation is desperate.

I can focus and assess the situation even when I am under the pressure.

I can make difficult decisions under the pressure.

I stand by my goals even when encountering the obstacles.

I can manage my negative feelings.

When encountering failure, I am scared and easily discouraged.

The third factor was the acceptance of change or the capability to accept the unexpected outcome of the adverse event. Individuals with this capability would be able to continue with their lives after going through the negative experience. There were 7 items assessing this factor.

When there is a change in life, I can adapt to the situation.

I can deal with any problems and consequences no matter what the problems and consequences will be.

I believe that everything happens for a reason.

I put my best effort in doing things although the result may not be as expected.

I believe that I can control my life.

I can accept what happens in life. Even if it changed my life in a negative way.

I'm always stuck with the problems in life.

The fourth factor was the social relation with others or the capability to develop relationships with family members and caring people outside the family and maintain those relationships. There were 7 items assessing this factor.

My friends and I are taking care of each other.

When I have a problem, I know who I should go for help.

My parents and relatives are happy to listen to me for everything.

I feel comfortable talking to the adults around me.

I have a college friend whom I am close to.

I can consult with professors at the university.

Having a stable relationship with friends is difficult for me.

Therefore, there were 30 items total in this resilience assessment. Each item was written in a form of statement. It was a self-report assessment. The answer to each item was based on the 5-level rating scale from 1 (strongly disagree), 2 (disagree), 3 (not sure), 4 (agree), and 5 (strongly disagree). The assessment had the total score of 150 points. The scores at 70% and higher were high in resilience and the scores at 30% and lower were low in resilience.

TABLE 1 Example of resilience assessment

Questions	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
1. My friends and I are taking care of each other.					
2. When I have a problem, I know who I should go for help.					
3. My parents and relatives are happy to listen to me for everything.					
4. I feel comfortable talking to the adults around me.					
5. I have a college friend whom I am close to.					
6. I can consult with professors at the university.					

Questions	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
7. Having a stable relationship with friends is difficult for me.					

The validity and reliability of measurement

The content validity of resilience assessment was checked by three respected authorities to ensure that the wording of each item was appropriate and reflected the definition of each resilience factor.

Ensuring the reliability, the reliability was analyzed using the SPSS software to produce the Cronbach's alpha of each factor and the Cronbach's alpha of 30 items in the present resilience assessment. The Cronbach's alpha of perceived self-competence with 8 items was .70. The 8-item emotional reaction had the Cronbach's alpha at .80. The acceptance of change with 7 items had the Cronbach's alpha at .64. Finally, the 7-item under the social relation had the Cronbach's alpha at .71. The total reliability of this resilience assessment had the Cronbach's alpha at .86.

Ethical consideration

This study was approved by the Ethic Committee of The Srinakharinwirot University with the Ethical Approval SWUEC-G-282/2564X before starting the data collection process. The rights of participants including confidentiality and privacy were accounted throughout the study.

During the recruitment process, participants received information about the study including study objectives, study time, study process, method, and expected benefits prior to making the decision to join the study. The consent form was provided to ensure the voluntary cooperation and informed participants of their right to withdraw at anytime.

At the pre-program stage, the personal information and pre-assessment data collected from participants were treated with confidential. The researcher asked for the permission from participants to use the audio and video recording during the group counseling intervention and the notification of use was done at the beginning of every session. The facilitator, who was also the researcher, and co-facilitator introduced themselves and initiated the rapport with participants at this stage.

Throughout the group counseling sessions, participants had the right to share their experience and answer questions at their own discretion. All experience shared within the group sessions were kept confidential and not to be discussed with individuals outside the group.

On the last session, participants were informed to complete the post-assessment right after the last session ended. All data collected from the study were treated with confidential and no personal data was shared without the permission from the participants.

When the research was published or made available to the public, personal information and the identity of participants would be kept confidential.

Data collection

The researcher contacted the professors and university faculty offices to initiate the study. After the review of the resilience enhancement intervention, the permission was granted given that the proper COVID-19 safety procedure was strictly observed. Due to the continuation of COVID-19 prevention measures, all data collection procedures were done via the online channel. All participants filled up the personal information and took the pre-assessment of resilience at the first online meeting. Then the intervention group had an online pre-counseling session. In this session, participants were informed about the online group counseling procedure that met daily 6 times a week for 1 week. The appointment was made for all sessions to ensure that it would not interrupt participants' other schedules. After participants agreed on the schedule, then the 6 counseling sessions started. At the end of the sixth session, participants in the

intervention group were asked to do the post-assessment of resilience right after the session had ended.

For the control group, after the initial online meeting, the control group proceeded with their daily academic routine. At the end of 4 weeks, the control group took the online post-assessment of resilience. All data were completed and ready for the analysis.

Study materials

The material for this study was the 6-session of resilience enhancement group counseling program. The program was developed after the extensive review of resilience history, definition of resilience, the protective factor model of resilience development, and the past resilience enhancement programs for university students. After the synthesis of the resilience review, the 2 common factors, self-efficacy and social relationship, were often cited as resilience factors, therefore, the current resilience enhancement program was developed with the emphasis on these 2 factors.

After the development of resilience enhancement program, the researcher submitted the program to 3 respected group counseling authorities to check the face and content validity of the group counseling program. Then the program was revised according to the recommendations of authorities and the final resilience enhancement group counseling program was ready to be used in the study.

Due to the sudden change to the online learning, the above group counseling program had to move to the online channel via Google Meet. All activities in the program remained unchanged. However, there was an adjustment on a few in group activities to become homework assignments and resumed the discussion in the next session.

Every session started with 3 minutes meditation to prepare the physical, psychological, and emotional state of group members. The objective of meditation practice was to get members to be aware of their present, their emotions, and their thoughts at the group counseling. The awareness of emotions and thoughts played an important role in the resilience development (Bandura, 1988; Prince-Embury et al.,

2016). Further, the group counseling process inherently encouraged the social relationship development between group members.

The following were the framework of resilience enhancement group counseling program being employed for this study.

TABLE 2 The 6 sessions of resilience enhancement group counseling program

Objectives	Activities	Theories and techniques
Session1 1) Inform members about the objectives & expected benefits of the program. 2) Agree on roles and responsibilities of facilitators and members. 3) Rapport between facilitators and members. 4) Initiate relationship between members.	1) Introduction and rapport by answering 3 questions. 2) Sharing before and after university experience. 3) Homework: Do the self-drawing for the next session.	Social cognitive approach by identifying the common experience. Person-centered techniques by being genuine, unconditional acceptance with positive regard, questioning, and positive feedback.
Session2 1) Create self-awareness 2) Think about one's competence 3) Develop relationship between members.	1) Rating how well one knows oneself including thoughts and feelings toward oneself. 2) Share and reflect the thoughts and feelings toward oneself through the self-drawing. 3) Homework: Name the self-drawing.	Person-centered theory by being aware of oneself to initiate the growth. Person-centered techniques by active listening, empathic understanding, and unconditional positive acceptance.

Objectives	Activities	Theories and techniques
<p>Session3</p> <p>1) Accept oneself and the life experience.</p> <p>2) Learn to become more efficacious.</p> <p>3) Develop relationships between members.</p>	<p>1) Share self-treatment experience when facing the adverse experience or setback, the negative emotions toward oneself, self-criticizing thoughts, and what one needs during the distressing time.</p> <p>2) Homework: Read growth mindset article.</p>	<p>Social cognitive approach by recognizing the physiological reaction and verbal encouragement from trusted people.</p> <p>Person-centered techniques by active listening, being genuine, unconditional acceptance with positive regard, silence, and challenging.</p>
<p>Session4</p> <p>1) Learn that everyone has the capability to improve.</p> <p>2) Enhance self-efficacy by changing the thinking framework.</p> <p>3) Develop relationships between members.</p>	<p>1) Discuss the growth mindset article.</p> <p>2) Share past growth mindset experience.</p> <p>3) Solve a few fixed mindset problems as a group</p>	<p>Growth mindset by learning to adjust thinking framework that personal qualities can be improved.</p> <p>Social cognitive approach by modeling.</p> <p>Person-centered techniques by being genuine, unconditionally acceptance, empathetic understanding, silence, and challenging.</p>

Objectives	Activities	Theories and techniques
Session5 1) Recognize self-competence and mastery experience. 2) Provide successful experience to model 3) Provide verbal encouragements from trust sources. 4) Develop relationships between members.	1) Share personal experience of overcoming an adversity or a setback. 2) Discuss the other possible solutions. 3) Homework: Do the 2 nd self-drawing and name it for the next session.	Social cognitive approach by realizing the mastery experience and verbal encouragements from trusted people. Person-centered techniques by active listening, questioning, and unconditional positive acceptance.
Session6 1) Summarize self-insight. 2) Summarize the lessons learned. 3) Extend relationships between members outside the group.	1) Share and reflect the thoughts and feelings toward oneself through the 2 nd self-drawing and the comparison of the 2 paintings. 2) Summarize what one has learned about oneself.	Social cognitive approach by verbal encouragements from trusted people. Person-centered techniques by active listening, questioning, and unconditional positive acceptance.

Data analysis

The analysis for this study consisted of the descriptive analysis and the statistical analysis. The descriptive analysis was used to provide information on participants in the intervention group and the control group. The statistical analysis was used to process quantitation data from the pre-intervention assessment and the post-intervention assessment. All data from the pre-intervention and the post-intervention assessment were coded and analyzed using SPSS program. The parametric *t*-test

method was selected for its inferential statistic capability and to determine if there is a significant difference between the two groups. The independent *t*-test was used to analyze and compare differences between the intervention group and the control group, who were assumed to be equal in distribution. The paired sample *t*-test was used to analyze the changes or differences of resilience level in the intervention group before and after the resilience enhancement group counseling program. The *p*-value less than 0.05 is used to consider to be statistically significant.



Chapter 4

Results

This study examined how the group counseling intervention with growth mindset affects university student resilience. The first objective was to investigate the degree to which the resilience counseling intervention could enhance resilience of university students. The second objective was to compare the effect of resilience enhancement group counseling program on the intervention group and the control group, which did not receive the counseling program.

The analysis of the data for this study consisted of the descriptive data and the statistical analysis to present the pre-intervention and the post-intervention assessment. The results of this study were presented in 3 parts.

1. The descriptive data of participants in the intervention group and the control group.
2. The comparison of the effect of the resilience group counseling program on the intervention group before and after receiving the program. The paired sample *t*-test was used to analyze the data.
3. The comparison of resilience scores between the intervention group, after receiving the resilience program, and the control group, not receiving the program.

Analytical signs and meanings

<i>n</i>	Number of participants in the sampling group
<i>M</i>	Mean score
Min	Minimal score
Max	Maximum score
<i>D</i>	Mean difference
<i>t</i>	t score
<i>p</i>	p-value or statistical significance
T1	Pre-test intervention group
T2	Post-test intervention group

T3	Pre-test control group
T4	Post-test control group

Analysis

There were 46 participants in the study. The intervention group had 23 participants and the control group had 23 participants. Participants were third year university students attending the Faculty of Education in Early Childhood Education and the Faculty Humanity in Psychology. The descriptive data analysis on the participants in the intervention group and the control group were shown in Table 3.

TABLE 3 Descriptions of participants ($n = 46$)

Demographic	Group		<i>p</i> -value*
	Intervention ($n=23$)	Control ($n=23$)	
Age (years)			
20	8 (34.8%)	10 (43.5%)	0.877*
21	14 (60.9%)	12 (52.2%)	
22	1 (4.3%)	1 (4.3%)	
Mean + SD	20.70 +0.56	20.62 +0.58	
Gender			
Male	3 (13.0%)	6 (26.1%)	0.459*
Female	20 (87.0%)	17 (73.9%)	
Faculty			
Humanity	15 (65.2%)	2 (8.7%)	<0.001**
Education	8 (34.8%)	21 (91.3%)	

Note: *Exact test, **Pearson Chi-square

Table 3 presented the summary of student participants. In total, there were 37 female participants and 9 male participants. There were more female participants than

male participants in the intervention group and the control group. In the intervention group, there were 20 female participants or 87.0% and 17 female participants or 73.9% in the control group. For the male participants, the intervention group had 3 male participants or 13.0% and the control group had 6 male participants or 26.1%. The average age of all participants was 20.66 years. The average age of the intervention group was 20.70 years and the average age of the control group was 20.62 years. In the intervention group, 65.2% of the participants were majoring in Humanity and 34.8% were majoring in Education. The control group had 8.7% of the participants majoring in Humanity and 91.3% majoring in Education. Therefore, the participants in the intervention group and the control group share some similarities. The mean ages and the gender mix between male and female participants were not significantly different. However, the two groups showed significant differences on the major. The majority of participants in the intervention group were studying Humanity, while the majority of the participants in the control group were studying Education.

TABLE 4: Mean, standard deviation, and min & max resilience score of the intervention group

Resilience Assessment	Intervention Group			
	<i>M</i>	<i>SD</i>	Min	Max
T1 (<i>n</i> =23)	107.39	9.39	98.00	116.78
T2 (<i>n</i> = 23)	117.17	9.27	107.90	126.44

The paired-samples *t*-test was used to analyze the pre-test and the post-test resilience scores of the intervention group. The results were shown in Table 4. The pre-test resilience score of the intervention group was 107.39 ($M=107.39$, $SD=9.39$). After the intervention, the post-test resilience score increased to 117.17 ($M=117.17$, $SD=9.27$). It showed the significant increase of .001. This result showed that the group counseling

intervention positively affected university student resilience. The resilience score of the intervention group was significantly increased after the counseling program.

TABLE 5: Results of the intervention group and the control group

Resilience Assessment	Group		<i>D</i> (95% CI)	<i>t</i>	<i>p</i>
	Intervention (n=23)	Control (n=23)			
	<i>M</i>	<i>M</i>			
T1 & T3	107.39 ±9.39	108.30 ±5.16	-0.91	-.41	0.685
T2 & T4	117.17 ±9.27	110.65 ±6.34	6.52	2.79*	0.008

The independence samples *t*-test was used to compare the pre-test scores and the post-test scores between the intervention group and the control group. Referring to Table 5, the pre-test data showed that resilience score of the control group was marginally higher than the intervention group at .03, but there was no significant difference. It was evident that the intervention group and the control group were sample equivalence. However, after receiving the intervention, the post-test resilience score of the intervention group increased from 107.39 to 117.17. It showed the significant increase of .001 ($p=.001$). Contrary, the post-test resilience score of the control group shown a marginal increase from the pre-test at 108.30 to the post-test at 110.65. There was no significant difference. When compared the post test scores, the intervention group had the post score at 3.91 and the control group had the post score at 3.69. The data showed the significant difference by .008.

TABLE 6: Resilience scores by factor

Resilience Factor (score)	Group		D (95% CI)	<i>t</i>	<i>p</i> -value
	Intervention (n=23)	Control (n=23)			
Total resilience					
Pre-test	107.39 ±9.39	108.30 ±5.16	-0.91 (-5.45,3.63)	-0.409	0.685
Post-test	117.17 ±9.27	110.65 ±6.34	6.52 (1.80,11.24)	2.785	0.008*
Resilience factors					
Self-competence					
Pre-test	30.09 ±2.73	30.57 ±2.59	-0.48 (-2.06,-1.10)	-0.61	0.545
Post-test	32.70 ±3.10	30.87 ±2.49	1.83 (0.16,-3.50)	2.204	0.033*
Emotional reaction					
Pre-test	27.78 ±3.61	27.00 ±2.49	0.78 (-1.06, -2.62)	0.857	0.396
Post-test	31.26 ±2.97	28.96 ±2.01	2.30 (0.08, -3.81)	3.079	0.004*
Acceptance of change					
Pre-test	26.09 ±2.71	26.78 ±2.58	-0.70 (-2.27, 0.88)	-0.892	0.377
Post-Test	27.83 ±2.27	26.30 ±2.69	1.52 (0.04, 3.00)	2.075	0.044*
Social relation					
Pre-test	23.43 ±4.17	23.96 ±3.67	-0.52 (-2.86, 1.81)	-0.451	0.655
Post-test	25.39 ±3.27	24.52 ±3.10	0.87 (-1.03, 2.76)	0.925	0.36

Then, the analysis was done on each factor of resilience. The results showed that the post assessment scores of the intervention group on self-competence, emotional reaction, acceptance of change, and social relation had increased after receiving the intervention program. The self-competence score increased by 3.48

points, which was at the significant level at .033 ($p=.033$). The emotional reaction score also showed the significant increase at .004 ($p=.004$) or the increase of 3.48 points. Similarly, the score of acceptance of change was significantly higher at .044 ($p=.044$) or the increase of 1.74 points. Finally, the social relation score showed the increase. It was not at the significant level.

In conclusion, these data reinforced that the resilience group counseling program had the positive impact on university student resilience. It was effective in enhancing resilience of students.



Chapter 5

Discussion

Introduction

The purpose of this study was to investigate the effect of the resilience counseling program with growth mindset education on university student resilience. The study was a quasi-experimental design with the pre-test and the post-test to compare the effect of the resilience counseling program on the intervention group and the control group. Participants of this study were recruited from students in the Faculty of Education and the Faculty of Humanity at Srinakharinwirot University. Students were informed about the study through psychology classes, class line groups, and peer to peer communications. The recruitment criteria were undergraduate students ages between 18-21 years who felt stress and anxious about their academic situation and/or life situation. They volunteered to be in the study, and they could leave the study or the counseling program at any time. The total of 46 participants were recruited for this study. The study was certified by the Ethical Review Committee for Research Involving Human Research Subjects, Srinakharinwirot University. The certificate code was SWUEC-G-282/2564X.

Then participants were divided into the intervention group and the control group. Each group had 23 participants. The intervention group was divided into 3 counseling groups of 7-8 participants. The counseling program was developed after the synthesis of resilience review that self-efficacy and social relationship were the two recognized psychosocial factors of resilience. The growth mindset education was used as a tool to increase self-efficacy. Moreover, the cognitive social approach and the person-centered theory were also incorporated into this counseling program. Then, the counseling program was reviewed by 3 counseling authorities to check the face and content validity of the counseling program. After the review, the counseling program was revised according to the recommendations of the authorities.

However, before the session started, the researcher was informed of the continuation of the preventive measures for COVID-19 pandemic. The counseling

program had to be adjusted to adhere to the social distancing and online learning measure. The group counseling was administered via Google Meet. A few activities had to be adjusted to fit the online format. The group counseling intervention consisted of 6 sessions starting with introduction and rapport, self-awareness, self-acceptance, growth mindset, mastery experience, and self-insight.

All participants took the pre resilience test and the post resilience test that was adapted from the resilience assessment of Pontanya (2011) and Connor and Davidson Resilience Scale (2003). The resilience assessment was a self-report rating with 30 items measuring perceived self-competence, emotional reaction, acceptance of change, and social relation. Three respected authorities checked the content validity and revision was done according to the recommendations. The Cronbach's alpha of perceived self-competency was .70. The emotional reaction had the Cronbach's alpha at .80. The acceptance of change had the Cronbach's alpha at .64. The social relationship had the Cronbach's alpha at .71. The total reliability of this resilience assessment had the Cronbach's alpha at .86.

All pre-test and post-test data were analyze using SPSS program. The independent *t*-test was used to compare the resilience scores between the intervention group and the control group. The paired sample *t*-test was used to analyze the changes in resilience scores of the intervention group before the intervention and after the intervention.

Result and discussion

The results of this study showed that the group counseling intervention with growth mindset education had a positive impact on university student resilience. It answered the research question that the counseling program increased resilience of university students. After receiving the 6-session of group counseling, the intervention group had a significant increase in the post resilience test score. The effect of the counseling program showed the positive relation with students' resilience and provided the answer for the first objective. On the second objective, when compared the post resilience score with the control group, the post resilience score of the intervention

group was also significantly higher than the control group. The study results are consistent with the previous studies that the resilience counseling intervention can support students to better cope with adversities. Referring to the study by First et al. (2018), after receiving the resilience counseling intervention, participants learned to recognize their competence and felt empowered to make changes in their lives. They reported that they were more hopeful and significantly less stress. Most importantly, they felt connected and belonged, which led to social support and social relationships among group members.

Another study by Smeets et al. (2014) also reported the same results. The self-compassion group counseling intervention enhanced resilience and well-being of students by increasing self-efficacy level and providing social support. Moreover, participants had a greater gain in the optimism level and more satisfaction with their lives. Finally, Steinhardt and Dolbier (2008) did a resilience counseling intervention on multi racial college student participants. The intervention group reported a higher resilience score with the increase in self-efficacy, more effective coping strategies, and more connectedness in the post resilience assessment. It also reported the lower score on symptomatology including depressed, stress, uncontrollable feelings, anxious, blue, discouraged, disappointed, tired, sad, disgusted, and angry. This intervention focused on adjusting the cognition to change the behavior.

Similar to the above studies, the counseling program in this study focused on increasing perceived self-efficacy and social relationship to enhance university student resilience. From the previous studies, Garmezy et al. (1984) and Prince-Embury et al. (2016) have found that the enhancement of psychosocial factors self-efficacy and social relationship positively affects resilience. In the Project Competence Studies of Stress Resistance in Children, Garmezy et al. (1984) has concluded that the manifestation of competence is the evident of resilience or stress resistance. When individuals feel competence about their ability, they can perform well academically, and their social competence enables them to develop relationships with friends and teachers. Prince-Embury et al. (2016) suggests that the sense of competence or efficacy leads children

and adolescents to increase the expectation and make a greater attempt to accomplish the expectation. Similarly, Bandura (1994) has posited that the belief in self-efficacy inspires the motivation and the accomplishment. According to Bandura (1988, 1994, 2008), self-efficacy is the foundation of resilience because it motivates individuals to cope with adversities without a doubt on the ability.

The counseling program in this study applied the social cognitive approach to enhance self-efficacy and strengthen resilience. According to Bandura (1994), there are 4 ways to build self-efficacy: the mastery experience, modeling success of others, verbal encouragement, and physiological state. The master experience is the most impactful approach, and it has been incorporated into session 4 and 5 in the counseling program. In session 4, the discussion of the past growth mindset experience pointed out the personal efficacy to change the cognitive framework resulted to different actions or the adaptive solution to the obstacles. The mastery experience in session 5 was the sharing of past successes. It made participants realize that they too had the capability to deal with adversities. They had the ability to do it in the past, therefore they can do it now and will be able to do it in the future as well. In the Kauai Longitudinal study, Werner (1996) arrived to the same conclusion that resilience individuals having the belief in their efficacy would actively act in the adaptive adjustment rather than maladaptive adjustment when encountering adversities. In agreement with Werner (1996), Rutter (1999) has posited that the cognitive processing style plays an important role in the resilience development. Individuals use their cognition to frame and put meanings to events. They also perceive their ability in the event with the same cognition. Therefore, self-efficacious individuals possessing the optimistic cognitive style perceive an adverse event as manageable and the situation is controllable because they believe in their ability. As a result, they exhibit positive coping behaviors and resilience.

Wood and Bandura (1989) have come to the similar conclusion in their study. The belief in ability affects the thought process and the performance through self-efficacy. Efficacious individuals believe that abilities are acquirable skills, therefore they are more resilience. They see their abilities as improvable and accept the failure as a

lesson and learn from it. Similarly, the growth mindset individuals think of their ability as malleable. The failure or setback is a part of the learning and the personal development process to be or do better. Therefore, the encouragement of growth mindset in session 4 can increase self-efficacy and eventually enhance resilience.

The other psychosocial factor examined in this study is the social relationship. The social relationship is one of the external resource. It is often cited and recognized as the basis of resilience. Grotberg (1995) and Werner (1996) have stated that the social relationships with family and/or with one important person outside family can tremendously affect the development and enhancement of resilience in children and adolescents. In the present study, the social relationship has been cultivated throughout all sessions from members' trust in each other. The group counseling provides a safe and secure environment for participants to be themselves and share personal experience. In the process, participants learn to listen without judgement, be empathetic about each other experience, and give unconditional acceptance including support to each other. As a result, participants have trust in each other, and new relationships are formed and continued outside the group. In this study, the social relation score showed an increase after the counseling intervention, which was consistent with the previous research (Corey, 2016; First et al., 2018; Smeets et al., 2014). However, the increase in social relation was not at the significant level. This result could be the consequence of the online learning during the COVID-19 pandemic. These student participants spent either 1 semester or 1 year on campus with their fellow students, when the online learning was implemented. Then, they were learning online full time at home for more than a year. They had their family and old friends as their supports. Therefore, they needed less relationship from university friends and professors, hence leading to the present result. According to Hinson and Swanson (1993), the late adolescents have an order of preference when they need social support. The first person they seek the support from is their closest friend followed by their mother or father, then the university faculty. Moreover, the study of Sarmiento et al. (2021) found that during the COVID-19 confinement social support was significantly related to resilience in the college students

living alone and less significantly related to resilience in students living with parents or a roommate. Therefore, the possible explanation could be that they already had existing support and did not need to put the effort on making connections with other participants. On the other hand, the group counseling also provides reflection, suggestions, and feedbacks to participants in the group.

Referring to Rogers (1995), the sincere and unconditionally acceptance of person-centered counseling make individuals realize the discrepancy between the real-self, the self-concept, and the actual-self. This group counseling intervention has incorporated the person-centered concept of self-awareness in session 2, self-acceptance in session 3, and self-insight in session 6 to guide participants to see their real-self, self-concept, and actual-self. A case in point, on several occasions, the counseling peers reflected on the current strengths, weaknesses, and supportive actions of participants, and they also provided the support on participants' past actions and behaviors. These make participants realize their past achievements and forgotten capabilities. Throughout the 6 sessions, the reflection, suggestions, and feedbacks from the genuine relationships motivate participants to change. Further, the receiving participants see a more complete picture of themselves and recognize the capability to be more and do more than what they have thought that they can. They feel supported, cared for, belonged, understood, confident, and optimistic. On the other hand, the previous studies and theories suggest that the giving participants develop the sense of competence or efficacy as receivers accept their advice (Bandura, 1988, 1994; Grotberg, 1999; Prince-Embury et al., 2016). Therefore, both the sense of competence or efficacy and the sense of relatedness created in the group counseling simultaneously enhance resilience.

Finally, Grotberg (1995) and Rutter (1999) have posited that the dynamic interaction of the psychosocial factors can have a greater impact on resilience. This study attempted to prove this statement. The factor analysis showed that the self-efficacy's factors, self-competence, emotional reaction, and acceptance of change, had been increased significantly and these 3 factors had substantially strengthen resilience

of university students. Meanwhile, the social relation showed an increase, but it contributed less in comparison with self-efficacy to the enhancement of students' resilience in this study. However, the significant increase in resilience of the intervention group provides the evidence that the counseling intervention focused on 2 psychosocial factors, the self-efficacy and the social relationship, can effectively enhance the late adolescent university student resilience.

Limitations and suggestions

The result of this study shows that the resilience group counseling intervention is effective in enhancing late adolescent university student resilience. The aim of this counseling intervention is to increase the self-efficacy and the social relationship among participants. However, there are some limitations in this study.

The first limitation of this study was the limited diversity in the samples. The population and the participants consisted of the third year students studying in the Education major and the Humanity major only. These participants might not represent the different adverse experience of the first year students and the second year students, and students of other majors in the university.

The second limitation was the small sample size. Due to the online learning measure under the COVID-19 pandemic and the change to online counseling, a small number of participants were willing to volunteer for the study. The small sample size could affect the generalization of the findings when applied to the population. The more diverse and larger sample size would be preference to make an extensive generalization of the findings to the population.

The third limitation was the self-report assessment. The current study exclusively depended on the self-assessment for measurement. This self-assessment could be influenced by the social desirability. Participants might try to answer the assessment to the expectation of the research team, which it would be bias. Moreover, the self-assessment is based on personal perception, and it is subjective. The result might not reflect the whole reality.

The fourth limitation was no content analysis. The analysis of the group content could provide more personal information of each participant and a deeper understand of each participant's background. The analysis of the self-drawing could reveal the insight into each participant's thoughts and feelings toward oneself.

The fifth limitation was the consequence of the change to the online group counseling. A few activities needed to be adjusted for the online group counseling. For example, the 2 self-drawing activities had to be done as the homework and the discussions were done on the next session. This reduced the spontaneity in the personal reflection sharing and the responses to questions related to the compositions in the pictures. Participants had time to think carefully about what compositions to put on the pictures. The change from being the in-session spontaneous activity to the homework activity with time to think carefully could potentially impact the effectiveness of the activities for the better, the worse, or no difference.

The sixth limitation was the interruption of the online group counseling. Many students joined the group counseling from their homes. Sometimes, family members and chores could interfere with the session. A case in point, a little girl wanted to sit with a participant because she liked to see herself on the screen. The other interruption was resulted from the technology. The inconsistent internet connectivity caused sound and image to delay and on some occasions the disconnection during story sharing.

For the future research, firstly the future research should incorporate a larger sample size, a diverse age range, and different educational backgrounds. The future research should have a large enough sample size to represent the population. Further, the undergraduate students from different majors and different academic years such as freshmen, sophomores, and even the non-university late adolescents should be included in the future research. It would provide a clear picture of how the resilience enhancement group counseling program affected late adolescents with different educational backgrounds and with the different stages of education.

The second suggestion for the future research is that the behavioral measurement should be included to counterbalance the bias from the self-assessment

measurement. If possible, the neuropsychological task could be applied to supplement the outcome of self-assessment.

The third suggestion is to include the group counseling content analysis. It would provide more insight into each participant's thoughts and feelings toward oneself and how the resilience of participants changed before and after receiving the counseling intervention.

In conclusion, the results of this study have shown that the counseling program with growth mindset education has had a positive impact on the late adolescent university student resilience. Therefore, the university administrators should make this counseling program available to needed students or applied elements of this counseling program to support vulnerable students experiencing adverse events while studying in the university. In addition, this counseling program or elements of the program should be a part of the student orientation to prepare and strengthen students' resilience for the coming adverse university experience.

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APPENDIX



APPENDIX A



บันทึกข้อความ

ส่วนงาน งานบริหารและธุรการ บัณฑิตวิทยาลัย โทร. 15644

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เรื่อง ขอความอนุเคราะห์เชิญบุคลากรในสังกัดเป็นผู้เชี่ยวชาญ

เรียน คณบดีคณะศึกษาศาสตร์

เนื่องด้วย นางนุชนภา วรณวุฒิ นิสิตระดับปริญญาโท สาขาวิชาจิตวิทยาประยุกต์ มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญาโท เรื่อง “ผลของโปรแกรมทางจิตวิทยากับการศึกษาแนวคิดเติบโตต่อความหยุนตัวของนิสิตชั้นปีที่ 1” โดยมี รองศาสตราจารย์ ดร.สิทธิพงศ์ วัฒนานนท์สกุล และ รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล เป็นอาจารย์ที่ปรึกษาปริญญาโท

ในการนี้ บัณฑิตวิทยาลัยขอเรียนเชิญ อาจารย์ ดร.ครรชิต แสนอุบล และอาจารย์ ดร.นฤมล พระใหญ่ เป็นผู้เชี่ยวชาญตรวจ 1) โปรแกรมให้คำปรึกษา และ 2) แบบวัดความหยุนตัว ทั้งนี้ นิสิตได้ติดต่อประสานงานเบื้องต้นกับบุคลากรของท่านแล้ว และจะประสานงานในรายละเอียดดังกล่าวต่อไป และสามารถสอบถามข้อมูลเพิ่มเติมได้ที่ โทร. 089 441 4845

จึงเรียนมาเพื่อขอความอนุเคราะห์บุคลากรในสังกัดเป็นผู้เชี่ยวชาญให้ นางนุชนภา วรณวุฒิ และ ขอขอบพระคุณมา ณ โอกาสนี้

ศาสตราจารย์

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล)

รักษาการแทนคณบดีบัณฑิตวิทยาลัย



บันทึกข้อความ

ส่วนงาน งานบริหารและธุรการ บัณฑิตวิทยาลัย โทร. 15644

ที่ อว 8718.1/1229

วันที่ 11 มิถุนายน 2564

เรื่อง ขอความอนุเคราะห์เชิญบุคลากรในสังกัดเป็นผู้เชี่ยวชาญ

เรียน ผู้อำนวยการสถาบันวิจัยพฤติกรรมศาสตร์

เนื่องด้วย นางนุชนภา วรณวุฒิ นิสิตระดับปริญญาโท สาขาวิชาจิตวิทยาประยุกต์ มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญาโท เรื่อง “ผลของโปรแกรมทางจิตวิทยากับการศึกษาแนวคิดเติบโตต่อความหุนตัวของนิสิตชั้นปีที่ 1” โดยมี รองศาสตราจารย์ ดร.สิทธิพงศ์ วัฒนานนท์สกุล และ รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุลเป็นอาจารย์ที่ปรึกษาปริญญาโท

ในการนี้ บัณฑิตวิทยาลัยขอเรียนเชิญ อาจารย์ ดร.สิทธิพร ครามานนท์ เป็นผู้เชี่ยวชาญตรวจ 1) โปรแกรมให้คำปรึกษา และ 2) แบบวัดความหุนตัว ทั้งนี้ นิสิตได้ติดต่อประสานงานเบื้องต้นกับบุคลากรของท่านแล้ว และจะประสานงานในรายละเอียดดังกล่าวต่อไป และสามารถสอบถามข้อมูลเพิ่มเติมได้ที่ โทร. 089 441 4845

จึงเรียนมาเพื่อขอความอนุเคราะห์บุคลากรในสังกัดเป็นผู้เชี่ยวชาญให้ นางนุชนภา วรณวุฒิ และ ขอขอบพระคุณมา ณ โอกาสนี้

สิทธิพงศ์ อ.

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล)

รักษาการแทนคณบดีบัณฑิตวิทยาลัย



APPENDIX B



หนังสือยืนยันการยกเว้นการรับรอง
คณะกรรมการจริยธรรมสำหรับพิจารณาโครงการวิจัยที่ทำในมนุษย์
มหาวิทยาลัยศรีนครินทรวิโรฒ

(เอกสารนี้เพื่อแสดงว่าคณะกรรมการจริยธรรมสำหรับพิจารณาโครงการวิจัยที่ทำในมนุษย์ ได้พิจารณาโครงการวิจัยนี้

ชื่อโครงการวิจัย : ผลของโปรแกรมทางจิตวิทยากับการศึกษาแนวคิดเติบโตต่อความหยุนตัวของนิสิตชั้นปีที่ 1
ชื่อหัวหน้าโครงการวิจัย : นาง นุชนภา วรณวุฒิ
หน่วยงานต้นสังกัด : บัณฑิตวิทยาลัย
รหัสโครงการวิจัย : SWUEC-G-282/2564X

โครงการวิจัยนี้เป็นโครงการวิจัยที่เข้าข่ายยกเว้น (Research with Exemption from SWUEC)

วันที่ยืนยัน : 29 มิถุนายน 2564
ยืนยันโดย : คณะกรรมการจริยธรรมสำหรับพิจารณาโครงการวิจัยที่ทำในมนุษย์
มหาวิทยาลัยศรีนครินทรวิโรฒ

คณะกรรมการจริยธรรมสำหรับพิจารณาโครงการวิจัยที่ทำในมนุษย์ มหาวิทยาลัยศรีนครินทรวิโรฒ ดำเนินการรับรองโครงการวิจัยตามแนวทางหลักจริยธรรมการวิจัยในคนที่เป็นสากล ได้แก่ Declaration of Helsinki, the Belmont Report, CIOMS Guidelines และ the International Conference on Harmonization in Good Clinical Practice (ICH-GCP)

ออกให้ ณ วันที่ 7 กรกฎาคม 2564

(ลงชื่อ).....
(ผู้ช่วยศาสตราจารย์ ดร.ทันตแพทย์หญิงณปกา เอี่ยมจิรกุล)
กรรมการและเลขานุการคณะกรรมการจริยธรรม
สำหรับพิจารณาโครงการวิจัยที่ทำในมนุษย์

(ลงชื่อ).....
(แพทย์หญิงสุรีพร ภัทรสุวรรณ)
ประธานคณะกรรมการจริยธรรม
สำหรับพิจารณาโครงการวิจัยที่ทำในมนุษย์

หมายเลขรับรอง : SWUEC/X/G-282/2564

หนังสือให้ความยินยอมเข้าร่วมในโครงการวิจัย
(Informed Consent Form)

วันที่

ข้าพเจ้า.....อายุ.....ปี อยู่บ้านเลขที่.....ถนน.....หมู่ที่.....
แขวง/ตำบล.....เขต/อำเภอ.....จังหวัด.....
โทรศัพท์.....

ขอทำหนังสือนี้ให้ไว้ต่อหัวหน้าโครงการวิจัยเพื่อเป็นหลักฐานแสดงว่า

ข้อ 1. ข้าพเจ้า ได้รับทราบโครงการวิจัยของ นางนุชนภา วรณวุฒิ (หัวหน้าโครงการวิจัย)

เรื่อง ผลของโปรแกรมทางจิตวิทยากับการศึกษาแนวคิดเติบโตต่อความหุนตัวของจิตใจของนิสิตปริญญาตรี

ข้อ 2. ข้าพเจ้า ยินยอมเข้าร่วมโครงการวิจัยนี้ด้วยความสมัครใจ โดยมีได้มีการบังคับขู่เข็ญ หลอกลวงแต่ประการใด และจะให้ความร่วมมือในการวิจัยทุกประการ

ข้อ 3. ข้าพเจ้า ได้รับการอธิบายจากผู้วิจัยเกี่ยวกับวัตถุประสงค์ของการวิจัย วิธีการวิจัย ประสิทธิภาพ ความปลอดภัย อาการหรืออันตรายที่อาจเกิดขึ้น รวมทั้งแนวทางป้องกัน และแก้ไข หากเกิดอันตราย ค่าตอบแทนที่จะได้รับ ค่าใช้จ่ายที่ข้าพเจ้าจะต้องรับผิดชอบจ่ายเอง โดยได้อ่านข้อความที่มีรายละเอียดอยู่ในเอกสารชี้แจง ผู้เข้าร่วมโครงการวิจัยโดยตลอด อีกทั้งยังได้รับคำอธิบายและตอบข้อสงสัยจากหัวหน้าโครงการวิจัยเป็นที่เรียบร้อยแล้ว

ข้อ 4. ข้าพเจ้า ได้รับการรับรองจากผู้วิจัยว่าจะเก็บข้อมูลส่วนตัวของข้าพเจ้าเป็นความลับ จะเปิดเผยเฉพาะผลสรุปการวิจัยเท่านั้น

ข้อ 5. ข้าพเจ้า ได้รับทราบแล้วว่าข้าพเจ้ามีสิทธิ์จะบอกเลิกการร่วมโครงการวิจัยนี้ และการบอกเลิกการร่วมโครงการวิจัยจะไม่มีผลกระทบต่อการทำงานใดๆ ของข้าพเจ้า หรือส่งผลกระทบต่อการเรียนการสอน และการประเมินผลการเรียน (ในกรณีที่ข้าพเจ้ากำลังศึกษาอยู่)

ข้อ 6. หากข้าพเจ้ามีข้อข้องใจเกี่ยวกับขั้นตอนของการวิจัย หรือหากเกิดผลข้างเคียงที่ไม่พึงประสงค์จากการวิจัย สามารถติดต่อกับ นางนุชนภา วรณวุฒิ โทรศัพท์ 089-441-4845

ข้อ 7. หากข้าพเจ้า ได้รับการปฏิบัติไม่ตรงตามที่ระบุไว้ในเอกสารชี้แจงผู้เข้าร่วมการวิจัย ข้าพเจ้าจะสามารถติดต่อกับประธานคณะกรรมการจริยธรรมสำหรับการพิจารณาโครงการวิจัยที่ทำในมนุษย์หรือผู้แทน ได้ที่สถาบันยุทธศาสตร์ทางปัญญาและวิจัย มหาวิทยาลัยศรีนครินทรวิโรฒ โทรศัพท์ 02-649-5000 ต่อ 11019

ข้าพเจ้าได้อ่านและเข้าใจข้อความตามหนังสือนี้โดยตลอดแล้ว เห็นว่าถูกต้องตามเจตนาของข้าพเจ้า จึงได้ลงลายมือชื่อไว้เป็นสำคัญพร้อมกับหัวหน้าโครงการวิจัยและต่อหน้าพยาน

ลงชื่อ
(.....)
ผู้ยินยอม / ผู้แทนโดยชอบธรรม

ลงชื่อ
(นุชนภา วรณวุฒิ)
ผู้ให้ข้อมูลและขอความยินยอม/หัวหน้าโครงการวิจัย

ลงชื่อพยาน
(.....)

ลงชื่อพยาน
(.....)

ในกรณีที่ผู้เข้าร่วมการวิจัย อ่านหนังสือไม่ออก ผู้ที่อ่านข้อความทั้งหมดแทนผู้เข้าร่วมการวิจัยคือนางนุชนภา วรณวุฒิ จึงได้ลงลายมือชื่อไว้เป็นพยาน

ลงชื่อพยาน
(.....)

หมายเหตุ

1. ในกรณีผู้ให้ความยินยอมมีอายุไม่ครบ 18 ปีบริบูรณ์ จะต้องเป็นผู้ปกครองตามกฎหมายเป็นผู้ให้ความยินยอมด้วย หรือผู้ปวยที่ไม่สามารถแสดงความยินยอมได้ด้วยตนเอง จะต้องเป็นผู้มีอำนาจทำการแทน เป็นผู้ให้ความยินยอม
2. กรณีผู้ยินยอมตนให้ทำวิจัย ไม่สามารถอ่านหนังสือได้ ให้ผู้วิจัยอ่านข้อความในหนังสือให้ความยินยอมนี้ให้แก่ผู้ยินยอมตนให้ทำวิจัยฟังจนเข้าใจแล้ว และให้ผู้ยินยอมตนให้ทำวิจัยลงนาม หรือพิมพ์ลายนิ้วหัวแม่มือรับทราบ ในการให้ความยินยอมดังกล่าวด้วย



APPENDIX C

IOC of the resilience counseling program

ครั้งที่	หัวข้อ	ความคิดเห็นของผู้ทรงคุณวุฒิ			คะแนนรวม	IOC
		1	2	3		
1. ทำความรู้จัก & สร้างสายสัมพันธ์ภาพ	วัตถุประสงค์	1	1	1	3	ผ่าน
	ทฤษฎี	1	1	1	3	ผ่าน
	ขั้นตอนการให้คำปรึกษา	1	1	1	3	ผ่าน
	เทคนิคการให้คำปรึกษา	1	1	1	3	ผ่าน
2. การตระหนักรู้ในตนเอง	วัตถุประสงค์	1	1	1	3	ผ่าน
	ทฤษฎี	0	1	1	2	ผ่าน
	ขั้นตอนการให้คำปรึกษา	1	1	1	3	ผ่าน
	เทคนิคการให้คำปรึกษา	1	1	1	3	ผ่าน
3. การยอมรับตนเอง	วัตถุประสงค์	1	1	1	3	ผ่าน
	ทฤษฎี	1	1	1	3	ผ่าน
	ขั้นตอนการให้คำปรึกษา	0	1	1	2	ผ่าน
	เทคนิคการให้คำปรึกษา	1	1	1	3	ผ่าน
4. กรอบความคิดเติบโต	วัตถุประสงค์	1	0	1	2	ผ่าน
	ทฤษฎี	1	0	1	2	ผ่าน
	ขั้นตอนการให้คำปรึกษา	0	0	1	1	ปรับแก้
	เทคนิคการให้คำปรึกษา	0	0	1	1	ปรับแก้
5. ประสบการณ์ประสบความสำเร็จ	วัตถุประสงค์	1	1	1	3	ผ่าน
	ทฤษฎี	0	0	1	1	ปรับแก้
	ขั้นตอนการให้คำปรึกษา	0	0	1	1	ปรับแก้
	เทคนิคการให้คำปรึกษา	0	0	1	1	ปรับแก้
6. เข้าใจตนเอง	วัตถุประสงค์	1	1	1	3	ผ่าน
	ทฤษฎี	0	1	1	2	ผ่าน
	ขั้นตอนการให้คำปรึกษา	0	1	1	2	ผ่าน
	เทคนิคการให้คำปรึกษา	0	1	1	2	ผ่าน

IOC of the resilience assessment

ข้อวัด	ความคิดเห็นของผู้ทรงคุณวุฒิ			ผลรวม	IOC
	1	2	3		
1. เมื่อพบเหตุการณ์ที่ยากในการรับมือ ฉันเชื่อมั่นว่าจะต้องผ่านมันไปได้	1	1	1	1	ผ่าน
2. ฉันไม่หวั่นไหวกับปัญหาที่เข้ามาในชีวิต	1	1	1	1	ผ่าน
3. ฉันรู้สึกภูมิใจในตัวเองเมื่อฉันประสบความสำเร็จ	1	0	1	0.33	ปรับแก้
4. ฉันเป็นคนที่ทำงานได้สำเร็จตามแผนที่วางไว้	1	1	1	1	ผ่าน
5. ฉันใช้ความพยายามอย่างเต็มความสามารถ เพื่อให้ทำงานสำเร็จ	-1	1	1	0.33	ปรับแก้
6. ฉันสามารถแก้ไขปัญหาได้ด้วยตัวเอง	1	1	1	1	ผ่าน
7. งานที่ยากนั้นช่วยให้ฉันเกิดการพัฒนา	1	1	0	0.66	ผ่าน
8. ฉันมักหลีกเลี่ยงไม่เผชิญปัญหา	1	1	-1	0.33	ปรับแก้
9. แม้ว่าจะมีเรื่องที่ทำให้ฉันเครียด ฉันก็สามารถมองเห็นด้านดีในเรื่องเหล่านั้น	1	0	1	0.66	ผ่าน
10. ฉันสามารถจัดการกับความเครียดที่เกิดขึ้นได้	1	1	1	1	ผ่าน
11. แม้ว่าสถานการณ์ที่เกิดขึ้นทำให้ฉันสิ้นหวังแต่ฉันจะไม่ยอมแพ้	1	0	1	0.66	ผ่าน
12. ในสถานการณ์ที่มีความกดดันฉันสามารถตั้งสติและคิดถึงสิ่งที่กำลังเกิดขึ้น	1	1	1	1	ผ่าน
13. ฉันสามารถตัดสินใจในเรื่องยากๆ ได้ แม้อยู่ในสถานการณ์ที่กดดัน	1	1	1	1	ผ่าน
14. ฉันมีความมุ่งมั่นที่จะทำตามเป้าหมายของฉัน แม้ว่าฉันจะพบอุปสรรคใดๆ	1	1	-1	0.33	ปรับแก้
15. ฉันสามารถจัดการอารมณ์ทางลบที่เกิดขึ้นได้	1	1	1	1	ผ่าน
16. ฉันกลัวและหมดกำลังใจง่าย ๆ เมื่อฉันพบกับความล้มเหลว	1	1	1	1	ผ่าน
17. เมื่อมีการเปลี่ยนแปลงเกิดขึ้นในชีวิต ฉันปรับตัวตามสถานการณ์ได้	1	0	1	0.66	ผ่าน
18. ฉันสามารถจัดการกับปัญหาและผลที่ตามมาได้ ไม่ว่าปัญหาและผลที่ตามมาจะเป็นเช่นไร	1	-1	1	0.33	ปรับแก้
19. ฉันเชื่อว่าทุกอย่างที่เกิดขึ้นมีเหตุผลเสมอ	1	1	1	1	ผ่าน
20. ฉันจะใช้ความพยายามเต็มที่ในการทำสิ่งต่างๆ ถึงแม้ว่าผลที่ตามมาอาจไม่เป็นไปตามที่คาดหวัง	1	0	1	0.66	ผ่าน
21. ฉันเชื่อว่าฉันสามารถควบคุมชีวิตของตนเองได้	1	0	1	0.66	ผ่าน
22. ฉันสามารถยอมรับสิ่งที่เกิดขึ้นในชีวิตได้ แม้ว่าสิ่งนั้นจะทำให้ชีวิตของฉันลำบาก	1	1	1	1	ผ่าน
23. ฉันมักจมปลักกับปัญหาชีวิตที่ประสบมา	1	1	-1	0.33	ปรับแก้
24. เพื่อนๆ ของฉันต่างเป็นเพื่อนที่เอาใจใส่ ดูแลกัน	1	1	1	1	ผ่าน
25. เมื่อฉันมีปัญหาค้นคว้าฉันจะไปขอความช่วยเหลือจากใคร	1	1	1	1	ผ่าน

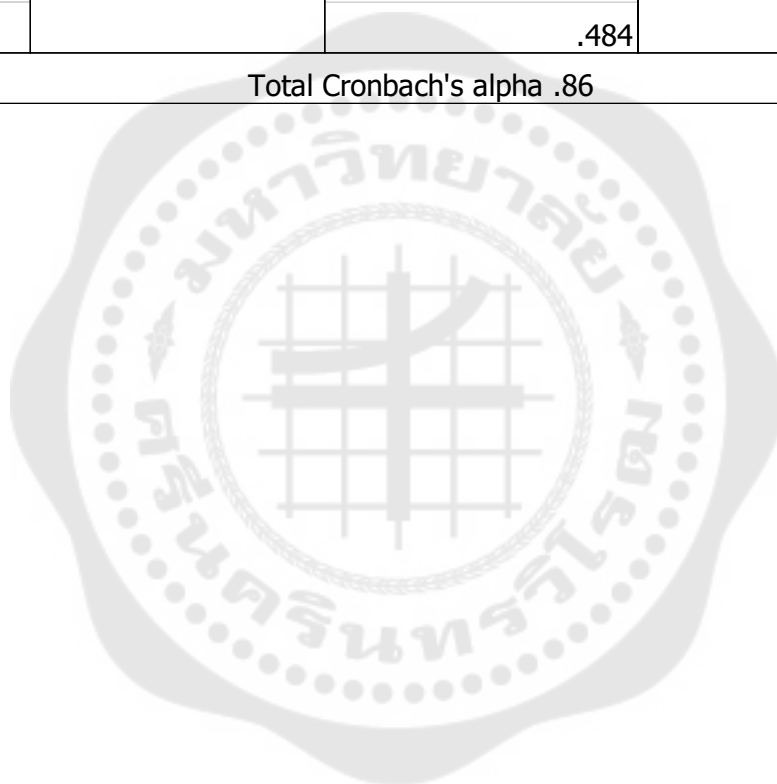
ข้อวัด	ความคิดเห็นของผู้ทรงคุณวุฒิ			ผลรวม	IOC
	1	2	3		
26. พ่อแม่หรือญาติของฉันทินดีที่จะรับฟังฉันทุกเรื่อง	1	1	1	1	ผ่าน
27. ฉันสะดวกใจที่จะพูดคุยใหญ่รอบตัวฉัน	1	1	1	1	ผ่าน
28. ฉันมีเพื่อนในมหาวิทยาลัยที่เป็นเพื่อนสนิทของฉัน	1	1	1	1	ผ่าน
29. ฉันสามารถปรึกษาเรื่องราวต่างๆ กับอาจารย์ที่มหาวิทยาลัยได้	1	1	1	1	ผ่าน
30. การมีความสัมพันธ์ที่มั่นคงกับเพื่อนเป็นเรื่องที่ยากสำหรับฉัน	1	1	1	1	ผ่าน



Corrected Item-Total Correlation & Cronbach's alpha of resilience assessment

Item	Factor	Corrected Item-Total Correlation	Cronbach's alpha
1	Percieved self-competence	.482	.70
2		.501	
3		.298	
4		.436	
5		.404	
6		.392	
7		.407	
8		.482	
9	Emotional reaction	.533	.80
10		.572	
11		.641	
12		.523	
13		.352	
14		.496	
15		.447	
16		.551	
17	Acceptance of change	.454	.64
18		.612	
19		.267	
20		.365	
21		.284	
22		.327	
23		.540	

Item	Factor	Corrected Item-Total Correlation	Cronbach's alpha
24	Social relation	.140	.71
25		.306	
26		.358	
27		.398	
28		.475	
29		.398	
30		.484	
Total Cronbach's alpha .86			





APPENDIX D

Resilience counseling program

Resilience enhancement group counseling for university students

Session 1 Introduction and rapport

Concept

The session allows group facilitator and members to meet as a group for the first time to create group rapport and rapport between members. Rapport is an important beginning of group counseling process and relationship development. In this session, facilitator must develop a safe and trusting environment for members to share their experiences and feelings. According to person-centered group counseling, facilitator must express the realness and empathy rather than leading the group therapy. Person-centered believes in each member's capacity to find his own direction with minimal interference from group facilitator in moving toward self-growth and the real self in the supportive relationship.

Objectives

1. To inform members about the objectives and expected benefits of resilience enhancement group counseling.
2. To allow members to setup and agree upon the group's rules, roles, responsibilities, and practice of confidentiality.
3. To allow facilitator to connect and bond with members and for members to become acquainted with one another.
4. To develop the open and safe environment for group members to share experiences and feelings.
5. To allow members to initiate the relationship or learn more about one another

Materials

1. Paper
2. Pencils

Group counseling session

1. Beginning step

1.1 Facilitator and members are in Google Meet room with camera and microphone on.

1.2 Facilitator greets members, welcome members, and introduce herself with positive expression.

1.3 Facilitator informs members about the objectives and expected benefits of the group counseling including the group counseling date, time, venue, and session time.

1.4 Then facilitator guides members to think about and agree upon rules, roles, and responsibilities of each member to the group counseling including the confidentiality practice.

1.5 Ask one member to summarize the group agreement on rules, roles, responsibility, and confidentiality practice

2. Working step

2.1 Facilitator asked each member to introduce oneself with full name, nick name, major, and emphasis.

2.2 Members are asked to meditate for 3 minutes. During meditation, facilitator reminds members to be aware of their physical sensation, feelings, and thoughts.

2.3 Facilitator starts the rapport activity by asking 3 questions and putting answers on the paper.

Who is your closet friend(s)? Why?

What can you do best?

If you had magical power to make anything disappeared, what or who would you make disappeared?

2.4 Members writes their answers on the paper. Then the facilitator asks for a volunteer to share the answers until everyone gets to share their answers.

2.5 When the rapport activity is completed, facilitator starts a discussion by asking members to share their expectation before studying at university and their actual experience and feeling after studying at the university.

2.6 After everyone finishes sharing, facilitator asks one member to summarize the common experience and feeling shared by all members about their expectation and reality of studying at the university. Facilitator also encourages other members to add and express different views on the summary.

3. Concluding step

3.1 Facilitator asks members to reflect on the session, what have they learned, and how they feel.

3.2 Facilitator gives members the opportunity to ask questions relating to the study.

3.3 Facilitator ask members to do a self-drawing that is reflecting themselves or their current situation including feelings and thoughts for homework and to be used in the next session.

3.4 Facilitator thanks members for their contribution to the session and reminds them to attend the 2nd group counseling session on the appointed date, time, and place.

Session evaluation

1. Member's willingness to participate in the group such as answering questions.
2. Member's willingness to share their stories, experience, and feelings.
3. The dynamic interaction between members and the initiation of relationship.

Session 2 Self-awareness

Concept

According to person-centered theory, all individuals have the capability to direct their own growth and self-healing. It focuses on the person, and not the problem because every individual is the expert on his/her inner experience. Therefore, the first step to growth starts with being aware of oneself, understand oneself, and understand how one sees and understands the world from his/her perspective. It is important that members recognize who they are and understand themselves before they can make decision whether they want to grow, and which approach they want to take to grow. Facilitator's role is to guides members to get to the core of their self and accept their actual self in order to see the differences between the actual self, their self-concept, and their ideal self. When this happens, then the growth process begins.

It is important that facilitator develops the growth promoting group environment by listening with unconditional positive acceptance, providing empathic understanding, and being real or genuine when interact with members and react to members' stories.

Objectives

1. To guide members to gain the insight of their inner self.
2. To direct members to think about their competency.
3. To develop relationship between members through deeper trust and sharing personal stories.

Materials

1. Self-drawing
2. Pencil or pen
3. Paper

Group counseling session

1. Beginning step

1.1 Facilitator and members are in Google Meet room with camera and microphone on.

1.2 Facilitator reminds members on the group's rules and confidential practice.

2. Working step

2.1 Members are asked to meditate for 3 minutes. During meditation, facilitator reminds members to be aware of their physical sensation, feelings, and thoughts.

2.2 Facilitator starts the discussion with 3 questions. Members write the answers down and put the answer paper aside.

How well do you know yourself?

What do you think about yourself?

How do you feel about yourself?

2.3 Facilitator invites members to share their self-drawing voluntarily.

2.4 Facilitator asks each member to describe the drawing to group and probe on member's thoughts and feelings associated with the drawing.

How does this drawing reflect you?

How does this drawing reflect your thoughts about yourself?

How does this drawing reflect your feelings?

2.5 Facilitator asks other members to share their thoughts and feelings on the shared self-drawing.

2.6 Facilitator asks members to look at the 3 previous answers and ask questions.

Do you know you self well?

What is/are new things that you learn about yourself from sharing your self-drawing?

3. Concluding step

3.1 Members are asked to summarize what they have learned from this session.

3.2 Facilitator asks members to name the self-drawing without using their name.

3.3 Facilitator thanks members and remind them of the next appointed session's date, time, and place.

Session evaluation

1. Members' willingness to talk about themselves in the group.

2. Members' willingness to reveal their thoughts and feelings about themselves.

Session 3 Self-acceptance

Concept

After being aware of oneself, the next step to self-growth according to person-centered theory is to accept oneself. When an individual recognizes that he is not perfect and there are ways to improve himself, it would motivate him to change.

Moreover, the recognition of the physiological reaction and self-treatment, during and after the encountering the adverse event, help members to gain insight about themselves and understand their reaction to the adverse event. The alternative self-treatments suggested by the member himself and group members provide the encouragement to change and improve themselves in the future adverse event.

Objectives

1. To accept oneself and the life experience.
2. To learn to become more efficacious
3. To develop closer relationship between members from sharing their vulnerable experience.

Materials

1. Pencil or pen
2. Paper

Group counseling session

1. Beginning step
 - 1.1 Facilitator and members are in Google Meet room with camera and microphone on.
 - 1.2 Facilitator reminds members about the group's rules and confidential practice.

2. Working step

2.1 Members are asked to meditate for 3 minutes. During meditation, facilitator reminds members to be aware of their physical sensation, feelings, and thoughts.

2.2 Facilitator initiates the discussion by telling members that suffering and setback experiences are parts of living. The important thing is to recognize them and manage to live with them. Then facilitator asks members to think about and write down their setback or suffering moment including their feelings and self-criticizing thoughts during that moment, and what they need during that moment.

2.3 Then members share their answers to the group. Facilitator probes group members to express their understanding of each member's distress experience and provide possible solutions or alternative ways to lower the stress during the setback and suffering time.

3. Concluding step

3.1 Facilitator asks members how they feel and think about themselves after the activity.

3.2 Facilitator asks members to read the growth mindset article for next session discussion.

3.3 Facilitator thanks members and remind them of the next appointed session's date, time, and place.

Session evaluation

1. Members' willingness to share their vulnerable experience with the group
2. Members' willingness to constructively provide and accept feedbacks from one another.

Session 4 Growth mindset

Concept

Mindset is the thinking or cognitive framework that influence how individuals interpret their experience. Growth mindset is the thinking framework that believes in capability, characteristic, attitude, emotion, and personality of human being to be malleable and can be developed for the better. When encountering adversity, a growth mindset individual perceives it as a challenge and an opportunity to grow and become a better person. When experiencing a setback or failure, a growth mindset person perceives the setback and failure as contemporary hold back that with enough effort he can overcome it.

One way to develop growth mindset is by making an individual comprehend that his capability can grow and improve. The brain functioning and brain plasticity knowledge provide hard scientific evidence for the conviction. Brain functioning knowledge provides evidence that thoughts and feelings are in the brain, and they determine the behaviors or actions. Brain plasticity provides scientific evidence that human being has the capacity to improve himself and learn new things throughout the lifetime. When an individual comprehends these 2 concepts, he will see the possibility and potential in himself to improve and change.

The belief in one's capability as developable and improvable is similar to the belief in self-efficacy. Individual with self-efficacy believes in his capability to manage life challenges. Therefore, the growth mindset thinking framework can encourage the self-efficacy.

Objectives

1. To learn that everyone has the capability to improve
2. To enhance self-efficacy by changing the thinking framework
3. To develop relationship between members

Materials

1. Growth mindset article

Group counseling session

1. Beginning step

1.1 Facilitator and members are in Google Meet room with camera and microphone on.

1.2 Facilitator reminds members about the group's rules and confidential practice.

2. Working step

2.1 Members are asked to meditate for 3 minutes. During meditation, facilitator reminds members to be aware of their physical sensation, feelings, and thoughts.

2.2 Facilitator asks members for their opinions on the growth mindset article.

2.3 Facilitator asks members to think whether they are growth mindset in what areas in life and fixed mindset in what area in life.

2.4 Facilitator asks members to think about their past growth mindset experience and share their stories to the group.

2.5 Facilitator asks a few members to share the current problem rooted in the fixed mindset. Other members share their experience and advice.

3. Concluding step

3.1 Facilitator asks members what they think about growth mindset theory.

3.2 Facilitator asks members to summarize what they have learned.

3.3 Facilitator thanks members and remind them of the next appointed session's date, time, and place.

Session evaluation

1. Members pay attention in learning about brain plasticity and growth mindset concept.

2. Members' willingness to participate in the discussion and sharing personal stories.
3. Members constructively interact with one another.

Session 5 Sense of mastery

Concept

According to social cognitive theory, there are 4 approaches to foster self-efficacy, mastery experience, modeling, verbal encouragement, and physiological state. The most effective approach is mastery experience or successful performance experience because it provides the empirical evidence. The second most effective approach is modeling success of others especially when the model has similar background and in the similar situation. Moreover, the verbal encouragement from trusted individuals can foster self-efficacy. Finally, the positive physiological reaction can increase self-efficacy as well as resilience (Bandura, 2010).

This sharing of personal's experience of overcoming the adverse events in life makes members realize their mastery of overcoming the adversity. Then members learn from experience of each other providing examples for members to model the success experience. Finally, when members provide positive feedback from overcoming the adverse event, it provides verbal encouragements reinforcing members' self-efficacy.

Objectives

1. To recognize one's self-efficacy
2. To provide success experiences for members to model
3. To provide verbal encouragement to reinforce self-efficacy
4. To develop relationship between members

Materials

N/A

Group counseling session

1. Beginning step

1.1 Facilitator and members are in Google Meet room with camera and microphone on.

1.2 Facilitator reminds members about the group's rules and confidential practice.

2. Working step

2.1 Members are asked to meditate for 3 minutes. During meditation, facilitator reminds members to be aware of their physical sensation, feelings, and thoughts.

2.2 Facilitator probes members to think about one of the hard time in their life or the hardest problem that they have encountered.

How did you manage that?

2.3 After each member shares his/her experience, then facilitator probes other members whether they have had the same problem and how they cope with it.

2.4 All members take turn to share their experience.

3. Concluding step

3.1 Facilitator asks members what they have learned from this session.

3.2 Facilitator directs members to see their universal experience and different ways of coping with the adversity.

3.3 Facilitator encourages members to extend their relationship outside the group.

3.4 Facilitator asks members to do the second self-drawing and name them for the next session discussion.

3.5 Facilitator thanks members and remind them of the next appointed session's date, time, and place.

Session evaluation

1. Members' willingness to share their stories and paying attention to others' stories.
2. Members' willingness to provide verbal encouragement to one another and constructively disagree with one another.

Session 6 Self insight

Concept

The last session provides an opportunity for members to carefully reflect and examine themselves after the series of group counseling session. The emphasis is on self-growth and how they have changed from the beginning of the group counseling. Facilitator guides members to examine their inner self and allow them to decide how they want to continue with the change. This is the foundation of person-centered group counseling.

In this session, members also have a chance to summarize what they have learned about themselves and applied them to strive for growth. Finally, members can take an action of continuing their relationship after the group counseling has ended.

Objectives

1. To summarize what members have learned about themselves and from the group counseling
2. To provide feedback on the group counseling
3. To continue relationship after the group counseling ended
4. To end the group counseling

Materials

1. The first self-drawing
2. The second self-drawing

Group counseling session

1. Beginning step
 - 1.1 Facilitator and members are in Google Meet room with camera and microphone on.

1.2 Facilitator reminds members about the group's rules and confidential practice.

2. Working step

2.1 Members are asked to meditate for 3 minutes. During meditation, facilitator reminds members to be aware of their physical sensation, feelings, and thoughts.

2.2 Facilitator guides members to be aware of their inner self by asking them how they feel in this session compare to the first session.

2.3 Facilitator asks members to voluntarily share and talk about the second self-drawing.

2.4 Then, facilitator asks the member to compare and discuss the differences between the two pictures. The discussion focuses on differences in thoughts and feelings communicated through the self-drawings.

2.5 After all members share their self-drawings, thoughts, and feelings, facilitator asks members to share what they have learned from the two self-drawings.

3. Concluding step

3.1 Facilitator asks members to feedback on the 6 group counseling sessions.

3.2 Facilitator asks members to do the post resilience assessment online.

3.3 Facilitator probes whether members will get to see or connect with each other after the group counseling ended.

3.4 Facilitator thanks members for their participation

Session evaluation

1. Members' willingness to participate in the self-drawing activity.

2. Members' willingness to openly discuss their inner self, thoughts, and feelings.

3. Members can summarize what they have learn from the group counseling sessions.

4. Members' willingness to provide genuine feedback on the group counseling.

Growth mindset article

1

Session 4 Growth Mindset

คุณสามารถพัฒนาสมองของคุณได้อย่างไม่สิ้นสุด?

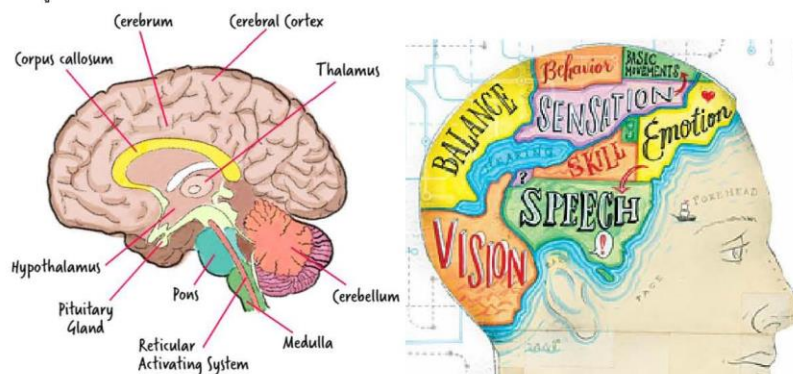
1. ความรู้เรื่องสมอง

ก่อนหน้านี้เชื่อกันว่า สมองของคนเราจะหยุดสร้างเซลล์ประสาทใหม่เมื่อเริ่มย่างเข้าสู่วัยรุ่น แต่ผลการศึกษาล่าสุดของ ดร. มอรา โบลดรีน และคณะนักวิจัยจากมหาวิทยาลัยโคลัมเบียของสหรัฐฯ ตีพิมพ์เผยแพร่ผลการศึกษาล่าสุดในวารสาร Cell Stem Cell พบว่าสมองส่วนฮิปโปแคมปัสของมนุษย์ในวัยผู้ใหญ่และวัยชรา ยังคงมีเซลล์ต้นกำเนิดหรือสเต็มเซลล์ที่พัฒนาไปเป็นเซลล์ประสาทอยู่เรื่อยๆเหลือเพื่อ

ช่วงทศวรรษ 1960 ความเชื่อเริ่มเปลี่ยนแปลงไป การวิจัยทดลองใหม่ให้ผลที่ขัดแย้งจากเดิม โดยพบหลักฐานที่บ่งชี้ว่า อันที่จริงแล้ว สมองสามารถปรับตัว หรือ เติบโต และแม้แต่เกิดขึ้นมาใหม่ได้ สมองมีศักยภาพที่จะเปลี่ยนแปลงไปในรูปแบบที่ครั้งหนึ่งเคยเชื่อว่าเป็นไปไม่ได้ และศักยภาพของสมองสามารถที่จะพัฒนาให้เพิ่มขึ้นได้ชั่วชีวิต

นักวิทยาศาสตร์ศึกษาค้นคว้าเบื้องลึกและเบื้องหลังการทำงานของสมองจนรู้มากขึ้นว่าเราเป็นตัวเราอย่างทุกวันนี้ก็ด้วยการทำงานของสมอง ตลอดเวลาที่ผ่านมาในชีวิตสมองเป็นอวัยวะที่กำหนดการกระทำและพฤติกรรมของมนุษย์ ความคิดและความรู้สึกที่เกิดขึ้นในสมองมีผลต่อพฤติกรรม ดังนั้น นิสัย บุคลิก พฤติกรรม การมองโลก ที่คนคิด และชะตาชีวิตของเราต่อไปในภายภาคหน้าขึ้นกับการทำงานของสมองของเราในวันนี้ นอกจากนั้นนักวิทยาศาสตร์พบว่าพฤติกรรมที่เราทำซ้ำๆ ก็กลับเข้าไปเปลี่ยนแปลงกายวิภาคหรือสรีรวิทยาของสมองได้ หมายความว่าไม่ใช่แค่สมองทำให้เกิดพฤติกรรม แต่การฝึกฝนสมองคือการกระทำที่ย้อนเข้าไปเปลี่ยนสมองของเรา

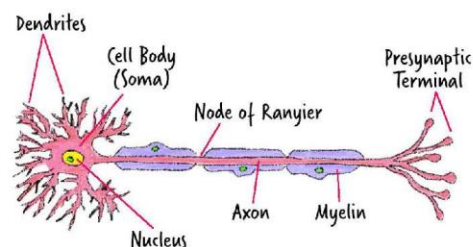
สมองของมนุษย์มี 2 ข้าง ซ้ายและขวา แต่ละข้างมีส่วนประกอบแตกต่างกันไป ส่วนประกอบเหล่านั้นมี cerebrum, prefrontal cortex, hippocampus, cerebellum, brain stem, amygdala ทุกส่วนล้วนทำงานร่วมกันในการเรียนรู้และเติบโต



เราสามารถเพิ่มศักยภาพของสมองให้มีความเปลี่ยนแปลงไปในรูปแบบที่ครั้งหนึ่งเคยเชื่อว่าเป็นไปไม่ได้ นั่นคือ การหาแนวทางปฏิบัติเพื่อเพิ่มความยืดหยุ่นของสมอง หรือ Brain plasticity หรือ Neuroplasticity ก็จะสามารถทำให้ สมองเปลี่ยนแปลงได้ตลอดชีวิต โดยการปฏิรูปตัวเองให้มีการสร้างส่วนเชื่อมต่อ หรือ "connections" ระหว่างเซลล์ ประสาทนั่นเอง

ความยืดหยุ่นตัวของสมอง (brain plasticity หรือ neuroplasticity) ของสมองเรทุกคนมีเยอะมากในช่วงวัยเด็ก และก็จะน้อยลงเรื่อยๆ ในตอนโต แต่ก็ยังมี นั่นเป็นเหตุผลว่าพอเราอายุมากขึ้น พลังงานเราน้อยลง เราก็ปรับเปลี่ยนสมอง ได้ยากขึ้น

2. กลไกการเติบโตของสมอง (brain plasticity หรือ neuroplasticity)



รูปภาพ: เซลล์สมอง หรือ neuron

เซลล์สมอง (neuron) รับส่งข้อมูลผ่านกระแสไฟฟ้าซึ่งกันและกันในขณะที่เราทำกิจกรรมต่างๆ ความเชี่ยวชาญ คล่องแคล่วในกิจกรรมใดๆ ยกตัวอย่างเช่น คนที่เต้นเก่ง ทักษะการเต้นมาจากการที่กลุ่มเซลล์สมองส่วนสั่งการเคลื่อนไหว สามารถรับส่งข้อมูลได้รวดเร็วและพร้อมกันคราวละมากๆ ถ้ายังรับส่งได้มากและรวดเร็วเท่าไร การเรียนรู้ (ในกรณีนี้คือ การเคลื่อนไหวร่างกาย) ก็จะเป็นไปได้ง่ายดายลื่นไหลมากเท่านั้น ในคนที่เคลื่อนไหวร่างกายยังไม่เก่ง การฝึกฝน ท่าทางที่ยังทำไม่ได้หรือไม่ถนัดบ่อยๆ เข้า กลุ่มเซลล์สมองส่วนการเคลื่อนไหวที่ไม่ได้ใช้งานบ่อยนักก็จะเริ่มมีการเชื่อมต่อ และรับส่งข้อมูลใหม่ๆ (นี่ภาพจำนวนขา axon ของเซลล์ยื่นต่อไปยังเซลล์อื่นเพิ่มมากขึ้น แขนง dendrite ก็รับข้อมูลเข้า ได้มากขึ้น) หากยังฝึกฝนไปเรื่อยๆ axon ของเซลล์สมองกลุ่มนั้นก็เพิ่มเข้าไปเกาะกับเซลล์อื่นได้มากขึ้น และรับส่งได้ดี ขึ้น เมื่อกระบวนการนี้ดำเนินต่อไปอีกด้วยการฝึกหนัก ท่าทางที่เราเคยทำไม่ได้ก็จะสามารถทำได้ง่ายขึ้นจนคล่องแคล่วในที่สุด นี่เองคือกระบวนการเรียนรู้และกลไกการเติบโตของสมอง

ชีวิตแท้ๆในลอนดอนบอกอะไรเกี่ยวกับสมองเรา

อิวโก สเปียร์ส นักประสาทวิทยาทางความคิด ซึ่งศึกษาเกี่ยวกับความจำ แห่งมหาวิทยาลัยยูนิเวอร์ซิตีคอลลิจ ลอนดอน (University Collage London-UCL) บอกว่า "เมื่อขึ้นแท็กซี่ดำของลอนดอน แล้วบอกจุดหมาย คนขับก็มี หน้าตาคุณไปส่งยังปลายทางด้วยเส้นทางที่เร็วที่สุด" ในการทำเช่นนั้นได้ คนขับแท็กซี่ต้องจดจำถนนทุกสายในกรุง ลอนดอน ซึ่งภายในรัศมี 10 กิโลเมตร มีถนนกว่า 60,000 สาย (รวมถึงทางเดินรถทางเดียว และการห้ามเลี้ยวตามจุดต่างๆ) นอกจากนี้ยังต้องจดจำสถานที่อีกกว่า 100,000 แห่ง)

คนขับแท็กซี่รายหนึ่ง บอกกับ อิวโก ว่า "ถ้าคุณลองนึกถึงห้องรับแขกของคุณ คุณรู้ว่าหนังสือหรือโซฟาของคุณ อยู่ตรงไหน เดินไปคร่าวๆ... คุณไม่ต้องคิดเลย มันก็เหมือนกับถนนทุกสายในลอนดอน" คนขับแท็กซี่ใช้เวลา 2-4 ปี กว่าจะสามารถนำข้อมูลเหล่านี้มาใช้ได้อย่างคล่องแคล่ว

เมื่อนักประสาทวิทยาศาสตร์ที่ UCL เริ่มศึกษาสมองของคนขับรถ พวกเขาได้ค้นพบเรื่องที่น่าประหลาดใจคือ ขณะที่กำลังมีการจดจำข้อมูลจำนวนมากนี้ สมองได้เริ่มเกิดการเปลี่ยนแปลงขึ้น การใช้เทคโนโลยีภาพสมอง ทำให้นักวิทยาศาสตร์เห็นส่วนของสมองที่เรียกว่า ฮิปโปแคมปัส (hippocampus) ขยายใหญ่ขึ้น ช่วยให้ตีความได้ว่า สมองของเรา ณ ช่วงเวลานั้น ไม่ได้คงอยู่แบบนั้นตลอดไป และเรามีความสามารถที่ทำให้สมองเปลี่ยนแปลงได้

นอกจากนั้น เรายังสร้างสมองของเราให้เป็นแบบที่เราต้องการอย่างที่เราสร้างกล้ามเนื้อได้ ผลการทดลองในเวลาต่อมาได้พิสูจน์ว่า สมองสามารถเกิดการเปลี่ยนแปลงขนาดใหญ่ได้ ทั้งในแง่ของโครงสร้างและการทำหน้าที่ แม้ว่าเราจะอายุล่วงเลย 60 ปี 70 ปี หรือ 80 ปี แล้วก็ตาม หนึ่งในกระบวนการเปลี่ยนแปลงที่สำคัญที่สุดคือ นิวโรเจเนซิส (neurogenesis) หรือการเกิดขึ้นของเส้นประสาทใหม่จากเซลล์ประสาทต้นกำเนิดในผู้ใหญ่

ทุกครั้งที่คุณเรียนรู้อะไรใหม่ ๆ หรือมีความคิดใหม่ คุณกำลังสร้างการเชื่อมต่อทางประสาทขึ้นในจิตใจ ทำให้เกิดโครงสร้างทางกายภาพใหม่ขึ้นในสมองของคุณ เควิน มิทเชลล์ นักพันธุกรรมระดับประสาท ที่ ทรินิตีคอลเลจ (Trinity College) ในกรุงดับลินของไอร์แลนด์ กล่าวไว้ว่า "การเปลี่ยนแปลงที่สำคัญส่วนใหญ่เกิดขึ้นในระดับไมโคร เป็นการเปลี่ยนแปลงเล็ก ๆ ในระดับของการเชื่อมต่อระหว่างเส้นประสาท" โดยเขาระบุว่า "นั่นคือการก่อตัวของความจำของเรา" ในหนังสือของเขาเรื่อง Innate เควิน ระบุว่า บางทีเราควรระวังไว้ว่า "การเปลี่ยนแปลงในระดับไมโครของเราเกิดขึ้นได้ จนกระทั่งสามารถเปลี่ยนแปลงบุคลิกนิสัยของเราได้"

3. กรอบคิดแบบเติบโต (Growth Mindset)

Growth Mindset หรือ กรอบคิดแบบเติบโต เป็นกรอบคิดที่ส่งเสริมให้เกิดการเติบโตของสมอง (brain plasticity หรือ neuroplasticity) ดร. แครอล ดเวค (Dr. Carol Dweck) แห่งมหาวิทยาลัยสแตนฟอร์ด (Stanford University) ได้ทำงานวิจัยกับเด็กและวัยรุ่นมานานกว่า 20 ปี ได้พบว่า กรอบคิด (mindset) เป็นปัจจัยที่สำคัญที่ทำให้เกิดความแตกต่างระหว่างคนแต่ละคน คนแต่ละคนจะมี "กรอบความคิด (mindset)" ของตนเอง กรอบความคิดนี้เป็นสิ่งที่ส่งสมาในแต่ละบุคคล เกิดจากความเชื่อ ประสบการณ์ การเลี้ยงดู สังคม การศึกษา ฯลฯ แต่ละคนจึงแตกต่างกัน กรอบความคิด (Mindset) มี 2 ประเภทคือ แบบยึดติด (fixed mindset) กับ แบบเติบโต (growth mindset)

คนที่มีความกรอบคิดแบบเติบโต (growth mindset) เชื่อว่าคุณสมบัติพื้นฐานของแต่ละคนสามารถเปลี่ยนแปลงได้ สามารถพัฒนาให้ดีขึ้นได้จากความพยายาม ถึงแม้ว่าคนเราจะเริ่มต้นไม่เท่ากัน แต่ทุกคนสามารถพัฒนาและเติบโตด้วยการฝึกฝนและเรียนรู้จากประสบการณ์ ตลอดเวลาหลายปีที่พยายามมุ่งมั่นฝึกฝน คนเหล่านี้เชื่อว่าศักยภาพที่แท้จริงของตัวเองเป็นสิ่งที่คาดเดาไม่ได้ คนเหล่านี้ไม่ปกป้องจุดอ่อนของตัวเอง แต่แก้ไขและเอาชนะมัน คนเหล่านี้ไม่สนใจที่จะลองทำตามสิ่งที่ถูก แต่ประสบการณ์การลงมือฝึกฝนจะทำให้เรียนรู้ได้มากกว่า ในขณะที่คนที่มีความกรอบคิดแบบยึดติด (fixed mindset) เชื่อว่าตัวเองมีปัญญา มีความพยายาม มีความสามารถอยู่ในระดับหนึ่งเท่านั้น เป็นคนที่ไม่อยู่ในสถานการณ์

อะไรก็ตาม มักจะกังวลอยู่เสมอว่า ด้วยปัญญาและด้วยคุณสมบัติของตัวเองที่มีอยู่เท่านี้ เราจะทำได้หรือเปล่า ถ้าทำไม่ได้คนอื่นจะมองว่าเราเป็นคนไร้ความสามารถหรือเปล่า เราจะถูกมองข้ามหรือเปล่า เราจะรู้สึกว่าเป็นคนที่พ่ายแพ้หรือเปล่า

ดร. แครอล ดเวค และคณะ ได้ทำงานวิจัยหลายครั้งและพบว่านักเรียนที่มีกรอบคิดแบบเติบโตสามารถที่จะพัฒนาทักษะการเรียนรู้ได้มากขึ้น ทำคะแนนสอบได้สูงขึ้น และสามารถปรับพฤติกรรมเกเรของตนเองได้ ดร. ดเวคและคณะได้แบ่งนักเรียนออกเป็น 2 กลุ่ม กลุ่มที่ 1 ให้อ่านข้อมูลเกี่ยวกับความสามารถทุกด้านของมนุษย์มีเท่าที่มีตั้งแต่เกิดและไม่สามารถเพิ่มหรือพัฒนาได้ กลุ่มที่ 2 ให้อ่านข้อมูลเกี่ยวกับการทำงานของสมองและความสามารถของสมองที่จะเติบโตและเปลี่ยนแปลงได้ตลอดชั่วชีวิต หลังจากได้รับข้อมูลนักวิจัยวัดกรอบคิดของนักเรียนทั้ง 2 กลุ่ม พบว่านักเรียนกลุ่ม 1 มีกรอบคิดแบบยึดติด ในขณะที่กลุ่ม 2 มีกรอบคิดแบบเติบโต

หลังจากนั้นนักวิจัยให้นักเรียนทั้ง 2 กลุ่ม แก่ใจหทัยคณิตศาสตร์ 1 ข้อ และเฉลยว่าทุกคนสามารถทำได้ถูกต้อง หลังจากนั้นทุกคนทำโจทย์ข้อที่ 2 ที่ยากกว่าข้อที่แรกมาก นักเรียนทั้ง 2 กลุ่มไม่สามารถทำได้ ดังนั้นนักวิจัยจึงเฉลยว่าโจทย์ข้อ 2 ถูกสร้างมาให้ยากกว่าข้อแรกมาก แต่โจทย์ข้อที่ 3 นักเรียนสามารถเลือกระดับความยากว่าจะเลือกยากเท่าข้อ 1 หรือ ข้อ 2 ปรากฏว่านักเรียนในกลุ่มที่ 1 เลือกความยากระดับโจทย์ข้อ 1 ในขณะที่นักเรียนในกลุ่มที่ 2 เลือกความยากระดับโจทย์ข้อ 2 ดร. ดเวคและคณะสรุปว่า กรอบคิดแบบเติบโตทำให้นักเรียนกลุ่มที่ 2 เลือกระดับความยากแบบโจทย์ข้อ 2 เพราะเชื่อว่าความผิดพลาดเป็นการเรียนรู้และความท้าทายในการพัฒนาศักยภาพของตนเอง ในขณะที่กรอบคิดแบบยึดติดทำให้นักเรียนกลุ่มที่ 1 รู้สึกว่าตัวเองมีความสามารถไม่พอ ไม่ฉลาดพอที่จะแก้โจทย์ระดับความยากในข้อ 2 และกลัวที่จะถูกมองว่าเป็นคนไร้ความสามารถและรู้สึกพ่ายแพ้เมื่อไม่สามารถแก้โจทย์ข้อที่ 2 ได้ จึงหลีกเลี่ยง และเลือกความยากระดับโจทย์ข้อ 1 ดร. เดคและคณะ รวมถึงนักวิจัยที่สนใจเรื่องกรอบคิด ได้ทำงานวิจัย ลักษณะคล้ายๆ กันอีกหลายครั้งและได้ผลไปในทางเดียวกัน

ดังนั้น ดร. ดเวค สรุปว่า กรอบคิดแบบเติบโตเป็นจุดเริ่มต้นสำคัญที่ส่งเสริมให้บุคคลพัฒนาศักยภาพของตนเอง เพราะเมื่อบุคคลนั้นเชื่อว่าความสามารถและศักยภาพของตนเองสามารถพัฒนาและเติบโตด้วยการฝึกฝนและเรียนรู้จากประสบการณ์ คนเหล่านี้ไม่ปิดกั้นจุดอ่อนของตัวเอง แต่แก้ไขและเอาชนะมัน และผลักดันให้ตนเองเรียนรู้ที่จะก้าวข้ามความท้าทายต่างๆ ที่เข้ามาในชีวิตได้

Resilience assessment

ข้อคำถาม	คะแนน				
	ตรงมากที่สุด (5)	ตรงมาก (4)	ตรงปานกลาง (3)	ตรงน้อย (2)	ตรงน้อยที่สุด (1)
1. เมื่อพบเหตุการณ์ที่ยากในการรับมือ ฉันเชื่อมั่นว่าจะต้องผ่านมันไปได้					
2. ฉันไม่หวั่นไหวกับปัญหาที่เข้ามาในชีวิต					
3. ฉันรู้สึกภูมิใจในตัวเองเมื่อฉันประสบความสำเร็จ					
4. ฉันเป็นคนที่ทำงานได้สำเร็จตามแผนที่วางไว้					
5. ฉันใช้ความพยายามอย่างเต็มความสามารถ เพื่อให้ทำงานสำเร็จ					
6. ฉันสามารถแก้ไขปัญหาได้ด้วยตัวเอง					
7. งานที่ยากนั้นช่วยให้ตัวฉันเกิดการพัฒนา					
8. ฉันมักหลีกเลี่ยงไม่เผชิญปัญหา					
9. แม้ว่าจะมีเรื่องที่ทำให้ฉันเครียด ฉันก็สามารถมองเห็นด้านดีในเรื่องเหล่านั้น					
10. ฉันสามารถจัดการกับความเครียดที่เกิดขึ้นได้					
11. แม้ว่าสถานการณ์ที่เกิดขึ้นทำให้ฉันสิ้นหวังแต่ฉันจะไม่ยอมแพ้					
12. ในสถานการณ์ที่มีความกดดันฉันสามารถตั้งสติและคิดถึงสิ่งที่กำลังเกิดขึ้น					
13. ฉันสามารถตัดสินใจในเรื่องยากๆ ได้ แม้อยู่ในสถานการณ์ที่กดดัน					
14. ฉันมีความมุ่งมั่นที่จะทำตามเป้าหมายของฉัน แม้ว่าจะพบอุปสรรคใดๆ					
15. ฉันสามารถจัดการอารมณ์ทางลบที่เกิดขึ้นได้					
16. ฉันกลัวและหมดกำลังใจง่าย ๆ เมื่อฉันพบกับความล้มเหลว					
17. เมื่อมีการเปลี่ยนแปลงเกิดขึ้นในชีวิต ฉันปรับตัวตามสถานการณ์ได้					
18. ฉันสามารถจัดการกับปัญหาและผลที่ตามมาได้ ไม่ว่าปัญหาและผลที่ตามมาจะเป็นเช่นไร					
19. ฉันเชื่อว่าทุกอย่างที่เกิดขึ้นมีเหตุผลเสมอ					
20. ฉันจะใช้ความพยายามเต็มที่ในการทำสิ่งต่างๆ ถึงแม้ว่าผลที่ตามมาอาจจะไม่เป็นไปตามที่คาดหวัง					
21. ฉันเชื่อว่าฉันสามารถควบคุมชีวิตของตนเองได้					
22. ฉันสามารถยอมรับสิ่งที่เกิดขึ้นในชีวิตได้ แม้ว่าสิ่งนั้นจะทำให้ชีวิตของฉันลำบาก					
23. ฉันมักจมปลักกับปัญหาชีวิตที่ประสบมา					
24. เพื่อนๆ ของฉันต่างเป็นเพื่อนที่เอาใจใส่ ดูแลกัน					
25. เมื่อฉันมีปัญหาค้นคว้าฉันจะไปขอความช่วยเหลือจากใคร					

ข้อคำถาม	คะแนน				
	ตรงมากที่สุด (5)	ตรงมาก (4)	ตรงปานกลาง (3)	ตรงน้อย (2)	ตรงน้อยที่สุด (1)
26. พ่อแม่หรือญาติของฉันยินดีที่จะรับฟังฉันทุกเรื่อง					
27. ฉันสะดวกใจที่จะพูดคุยผู้ใหญ่รอบตัวฉัน					
28. ฉันมีเพื่อนในมหาวิทยาลัยที่เป็นเพื่อนสนิทของฉัน					
29. ฉันสามารถปรึกษาเรื่องราวต่างๆ กับอาจารย์ที่มหาวิทยาลัยได้					
30. การมีความสัมพันธ์ที่มั่นคงกับเพื่อนเป็นเรื่องที่ยากสำหรับฉัน					



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