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THE DEVELOPMENT OF AN EMPATHY SCALE FOR EARLY ADOLESCENT STUDENTS AND THE ENHANCEMENT OF EMPATHY THROUGH INTEGRATIVE GROUP COUNSELING MODEL



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THE DISSERTATION TITLED

THE DEVELOPMENT OF AN EMPATHY SCALE FOR EARLY ADOLESCENT STUDENTS AND THE ENHANCEMENT OF EMPATHY THROUGH INTEGRATIVE GROUP COUNSELING MODEL

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This research aimed to explore the structure of empathy among early adolescents and develop an intervention to enhance it. The objectives were to: (1) identify the components of empathy; (2) examine the construct validity of the empathy measurement model; (3) develop an integrative group counseling model to foster empathy; and (4) compare empathy levels before, after, and at follow-up between students who received counseling and those who did not. The research was conducted in two stages. In the first stage, a mixedmethods approach was employed, incorporating Exploratory Factor Analysis (EFA) with 574 students aged 10-14 years, followed by Confirmatory Factor Analysis (CFA) and norm development with a sample of 394 students. The final empathy scale comprised three components: cognitive empathy, emotional empathy, and compassionate empathy. In the second stage, a quasi-experimental design was applied. Students with low levels of empathy were randomly assigned to an experimental group (n = 8) or a control group. The experimental group participated in an integrative group counseling program informed by multiple theoretical frameworks and structured into three stages: initial, working, and termination. The findings confirmed the construct validity of the scale and revealed statistically significant differences in empathy levels between the experimental and control groups.

Keyword: Empathy, Empathy Scale, Integrative Group Counseling, Early Adolescents

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TABLE OF CONTENTS

Pag	JE
ABSTRACT D	
ACKNOWLEDGEMENTSE	
TABLE OF CONTENTSF	
LIST OF TABLESL	
LIST OF FIGURESP	
CHAPTER I BACKGROUND1	
Background of the Study1	
Research Questions4	
Research Objectives4	
Significance of the Study5	
Scope of the Research6	
Variables in the Study7	
Definition of Terms8	
Operational Definition8	
Stages of the Integrative Group Counseling Model	
CHAPTER II LITERATURE REVIEW	
1. Documents and Research Related to Empathy15	
1.1 Related Documents15	
1.1.1 Definitions and Conceptual Meaning of Empathy15	
1.1.2 Importance and Significance of Empathy	

1.1.3 Theoretical Concepts Related to Empathy (e.g., Carl Rogers,
Goleman, Decety)21
1.1.4 Factors Influencing the Development of Empathy23
1.1.5 Components and Structures of Empathy26
1.1.6 Strategies for Enhancing and Developing Empathy
1.2 Related Research33
1.2.1 Studies on Empathy in Early Adolescence
1.2.2 Studies on Empathy and Emotional Development
1.2.3 Research Linking Empathy to Behavior and Mental Health Outcomes
37
2. Documents and Research Related to the Development of Empathy Scale39
2.1 Related Documents39
2.1.1 Definitions and significance of empathy scales
2.1.2 Importance and Application of Empathy Scales41
2.1.3 Characteristics, Formats, and Structure of Empathy Scales43
2.1.4 Measurement Principles and Validation of Empathy46
2.1.5 Examples of Empathy Assessment Tools in Children and Adolescents
48
2.2 Related Research51
2.2.1 Previous Studies on the Development of Empathy Measurement Tools
51
2.2.2 Research on Psychometric Properties and Cultural Adaptation of
Empathy Scales52
3 Documents and Research Related to Early Adolescence 53

3.1 Related Documents53
3.1.1 Definitions and Characteristics of Early Adolescence53
3.1.2 Developmental Stages: Cognitive, Emotional, and Social55
3.1.3 The significance of Empathy in Early Adolescent Development 57
3.2 Related Research59
3.2.1 Research on Empathy Development During Early Adolescence 59
3.2.2 Research on Psychosocial Challenges among Early Adolescents 61
4. Documents and Research Related to Integrative group counseling Programs to
enhance empathy for early adolescence62
4.1 Related Documents62
4.1.1 Concepts and Definitions of Integrative Group Counseling62
4.1.2 Benefits and effectiveness of group counseling in Early adolescence
66
4.1.3 Theoretical Foundations Used in Integrative Counseling (e.g., Person-
Centered Therapy, Cognitive Behavioral Therapy, Rational Emotive
Behavior Therapy, Reality Therapy, Behavioral Techniques, Gestalt
Techniques, and Attachment Theory)74
4.2 Related Research85
5. Conceptual Framework of Study88
6. Research Hypotheses91
CHAPTER III RESEARCH METHODOLOGY93
3.1 Phase 194
3.1.1 Population and Sample94
3.1.2 Research Instruments99

3.1.3 Data Collection	. 101
3.1.4 Data Completeness	. 104
3.1.5 Data Analyses	. 106
3.2 Phase 2	. 111
3.2.1 Research Design	. 111
3.2.2 Participants	. 115
3.2.3 Integrative Group Counseling Program Development	. 116
3.2.4 Integrative Group Counseling Intervention Program Implementation	. 122
3.2.5 Research Instrument for Pretest, Posttest and Follow-Up	. 124
3.2.6 Data Collection	
3.2.7 Data Analysis	. 126
3.2.8 Ethical Considerations for Human Subjects	
CHAPTER IV RESULTS	. 134
Exploration of Empathy Indicators in Early Adolescents	
1.1 Key Informants	. 136
1.2 Definition of Empathy in Early Adolescents	. 137
1.3 Core Components of Empathy in Early Adolescents	. 138
1.3.1 Cognitive Empathy	. 138
1.3.2 Emotional Empathy	. 139
1.3.3 Compassionate Empathy	. 139
1.4 Situations of Empathy on Image selection	. 141
2. Frequencies and percentages of the sample used in the component analysis of	:
empathy in early adolescents	. 144

2.1 Demographic and Descriptive Statistics of the Sample Data144
2.2 Descriptive Statistics of Empathy Scores among Early Adolescents by
Component and Overall148
2.3 Confirmatory Factor Analysis of Empathy among Early Adolescents 149
2.3.1 Preliminary Data Screening Prior to Confirmatory Factor Analysis 149
2.3.2 Eigenvalues, Percentage of Variance, and Cumulative Percentage of
Variance of the Components of Empathy Among Early Adolescent
Students150
2.3.3 Correlation Coefficients of Empathy among Early Adolescents by
Component150
2.3.4 First-Order Confirmatory Factor Analysis of the Empathy Measurement
Model for Early Adolescents151
2.3.5 Second-Order Confirmatory Factor Analysis of the Empathy
Measurement Model for Early Adolescents159
2.4 The Study of the Relationship of Empathy Among Early Adolescents162
2.5 Assumption Examine of Empathy Among Early Adolescents Measurement
Model and the Empirical Data166
3. Comparison of Overall Empathy Between the Experimental and Control Groups at
Pre-Test, Post-Test, and Follow-Up Stages197
4. Comparison of Empathy Components Among Early Adolescents in the
Experimental and Control Groups at Pre-Test, Post-Test, and Follow-Up Stages
200
CHAPTER V RESEARCH SUMMARY, DISCUSSION, AND RECOMMENDATIONS 205
1 Summary of Result
1.1 Summary of Results in Phase 1208

1.2 Summary of Results in Phase 2	212
2. Discussion	216
2.1 Discussion of Results in Phase 1	216
2.2 Discussion of Results in Phase 2	219
3. Suggestions	226
3.1 Suggestions for Theory and Practice	226
3.2 Suggestions for Future Research	227
4. Limitations of Study	
REFERENCES	230
APPENDICES	
APPENDIX A List of Experts for Equipment Inspection	241
APPENDIX B Index of Item-Objective Congruence (IOC) of the Empathy Scale for E	-
Adolescents	256
APPENDIX C Research Ethics Approval Letter	267
APPENDIX D Letter of Request for Data Collection Permission	270
APPENDIX E Research Instruments	276
VITA	296

LIST OF TABLES

	Page
Table 1 Fit Index Criteria for Evaluating the Empathy Measurement Model	.108
Table 2 Two-factor experimental design with repeated measures on one factor Adap	oted
from Winer, Brown, and Michels (1991, p. 509)	.112
Table 3 Integrated Group Counseling Program to Enhance Empathy in Early	
Adolescents	
Table 4 Symbol of using data Analysis	. 134
Table 5 Summary of Core Components, Definitions, and Indicators of Empathy in Ea	rly
Adolescents	. 140
Table 5 (Continued)	. 141
Table 6 Educational Affiliation Distribution	. 145
Table 7 Distribution by Grade Level	. 145
Table 8 Number and percentage of samples classified by gender	. 146
Table 9 Number and percentage of samples classified by age	. 147
Table 10 The empathy scale for early adolescents and behavioral level of empathy (n =
573 participants)	. 148
Table 11 Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's	Γest
of Sphericity for the Empathy Variables among Early Adolescents	. 149
Table 12 Eigenvalues, Percentage of Variance, and Cumulative Percentage of Varian	nce
of the Components of Empathy Among Early Adolescent Students	. 150
Table 13 Correlation Coefficients of Empathy among Early Adolescents by Compone	ent
and the Measure of Sampling Adequacy (MSA) for Confirmatory Factor Analysis	. 151

Table 27 Norm-Referenced Scores for the Empathy Scale for Early Adolescents:
Emotional Empathy (EE) Component178
Table 28 Norm-Referenced Scores for the Empathy Scale for Early Adolescents:
Compassionate Empathy (CPE) Component
Table 29 Interpretation of Overall Empathy Levels Among Upper Secondary School
Students Based on Percentile Ranks182
Table 30 Interpretation of Cognitive Empathy Scores Among Early Adolescents 183
Table 31 Interpretation of Emotional Empathy Scores Among Early Adolescents184
Table 32 Interpretation of Compassionate Empathy Scores Among Early Adolescents
Table 33 Summary of the Conceptual Framework, Theoretical Foundations, and
Counseling Techniques in an Integrated Group Approach to Enhance Empathy in Early
Adolescents Integrated Group Counseling Program to Enhance Empathy in Early
Adolescents189
Table 34 Shapiro-Wilk Test of Normality for the Experimental and Control Groups at Pre-
Test, Post-Test, and Follow-Up Stages Comparative Analysis of Empathy Scores Among
Early Adolescents194
Table 35 Mean and Standard Deviation of Empathy Scores Among Early Adolescents in
the Experimental and Control Groups at the Pre-Test, Post-Test, and Follow-Up Stages
195
Table 36 Comparison of Overall Empathy Scores Among Early Adolescents in the
Experimental and Control Groups at Pre-Test, Post-Test, and Follow-Up Stages197
Table 37 Pairwise Comparison of Overall Empathy Scores Among Early Adolescents in
the Experimental and Control Groups at Pre-Test, Post-Test, and Follow-Up Stages 198
Table 38 Comparison of Empathy Components Among Early Adolescents in the
Experimental and Control Groups at Pre-Test, Post-Test, and Follow-Up Stages201

Table 39 Pairwise Comparison of Empathy Components Among Early Adolescents in the
Experimental and Control Groups at Pre-Test, Post-Test, and Follow-Up Stages203
Table 40 Index of Item-Objective Congruence (IOC) of the Empathy Scale for Early
Adolescents 257
Table 41 The Index of Item-Objective Congruence (IOC) of the Integrated Group
Counseling Program Designed to Assess and Enhance Empathy in Early Adolescents
261



LIST OF FIGURES

	Page
Figure 1 Conceptual Framework of the Study	91
Figure 2 Summary of the First-Order Confirmatory Factor Model of Empathy Among	
Early Adolescents (Standardized Estimates)	158
Figure 3 Empathy Factors Early Adolescents Measurement Model	170
Figure 4 Q-Plot Graph Showing the Relationship Between Standardized Residuals ar	
Normal Quantiles	171



CHAPTER I

BACKGROUND

Background of the Study

The contemporary society of early adolescents presents increasingly complex psychosocial challenges stemming from rapid and multidimensional transformations in social structures, cultural expectations, environmental stressors, and technological advancements (Sawyer et al., 2018; Twenge, 2017). These sweeping changes have reshaped the landscape of early adolescent development, exerting pressure on selfidentity formation, emotional regulation, and interpersonal relationships. Thai early adolescents, in particular, are encountering rising instances of peer conflict, emotional detachment, and risk-taking behaviors, exacerbated by patterns of cyberbullying, relational aggression, and emotional outbursts reported in both urban and rural school settings. These manifestations reflect broader concerns about emotional dysregulation and declining social connection among youth (Limpitikul et al., 2021), underscoring the urgency of promoting emotional competencies such as empathy during this critical developmental stage. Despite its growing importance, Thailand still lacks standardized and culturally validated tools designed to assess empathy in early adolescents. This gap limits the ability of educators and mental health professionals to accurately identify emotional needs and implement responsive interventions.

Empirical research indicates that low levels of empathy during early adolescence are closely linked to externalizing behaviors such as bullying, aggression, and defiance of social norms (Christov-Moore et al., 2020; van Noorden et al., 2015). These behaviors often stem from disruptions in early emotional attachment, adverse childhood experiences, or invalidating environments that obstruct the development of prosocial tendencies (Zeifman & Hazan, 2016). Within the family context, factors such as emotional neglect, overprotectiveness, or the absence of emotionally responsive caregivers can hinder adolescents' capacity to understand and manage emotional experiences—both their own and those of others (Feldman, 2015). In Thailand, a 2022 report by Chulalongkorn University highlighted a growing erosion of emotional and moral

foundations in this age group, calling for the development of culturally appropriate interventions to support their emotional development (Chulalongkorn University, 2022). National data further affirms the need for early emotional support. The Department of Mental Health (2020) reported that approximately 3.8% of Thai adolescents aged 13–15—including individuals in early adolescence—engaged in violent and aggressive behaviors, affecting an estimated 150,000 youth. The agency's 2022 report reiterated the urgency of structured, preventive strategies to address emotional challenges before they escalate into more severe outcomes (Department of Mental Health, 2020; 2022). Complementary findings from UNICEF Thailand and the Burnet Institute (2022) revealed that more than 14% of Thai adolescents, including those in early adolescence, experienced significant psychological distress, with nearly 18% reporting suicidal ideation.

Empathy—defined as the ability to understand and share another's emotional experience—is a central element of emotional intelligence (Decety & Jackson, 2004; Goleman, 1995), moral development, and prosocial behavior (Zhou, Valiente, & Eisenberg, 2021). Carl Rogers (1959), a pioneer in humanistic psychology, described empathy as perceiving another's internal frame of reference with accuracy and emotional sensitivity. Adolescents who grow up in supportive, empathic environments are more likely to develop emotional insight, self-awareness, and conflict resolution abilities necessary for adaptive functioning (Eisenberg, Spinrad, & Knafo-Noam, 2015). Conversely, emotionally invalidating contexts can hinder this development and result in interpersonal difficulties (Zeifman & Hazan, 2016).

Early adolescence (ages 10–14) represents a formative stage marked by heightened neurological, emotional, and social development (Allen, Boyle, Sahdra, & Rees, 2022). Youth at this stage exhibit increased sensitivity to peer feedback and social comparison (Foulkes et al., 2018). Although such sensitivity may increase vulnerability to emotional instability, it also presents a timely opportunity for targeted interventions aimed at cultivating empathy and related social-emotional skills (Allemand, Steiger, & Fend, 205). In line with Rogers' theory, the presence of a nonjudgmental, emotionally attuned,

and safe environment during this period fosters self-understanding and social connectedness (Rogers, 1959).

In response to these challenges and research gaps, this study adopted a sequential mixed-methods design (Creswell & Plano Clark, 2018), integrating the development of a measurement instrument and a group counseling intervention. Phase 1 involved the creation and validation of a culturally appropriate empathy assessment scale. Data from Thai early adolescents aged 10-14 were analyzed through Exploratory Factor Analysis (EFA) to identify core dimensions, followed by Confirmatory Factor Analysis (CFA) to confirm model fit. The analysis revealed three components—cognitive empathy, emotional empathy, and compassionate empathy—which became the foundation for norm-referenced scoring reflective of the Thai cultural context (Allen et al., 2022; Wongwanich & Wiratchai, 2015). Phase 2 used a quasi-experimental design to evaluate a structured group counseling program intended to foster empathy among students with initially low scores. Participants were selected based on their assessment results and assigned to an experimental or control group. The intervention synthesized seven theoretical frameworks: person-centered therapy, cognitive-behavioral therapy (CBT), reality therapy, Gestalt therapy, attachment theory, psychoeducation, and the client-centered approach. Central to the program was Rogers' emphasis on unconditional positive regard, empathy, and genuineness. Corey's (2013) model of systematic eclecticism informed the integration of multiple approaches, encouraging counselors to apply techniques in a developmentally responsive and context-sensitive manner. Pretest, posttest, and follow-up results indicated significant and sustained improvements among participants, demonstrating the program's effectiveness. The group setting allowed students to reflect, engage in real-time interpersonal exchanges, and develop emotional awareness in a culturally attuned space (Jacobs et al., 2016; Pfeiffer et al., 2020).

In conclusion, this study contributes a validated empathy assessment scale and a replicable counseling intervention designed for early adolescents in Thailand. By drawing on humanistic and evidence-based frameworks, it aims to strengthen emotional

development and resilience—critical foundations for healthy social adjustment and lifelong well-being (Zhou et al., 2021; Rogers, 1959; Eisenberg et al., 2015).

Research Questions

- 1. What are the indicators and components of empathy towards others?
- 2. Is the developed empathy measurement model consistent with the empirical data?
 - 3. What is the model for the student integrated group counseling?
- 4. Can empathy towards others be enhanced through the provision of integrated group counseling sessions?

Research Objectives

This research comprised two distinct phases:

Phase 1: Quantitative + Qualitative

- 1. Study the components of early adolescent students' empathy.
- 2. To study the model for measuring empathy exhibit consistency with empirical data.
- 3. Develop norms for an empathy scale tailored for early adolescent students.

Phase 2: Quasi-Experiment

- 1. To develop the integrative group counseling enhancing empathy early adolescent students from level of empathy which using the development empathy scale result of phase 1.
- 2. Compare students' empathy through integrated group counseling, experimental group for early adolescent students during 3 periods: before after and follow-up.
- 3. Compare students' empathy through integrated group counseling between the experimental group and the control group during 3 periods: before after and follow-up.

Significance of the Study

The major findings from this research were expected to contribute the knowledge on the understanding process of development empathy scale, follows:

Academic Aspects:

- 1. The findings contribute to the understanding of the developmental process of empathy scales, enriching psychological theories related to empathy.
- 2. This understanding aids in the continuous development of social skills among early adolescent students.
- 3. The development of an efficient empathy scale for measuring and evaluating empathy levels globally supports the empathy development of early adolescent students worldwide.

Practical Aspects:

- 1. The development of an efficient empathy scale can be practically applied in educational settings to assess and enhance empathy levels among early adolescent students.
- 2. Group counseling programs emphasizing empathy-building can be implemented in schools to foster a more open-minded attitude and better receptivity towards the needs and experiences of others.
- 3. Improved empathy resulting from such programs can lead to better social interactions and relationships among early adolescents in real-life situations.

In conclusion, this study holds significant implications for various aspects related to empathy development in early adolescence. Firstly, the findings contribute to the understanding of the developmental process of empathy scales, thus enriching psychological theories pertaining to empathy. This understanding is crucial for enhancing continuous development of social skills to early adolescent students. Additionally, the development of an efficient empathy scale for measuring and evaluating empathy levels globally has the potential to greatly support the empathy development of early adolescent students worldwide.

Furthermore, the study underscores the importance of group counseling programs aimed at enhancing empathy. By emphasizing empathy-building within

sessions, a more open-minded attitude and better receptivity towards the needs and experiences of others can be enhanced, ultimately leading to improved social interactions and relationships among early adolescents.

Scope of the Research

This research was conducted in two sequential phases to develop a culturally appropriate empathy assessment tool and to implement an intervention model aimed at enhancing empathy among early adolescents aged 10–14 years in Thailand.

Phase 1: Development and Validation of the Empathy Scale

Step 1: Qualitative Exploration

The study began with a qualitative exploration of empathy through in-depth interviews with three early adolescents and a focus group discussion involving eight students from three different schools. The aim was to identify indicators and expressions of empathy specific to early adolescents in the Thai context.

Step 2: Item Construction and Content Validation

Based on insights from the qualitative data and relevant theories, a preliminary empathy scale was constructed. Six experts in psychology and education evaluated the content validity of the items using the Index of Item-Objective Congruence (IOC) to ensure alignment with the conceptual framework.

Step 3: Pilot Testing and Exploratory Factor Analysis (EFA)

The draft scale was piloted with students from two schools under different educational affiliations. Exploratory Factor Analysis (EFA) was conducted to identify the underlying factor structure and to refine the scale accordingly.

Step 4: Confirmatory Factor Analysis (CFA) and Norm Development

The revised scale was administered to a new group of early adolescents from the same schools (but different from the pilot group) to confirm the factor structure through Confirmatory Factor Analysis (CFA). Norm-referenced scoring was developed based on the distribution of scores from this final sample to ensure its appropriateness for early adolescents in Thailand.

Phase 2: Development and Evaluation of the Integrative Group Counseling Program

Step 1: Program Design and Expert Validation

An integrative group counseling program was designed based on the theoretical frameworks underlying empathy development. The program was reviewed and refined in consultation with the research advisor and validated by five experts in counseling and adolescent psychology.

Step 2: Tryout and Revision

The program was piloted with a small group of early adolescents to evaluate its clarity, feasibility, and developmental suitability. Revisions were made to enhance the structure and delivery of the sessions.

Step 3: Implementation of the Intervention

Students who scored lowest on the validated empathy scale were selected for participation. They were assigned into two groups: the experimental group (who received the intervention) and the control group (who did not). The counseling sessions followed a structured three-stage model and incorporated seven theoretical frameworks to promote empathy and interpersonal development.

Step 4: Pretest, Posttest, and Follow-up

Empathy levels were assessed at three time points—before the intervention, immediately after, and one month later. To control for test familiarity, the order of questions and visual stimuli in the empathy scale was adjusted at each stage. Statistical analyses were conducted to evaluate changes in empathy over time and to determine the effectiveness of the intervention.

Variables in the Study

Phase 1:

1. Independent Variables:

Development of an empathy scale consisting of three components:

1.1 Cognitive empathy – the ability to understand others' thoughts and perspectives

- 1.2 Emotional empathy the ability to feel and resonate with others' emotions
- 1.3 Compassionate empathy the intention and motivation to support others emotionally

2. Dependent variable:

Empathy, assessed through the developed scale and verified via Exploratory Factor Analysis (EFA), Confirmatory Factor Analysis (CFA) and norms development

Phase 2:

Treatment:

Group counseling intervention program designed to enhance empathy levels in early adolescents. The program was based on an integrative approach that incorporates seven psychological frameworks, with person-centered therapy as the core model. The counseling sessions aimed to promote empathic understanding, emotional awareness, and interpersonal connectedness.

Dependent variable:

Empathy, measured at pre-intervention, post-intervention, and follow-up stages using the validated empathy scale developed in Phase 1.

Definition of Terms

Early adolescence students refers to the stage of development typically occurring between the ages of 10 and 14 years old. During this period, individuals undergo significant physical, cognitive, emotional, and social changes as they transition from childhood to early adolescence. It is a critical phase marked by the onset of puberty, rapid growth spurts, and the exploration of identity and independence.

Operational Definition

1. Empathy refers to the ability to deeply understand and perceive the emotions of others and to empathize with the situations they are experiencing. It goes beyond merely recognizing the emotions of others; it directly involves efforts to understand the perspectives and experiences of others in the situations they are encountering. In the

context of early adolescent students, developing empathy is crucial as it helps them understand that at this age they are beginning to grow and experience many changes in life. It is important for them to learn how to handle these changes so they can help and support others who may be going through similar experiences. Empathy entails responsiveness and demonstrating understanding and shared thinking from one's own perspective, which is crucial for fostering strong connections and supportive relationships. Through empathy, individuals can express themselves through behaviors that reflect emotions and understanding towards others, ultimately creating a more compassionate and empathetic community.

- 2. Empathy Scale refers to a standardized tool or instrument used to measure the level or degree of empathy in individuals. It typically consists of a series of questions or statements designed to assess various aspects of empathy, such as cognitive empathy (understanding others' perspectives and emotions) and affective empathy (sharing others' emotions). Responses to these questions or statements are then scored to quantify the individual's level of empathy, providing insight into their ability to understand and connect with the emotions and experiences of others. Empathy scales are commonly used in psychological research, clinical assessments, and educational settings to evaluate empathy levels and track changes over time.
- 3. The development of an empathy scale involves creating a measurement scale that assesses an individual's ability to understand and share the feelings of others, as well as their capacity for perspective-taking and compassionate responding across various situations. This includes designing items or questions that capture cognitive and affective aspects of empathy, such as recognizing emotions, understanding others' perspectives, and demonstrating concern or care. The scale should demonstrate reliability and validity in measuring empathy consistently and accurately (Smith & Jones, 2018).
- 4. Integrative group counseling refers to a structured therapeutic approach implemented in a group setting, specifically designed to enhance empathy among early adolescent students by combining principles and techniques from multiple psychological

theories in a developmentally appropriate and culturally responsive manner. The intervention model integrates seven core theoretical frameworks: person-centered therapy, cognitive-behavioral therapy (CBT), rational emotive behavior therapy (REBT), reality therapy, classical behavioral techniques, Gestalt techniques, and attachment theory. These theories are purposefully synthesized to address the emotional, cognitive, and interpersonal needs of Thai early adolescents, providing a comprehensive platform for emotional expression, self-awareness, perspective-taking, and interpersonal growth. At the heart of the model lies Carl Rogers' person-centered approach, which emphasizes empathic understanding, unconditional positive regard, and genuineness as conditions for personal development. CBT and REBT offer tools for emotional regulation and cognitive restructuring, while reality therapy and behavioral techniques encourage responsibility and behavioral change. Gestalt techniques foster present-moment awareness and emotional clarity, and attachment theory underlines the importance of secure relational bonds in developing empathy. The group counseling process progresses through three main stages—initial, working, and termination—with structured activities designed to foster emotional growth and peer connection. This integrative framework reflects a flexible and intentional application of theory to practice, aiming to cultivate empathy, communication skills, and social competence in early adolescents through systematic group counseling.

Stages of the Integrative Group Counseling Model

Stage 1: Beginning

The initiation of the integrative group counseling sessions involves establishing a safe and supportive environment for participants to share their thoughts and feelings.

- 1.1 The counselor facilitates the formation of trust and rapport to group members through ice-breaking activities and introductions.
- 1.2. During this phase, the counselor outlines the objectives and structure of the counseling program, including the expected duration of 6-8 sessions.

- 1.3. Group goals are discussed and established, focusing on enhancing empathy, communication skills, understanding, and collaboration for early adolescent students.
- 1.4. The counselor assesses the needs and concerns of each participant and tailors the counseling approach accordingly, drawing from various theoretical orientations and techniques.
- 1.5 A plan for managing group dynamics, conflicts, and confidentiality is established to ensure a conducive counseling environment.

Stage 2: Working

- 2.1 Counseling sessions continue with a focus on addressing the identified goals and objectives.
- 2.2 Various therapeutic techniques and interventions are utilized to promote empathy, personal growth, self-awareness, social skills, and interpersonal skills among group members.
- 2.3 Group discussions, role-plays, experiential exercises, and guided reflections are conducted to facilitate learning and self-discovery.
- 2.4 The counselor encourages active participation and engagement from all group members, fostering a supportive atmosphere for sharing and exploration.
- 2.5 Throughout this phase, the counselor provides feedback, guidance, and support to individuals as they navigate their personal challenges and interactions within the group.

Stage 3: Termination

- 3.1 As the counseling program nears its conclusion, the counselor focuses on closure and consolidation of learning experiences.
- 3.2 The final sessions include reflection on the progress made, achievements, and challenges encountered during the counseling process.
- 3.3 Strategies for maintaining the gains achieved and coping with future challenges are discussed and reinforced.
- 3.4 Follow-up plans are established to ensure continued support and monitoring of participants' well-being post-counseling.

- 3.5 Resources and referrals to other support services or professionals may be provided as needed to address ongoing needs or issues identified during counseling.
- 3.6 The counselor facilitates a sense of closure and gratitude among group members, acknowledging their efforts and contributions to the counseling process.
- 3.7 Participants are encouraged to reflect on their growth and development throughout the counseling journey and to apply their newfound skills and insights in their daily life.



CHAPTER II

LITERATURE REVIEW

In the development of empathy scale and the enhancement of empathy for early adolescence students through group counseling, the researchers have compiled and reviewed various documents and research works related to the following:

- 1. Documents and Research Related to Empathy
 - 1.1 Related Documents
 - 1.1.1 Definitions and conceptual meaning of empathy
 - 1.1.2 Importance and significance of empathy
- 1.1.3 Theoretical concepts related to empathy (e.g., Carl Rogers, Goleman, Decety)
 - 1.1.4 Factors influencing the development of empathy
 - 1.1.5 Components and structures of empathy
 - 1.1.6 Strategies for enhancing and developing empathy
 - 1.2 Related Research
 - 1.2.1 Studies on empathy in early adolescence
 - 1.2.2 Studies on empathy and emotional development
 - 1.2.3 Research linking empathy to behavior and mental health outcomes
 - 2. Documents and Research Related to the Development of Empathy Scale
 - 2.1 Related Documents
 - 2.1.1 Definitions and significance of empathy scales
 - 2.1.2 Importance and Application of Empathy Scales
 - 2.1.3 Characteristics, formats, and structure of Empathy Scales
 - 2.1.4 Measurement principles and validation of Empathy Scales
 - 2.1.5 Examples of Empathy Assessment Tools in Children and Adolescents
 - 2.2 Related Research
 - 2.2.1 Previous studies on the development of empathy measurement tools
- 2.2.2 Research on psychometric properties and cultural adaptation of empathy scales

- 3. Documents and Research Related to Early Adolescent
 - 3.1 Related Documents
 - 3.1.1 Definitions and characteristics of early adolescence
 - 3.1.2 Developmental stages: cognitive, emotional, and social
 - 3.1.3 The significance of empathy in early adolescent development
 - 3.2 Related Research
 - 3.2.1 Research on empathy development during early adolescence
 - 3.2.2 Research on psychosocial challenges among early adolescents
- 4. Documents and Research Related to Integrative Group Counseling Programs for Enhancing Empathy in Early Adolescents
 - 4.1 Related Documents
 - 4.1.1 Concepts and definitions of integrative group early counseling
- 4.1.2 Benefits and effectiveness of group counseling in early adolescence
- 4.1.3 Theoretical Foundations Used in Integrative Counseling (e.g., Person-Centered Therapy, Cognitive Behavioral Therapy, Rational Emotive Behavior Therapy, Reality Therapy, Behavioral Techniques, Gestalt Techniques, and Attachment Theory)
 - 4.2 Related Research
 - 4.2.1 Studies on the implementation of integrative counseling programs
 - 4.2.2 Research on counseling outcomes related to empathy development
- 4.2.3 Empirical evidence supporting multi-theoretical group counseling interventions
 - 5. Conceptual Framework of Study
 - 6. Research Hypothesis

1. Documents and Research Related to Empathy

1.1 Related Documents

1.1.1 Definitions and Conceptual Meaning of Empathy

Empathy is commonly defined as the ability to understand and share the feelings of others. It involves both cognitive and affective processes, allowing individuals to perceive and comprehend others' emotions while also experiencing emotional resonance with them (Davis, 1983). Their understanding aligns with this definition, emphasizing empathy as a multifaceted construct crucial for enhancing interpersonal connections and prosocial behavior.

Empathy, a cornerstone of social cognition, encompasses the ability to understand and share the emotional experiences of others (Davis, 1983). This research corroborates this definition, emphasizing empathy as a complex construct that involves cognitive, affective, and behavioral components (Decety & Jackson, 2004).

Empathy facilitates interpersonal connections by enabling individuals to perceive, interpret, and respond to others' emotions effectively (Eisenberg & Miller, 1987). These research findings underscore empathy as a multifaceted skill that promotes prosocial behavior, compassion, and altruism (Hoffman, 2000).

Furthermore, empathy is not a static trait but rather a dynamic process influenced by various factors, including genetics, early experiences, socialization, and cultural norms (Eisenberg et al., 2006). This view emphasizes that empathy evolves across developmental stages and can be nurtured through interpersonal environments and guided learning.

Empathy is also described through the lens of humanistic psychology. Carl Rogers (1959), a pioneer in this domain, emphasized empathy as one of the three core therapeutic conditions—alongside unconditional positive regard and congruence—essential for fostering psychological growth. He viewed empathy not merely as a cognitive act but as a deep, intuitive understanding of another person's emotional world. According to Rogers, genuine empathy involves "entering the private perceptual world of the other and becoming thoroughly at home in it," without judgment or interpretation. This

approach laid the foundation for client-centered therapy, wherein the therapist's empathic attunement is central to the healing process.

From a neuropsychological perspective, Decety and Jackson (2004) enriched the conceptualization of empathy by proposing a model that integrates three core components: affective sharing (feeling what others feel), self-other awareness (distinguishing between one's own and others' emotional states), and empathic regulation (managing emotional responses). They also introduced the terms "empathic concern"—the motivation to care for another—and "empathic accuracy," referring to the precision with which one can identify another's emotions. This framework situates empathy as both a biological process and a learned skill, informed by social cognition and brain functioning, particularly in the mirror neuron system and prefrontal cortex.

Goleman (1995) included empathy as a foundational component of emotional intelligence (EI), proposing that the ability to recognize, interpret, and respond to the emotions of others is essential for effective social functioning. He argued that individuals with high empathy are better able to build trust, manage conflict, and navigate complex interpersonal dynamics. In the educational context, Goleman highlighted empathy's importance in reducing aggression, enhancing cooperation, and promoting inclusive social environments. Later, Goleman (2006) elaborated on social intelligence, noting that empathic individuals tend to show more social awareness, compassion, and competence in relationships, which are vital skills for adolescent development.

In developmental psychology, Hoffman (2000) emphasized the role of empathy in moral development, suggesting that empathic responses are the foundation of altruistic behavior and ethical decision-making. He described empathy as emerging in stages, beginning with global empathic distress in infancy and maturing into role-taking and perspective-taking abilities in adolescence. This aligns with the cognitive developmental theories of Piaget and Kohlberg, which associate empathy with increasingly complex levels of moral reasoning.

Furthermore, Baron-Cohen (2011) proposed the Empathy Quotient (EQ) as a way to measure empathic disposition across individuals, particularly in his studies

on autism spectrum conditions. His theory posits that empathy comprises both "cognitive empathy" (understanding others' thoughts and feelings) and "affective empathy" (emotional response to others), and that these may develop independently or in tandem. This distinction is crucial for understanding empathic variability and tailoring interventions accordingly.

From a social learning perspective, Bandura (1977) emphasized the influence of modeling and reinforcement in developing empathy. Children and adolescents often internalize empathic behaviors by observing adults or peers who demonstrate compassion and prosocial behavior. This underscores the importance of supportive environments and emotionally responsive caregiving in fostering empathy.

Taken together, these theoretical frameworks portray empathy as a dynamic, multidimensional construct that evolves through biological maturation, psychological experiences, and social interaction. They support the rationale for developing both assessment tools and intervention programs aimed at enhancing empathy, particularly during the formative period of early adolescence when emotional and social skills are rapidly developing.

Empathy, a complex construct, has been extensively studied across disciplines such as psychology, sociology, and neuroscience. Researchers have explored the multifaceted nature of empathy, emphasizing its cognitive, affective, and behavioral components. For example, Smith et al. (2015) conducted a qualitative study examining individuals' perceptions of empathy, revealing diverse interpretations and experiences of empathy across different cultural and social contexts. The findings highlighted the subjective nature of empathy and its role in facilitating understanding and connection with others.

The studies by Davis (1983) and Decety and Jackson (2004) have contributed to our understanding of empathy as a multidimensional construct. Davis (1983) proposed a multidimensional model of empathy, distinguishing between cognitive empathy (the ability to understand others' perspectives) and affective empathy (the capacity to share others' emotions). Decety and Jackson (2004) elaborated on this

model, identifying additional components such as compassionate empathy (the motivation to alleviate others' suffering) and empathic accuracy (the ability to accurately perceive others' emotions). Recent literature also emphasizes the need to distinguish empathy from related constructs. For instance, Zaki (2017) clarified the difference between empathy, sympathy, and personal distress by highlighting that empathy involves sharing and understanding another's emotional state, while personal distress is a self-oriented emotional reaction that may hinder prosocial behavior. Sympathy, on the other hand, involves concern for others without necessarily sharing their emotional experience (Zaki, 2017).

After review of documents and research related to empathy provides a comprehensive understanding of its meaning, emphasizing its significance in social interactions, its multidimensional nature, and its developmental dynamics. By synthesizing insights from diverse sources, we lay the framework for developing an empathy scale and designing effective group counseling interventions tailored to the needs of early adolescent students which try to relate with 3 components. In summary, research on the meaning of empathy has revealed its nuanced and multifaceted nature, emphasizing the importance of considering various dimensions and perspectives in conceptualizing and measuring empathy.

1.1.2 Importance and Significance of Empathy

Empathy plays a vital role in various aspects of human interactions, including communication, conflict resolution, and relationship building. Research indicates that individuals with higher levels of empathy demonstrate greater emotional intelligence, interpersonal skills, and social competence (Eisenberg & Miller, 1987). Furthermore, empathy has been linked to positive outcomes in academic, professional, and personal domains, highlighting its significance for overall well-being and success.

1) Significance of Empathy in Adolescence

Empathy holds immense significance in adolescence, serving as a cornerstone for healthy socio-emotional development and interpersonal relationships. The opinion is supported by research indicating that adolescents with higher levels of empathy exhibit greater prosocial behavior, emotional regulation, and conflict resolution

skills (Eisenberg & Miller, 1987). Furthermore, empathy plays a pivotal role in fostering positive peer interactions, reducing aggression, and promoting inclusive behaviors within school and community settings (Jolliffe & Farrington, 2006). Recent findings affirm that developing empathy during this period helps buffer against antisocial tendencies and emotional disengagement, contributing to youth resilience (Zhou et al., 2021).

2) Empathy and Academic Achievement

Empathy has been linked to academic achievement and success in adolescence. Our perspective aligns with studies demonstrating that students with higher levels of empathy exhibit better communication skills, cooperative learning behaviors, and academic engagement (Brackett et al., 2010). Additionally, empathy facilitates effective collaboration, problem-solving, and perspective-taking abilities, which are essential for academic success in group projects and classroom interactions. These skills foster a more inclusive and motivating learning environment, especially when students can effectively collaborate and take others' perspectives into account. Empathy-driven classrooms enhance group dynamics and learning outcomes (Zaki, 2020).

3) Empathy and Mental Health

Empathy plays a critical role in promoting mental health and well-being among adolescents. The viewpoint is supported by research indicating that empathic individuals demonstrate lower levels of stress, anxiety, and depression, as well as higher levels of self-esteem and resilience (Davis, 1983). By being emotionally attuned to others, adolescents develop emotional awareness and coping strategies that strengthen their overall psychological well-being. Clark, Robertson, and Young (2019) note that empathic youth are more inclined to seek help, form positive self-concepts, and maintain emotional stability in the face of life challenges.

4) Empathy and Social Relationships

Empathy is foundational for building and maintaining positive social relationships in early adolescence. The perspective is corroborated by studies showing that adolescents with higher empathy levels experience more satisfying friendships, romantic relationships, and family dynamics (Eisenberg et al., 2006). It enables adolescents to understand others' perspectives, respond to emotional needs, and

resolve interpersonal conflicts peacefully. Zaki (2020) emphasizes empathy's ability to bridge cultural and social divides, fostering social harmony and inclusion.

Empathy holds profound significance in various aspects of human life, contributing to emotional well-being, interpersonal relationships, and societal cohesion. Our own perspective supports the notion that empathy plays a pivotal role in promoting prosocial behavior, fostering meaningful connections, and facilitating effective communication (Davis, 1994). By understanding and resonating with others' emotions, individuals can cultivate empathy as a foundational skill for navigating social interactions and building empathy bridges across diverse communities.

Moreover to its interpersonal benefits, empathy plays a crucial role in professional settings, influencing leadership effectiveness, teamwork dynamics, and client satisfaction (Goleman, 1995; Dutton et al., 2014). Organizations that prioritize empathy in their culture and practices tend to foster a supportive work environment, promote employee engagement, and achieve better business outcomes (Barsade et al., 2018; Galinsky et al., 2018).

Furthermore, empathy contributes to societal well-being by fostering empathy-based interventions and policies that address social injustices, promote equality, and cultivate empathy as a core value in education and healthcare systems (Mascaro et al., 2015; Riess, 2017). Cultivating empathy among early adolescent students through group counseling interventions not only benefits individual participants but also contributes to the development of empathic communities and a more compassionate society.

In addition to these domains, empathy holds considerable significance in broader contexts. It has been linked to leadership effectiveness, teamwork, and client satisfaction in professional environments (Clark et al., 2019; Zaki, 2020). Organizations that embed empathy into their culture tend to report higher employee engagement and better workplace outcomes (Barsade & O'Neill, 2014; Galinsky et al., 2018). On a societal level, empathy serves as a cornerstone for designing

policies and interventions that promote equity, justice, and well-being across communities (Riess, 2017; Mascaro et al., 2015).

In conclusion, empathy is a foundational construct that influences adolescent development, academic performance, mental health, and social adaptation. Recognizing its significance allows educators, counselors, and policymakers to develop effective interventions—such as group counseling programs—to foster empathy among early adolescents and build a more emotionally intelligent and compassionate society.

1.1.3 Theoretical Concepts Related to Empathy (e.g., Carl Rogers, Goleman, Decety)

Empathy has been conceptualized through various theoretical lenses that reflect its cognitive, emotional, and motivational dimensions. These frameworks contribute to our understanding of empathy as both a psychological trait and a dynamic process that evolves across development and interpersonal contexts.

One of the most influential figures in humanistic psychology, Carl Rogers (1959), identified empathy as one of the three core conditions necessary for effective therapeutic relationships, alongside unconditional positive regard and congruence. According to Rogers, empathy involves perceiving the internal frame of reference of another person with accuracy and with the emotional components and meanings as if one were the other person, but without ever losing the "as if" condition. In this perspective, empathy is not merely emotional resonance but a deep, cognitive-emotional process of perspective-taking and attunement. Rogers viewed empathy as essential for personal growth, self-actualization, and healing, especially in adolescence, where individuals seek understanding and acceptance in forming their identities.

Daniel Goleman (1995) further advanced the understanding of empathy by positioning it as one of the five core components of emotional intelligence (EI). Within his model, empathy is the capacity to sense and understand others' feelings, especially when those feelings are not explicitly communicated. Goleman emphasized that empathy supports the development of key interpersonal competencies such as managing relationships, resolving conflict, and exercising social responsibility. His framework highlights how empathy contributes to leadership, collaboration, and ethical decision-

making. In educational settings, fostering emotional intelligence—including empathy—has been shown to improve classroom climate, student engagement, and academic success.

From a neuroscientific perspective, Jean Decety and colleagues (Decety & Jackson, 2004; Decety & Cowell, 2014) offered a multi-component model of empathy that integrates affective sharing, perspective-taking (or mentalizing), and emotion regulation. Decety differentiates between emotional empathy, which involves shared affective responses, and cognitive empathy, which refers to the ability to adopt another's point of view. Importantly, Decety introduced the concept of empathic concern—the motivational aspect of empathy that leads to prosocial behavior. His work also explores the neural substrates of empathy, suggesting that distinct but interacting brain networks underlie these components, and that deficits in empathy can be linked to dysfunctions in these systems, as observed in conditions such as psychopathy or autism spectrum disorder.

Other theorists such as Martin Hoffman (2000) have explored the developmental trajectory of empathy. Hoffman proposed that empathy evolves in stages, beginning with global empathic distress in infancy and developing into more sophisticated role-taking capacities during adolescence. He emphasized the moral implications of empathy, suggesting that it is a key driver of altruism, guilt, and prosocial behavior.

Moreover, Eisenberg and colleagues (Eisenberg et al., 2006; Eisenberg & Fabes, 1998) highlighted the role of emotion-related self-regulation and socialization in shaping empathy. Their model focuses on how caregivers, peers, and culture influence children's empathic responses and moral development.

These theoretical perspectives, while distinct, converge in emphasizing empathy as a complex and malleable capacity that can be nurtured through relational experiences, social learning, and targeted interventions. For early adolescents navigating rapid developmental changes, understanding and applying these theoretical foundations is essential for designing effective tools and programs aimed at fostering empathy.

In contemporary educational and psychological discourse, empathy is increasingly linked to the concept of inclusion, particularly in diverse social and multicultural contexts. Empathy enables individuals to recognize, respect, and respond to the unique emotional and social experiences of people from different backgrounds, fostering environments where all individuals feel valued and understood (Zaki, 2020). Inclusive practices rooted in empathy emphasize perspective-taking, compassionate communication, and emotional sensitivity, all of which are critical for reducing prejudice, combating exclusion, and promoting social justice (Decety & Cowell, 2014). Theoretically, this connection aligns with Goleman's emotional intelligence framework, in which empathy underlies social awareness and is essential for managing diversity and creating inclusive leadership. In school settings, empathy-driven inclusion helps cultivate classroom climates that support belonging, reduce bullying, and encourage collaboration among students of varying abilities, cultures, and identities (Jagers, Rivas-Drake, & Williams, 2019). Thus, inclusion is not only a social goal but also a practical extension of empathy, making it a vital concept in the development of empathy-based interventions for early adolescents.

1.1.4 Factors Influencing the Development of Empathy

In the development of an empathy scale and the enhancement of empathy for early adolescent students through group counseling, a thorough examination of factors influencing the development of empathy is essential. Researchers have compiled and reviewed various documents and research works related to these factors, offering valuable insights into the multifaceted nature of empathy development. Here, we present a synthesis of key factors based on our own opinion and supported by relevant literature:

1) Parental Modeling and Socialization: Parents serve as primary role models for empathic behavior, shaping children's attitudes and responses towards others' emotions (Hoffman, 2000). Positive parent-child interactions, characterized by warmth, responsiveness, and emotional support, facilitate the internalization of empathic values and behaviors (Eisenberg et al., 2006). Recent studies affirm that parental

emotional coaching and secure attachment styles significantly predict empathy development in early adolescents (Miklikowska, 2017; Spinrad et al., 2015).

- 2) Peer Relationships and Social Contexts: Peer interactions play a crucial role in empathy development during adolescence, offering opportunities for perspective-taking, emotional sharing, and prosocial behavior (Malti & Noam, 2008). Positive peer relationships characterized by cooperation, empathy, and mutual support contribute to the cultivation of empathic skills and attitudes (Hartup, 1996). Recent evidence highlights that peer group norms and school belongingness are positively associated with empathy expression and prosocial conduct (Lam et al., 2021; van Rijsewijk et al., 2016).
- 3) Cultural Norms and Values: Cultural beliefs and norms shape individuals' understanding and expression of empathy, influencing the emphasis placed on interpersonal relationships, emotional expression, and social responsibilities (Miller & Bersoff, 1992). Cultural variations in empathy development reflect differences in socialization practices, communication styles, and empathy-related values across cultural groups (Markus & Kitayama, 1991). Studies have shown that collectivist cultures tend to foster greater emotional empathy, while individualist cultures may emphasize cognitive perspective-taking (Reniers et al., 2015; Trommsdorff, 2018).
- 4) Media Exposure and Digital Communication: Increasing exposure to media content, including television, movies, and social media, can influence adolescents' perceptions of empathy and interpersonal relationships (Valkenburg & Peter, 2007). Media portrayals of empathy, prosocial behavior, and conflict resolution may serve as models for adolescents' own empathic responses and social interactions (Coyne et al., 2018). Notably, interactive digital storytelling and empathy-based games have been found to significantly boost emotional awareness and prosocial attitudes in adolescents (Happ et al., 2019; van Lissa et al., 2020).
- 5) Educational Context and Moral Development: School environments play a significant role in fostering empathy development through social-emotional learning programs, moral education initiatives, and peer mediation programs (Durlak et

- al., 2011). Classroom activities promoting perspective-taking, empathy-building exercises, and conflict resolution skills contribute to the cultivation of empathy and prosocial behavior among students (Jones et al., 2017). Meta-analyses confirm that empathy-based educational interventions can improve both emotional regulation and academic engagement in students (Cipriano et al., 2023; Taylor et al., 2017).
- 6) Socialization Practices: Cultural norms, societal expectations, and socialization practices influence the expression and interpretation of empathy across different cultural contexts (Rahimian Boogar et al., 2020). Cultures that prioritize collectivism, interdependence, and communal harmony tend to emphasize empathy as a core value and social norm (Markus & Kitayama, 1991). A study by Yoo et al. (2021) highlighted how empathy is shaped differently in multicultural environments, with early exposure to diversity enhancing adolescents' social sensitivity.
- 7) Cognitive Factors: Cognitive abilities, such as perspective-taking, theory of mind, and moral reasoning, contribute to the development of empathy by enabling individuals to understand others' thoughts, feelings, and intentions (Davis et al., 1996). Executive functions, including cognitive flexibility and inhibitory control, facilitate empathic responses by regulating emotional arousal and cognitive biases (Decety & Michalska, 2010). Recent neuroscience findings support the role of the medial prefrontal cortex and temporoparietal junction in empathy-related cognitive processing in adolescents (Christov-Moore et al., 2020; Sebastian et al., 2017).
- 8) Environmental Influences: Environmental factors, such as socioeconomic status, neighborhood characteristics, and exposure to community violence, can shape empathic responses and interpersonal behaviors in early adolescence (Odgers et al., 2012). Adverse childhood experiences, including trauma, neglect, and parental conflict, may compromise empathy development and increase the risk of emotional dysregulation (McCrory et al., 2010). Newer studies suggest that adolescents exposed to nurturing environments and community-based resilience programs can regain or enhance empathic capacities despite early adversity (Layous et al., 2022; Sheridan et al., 2019).

After researcher review of documents and research related to factors influencing the development of empathy highlights the multidimensional nature of empathy development, encompassing familial, social, cultural, media, and educational influences. Researchers can inform the design of interventions, such as empathy scales and group counseling programs, tailored to address the complex interplay of factors shaping empathy development for early adolescent students. The research findings highlight the multifaceted nature of factors influencing the development of empathy in early adolescence. By considering the interplay between parental influences, peer dynamics, cultural contexts, cognitive abilities, and environmental factors, researchers can gain a comprehensive understanding of empathy development and design effective interventions to promote empathic attitudes and behaviors among young individuals.

1.1.5 Components and Structures of Empathy

Empathy comprises multiple components, including cognitive empathy (understanding others' perspectives), emotional empathy (sharing others' emotions), and compassionate empathy (being moved to help others) (Decety & Jackson, 2004). Our examination of the literature highlights the multidimensional nature of empathy and the need to assess and cultivate each component to foster comprehensive empathic responses.

1) Cognitive Empathy

Cognitive empathy, also known as perspective-taking, refers to the ability to understand and comprehend others' thoughts, feelings, and perspectives. Research by Davis (1983) emphasizes cognitive empathy as a fundamental component of empathy, enabling individuals to mentally simulate and understand others' experiences. Our examination supports this perspective, highlighting the importance of cognitive empathy in fostering empathy-related behaviors such as perspective understanding and empathic accuracy. Cognitive empathy, referred to as perspective-taking or mentalizing, involves the ability to understand and intellectually grasp others' thoughts, feelings, and perspectives (Shamay-Tsoory et al., 2009). Research by Decety and Jackson (2004) suggests that cognitive empathy relies on neural networks associated with mentalizing and theory of mind, allowing individuals to infer and

anticipate others' mental states. Recent studies have also linked cognitive empathy to moral decision-making, increased tolerance of diverse viewpoints, and reduced prejudice (Zaki, 2020; Christov-Moore et al., 2014). Our examination of the literature underscores the significance of cognitive empathy in facilitating effective communication, conflict resolution, and social cognition among early adolescents.

2) Emotional Empathy

Emotional empathy involves sharing and vicariously experiencing others' emotions, reflecting an affective response to others' emotional states. Studies by Decety and Jackson (2004) underscore the role of emotional empathy in empathy-related processes, suggesting that individuals with high emotional empathy exhibit greater neural activation in brain regions associated with affective processing. The review corroborates these findings, highlighting emotional empathy as a key component that facilitates emotional resonance and compassionate responding to others' distress. Emotional empathy encompasses the capacity to share and vicariously experience others' emotions, often accompanied by affective resonance and mirroring (Decety & Meyer, 2008). Studies by Singer and Lamm (2009) have identified neural correlates associated with emotional empathy, including activation of the mirror neuron system and insula, which facilitate the automatic processing of others' emotional states. More recent research suggests that emotional empathy plays a crucial role in regulating peer relationships and developing emotional intelligence during adolescence (Lockwood et al., 2017). Our review highlights the importance of emotional empathy in fostering interpersonal connections, empathy-driven motivation, and prosocial behavior among early adolescents.

3) Compassionate Empathy

Compassionate empathy, also referred to as empathic concern or sympathy, involves feeling concern for others' well-being and being motivated to help alleviate their suffering. Research by Eisenberg and Fabes (1990) suggests that compassionate empathy is characterized by feelings of warmth, tenderness, and a desire to provide support to those in need. Our analysis aligns with these findings, emphasizing compassionate empathy as a crucial component that drives prosocial behavior and

altruistic acts. Compassionate empathy, also known as empathic concern or empathy altruism, involves not only understanding others' emotions but also being moved to alleviate their suffering or distress (Batson et al., 2004). Research by Eisenberg et al. (2015) suggests that compassionate empathy is associated with prosocial behavior, altruistic motives, and moral development, contributing to the formation of caring and empathic individuals. More recent studies highlight the role of compassionate empathy in supporting inclusive behaviors, moral responsibility, and social justice in adolescent settings (Zhou et al., 2021; Jordan et al., 2016). The review of the literature emphasizes the role of compassionate empathy in promoting altruistic acts, helping behavior, and moral reasoning through early adolescent students.

Daniel Goleman (1995) Daniel Goleman's conceptualization of empathy involves three core components:

- 1. Cognitive Empathy: This component refers to the ability to understand and intellectually grasp the perspectives, thoughts, and emotions of others. It involves putting oneself in another person's shoes and comprehending their inner experiences from a cognitive standpoint. Cognitive empathy allows individuals to recognize and appreciate the feelings and viewpoints of others, even if they may not necessarily share the same emotions.
- 2. Emotional Empathy: Emotional empathy involves the capacity to share and resonate with the emotions of others. It entails experiencing an emotional response that mirrors or corresponds to the feelings expressed by another person. Emotional empathy enables individuals to connect with others on an emotional level, fostering a sense of empathy and compassion in response to others' emotional experiences.
- 3. Empathic Concern or Compassionate empathy: Also known as compassionate empathy or empathetic altruism, this component involves the motivation to alleviate the suffering or distress of others. Empathic concern goes beyond understanding and sharing emotions; it drives individuals to take action to support and

help those in need. It encompasses feelings of compassion, kindness, and a genuine desire to contribute positively to others' well-being.

Carl Roger (1957) that Carl Rogers' conceptualization of empathy encompasses three key components:

- 1. Affective Empathy: This component involves the emotional aspect of empathy, wherein individuals are able to experience and share the feelings of others. It involves the capacity to emotionally resonate with someone else's experiences, whether they are joyful, sad, anxious, or any other emotion. Affective empathy allows individuals to connect with others on an emotional level, fostering a sense of closeness and understanding.
- 2. Cognitive Empathy: Unlike affective empathy, cognitive empathy focuses on understanding the thoughts, perspectives, and beliefs of others. It involves the ability to intellectually grasp someone else's point of view, even if one may not necessarily share the same emotions. Cognitive empathy requires individuals to consider different perspectives, recognize diversity in opinions, and appreciate the complexity of human experiences.
- 3. Behavioral Empathy: This component of empathy pertains to the outward expression of understanding and compassion through supportive actions and behaviors. It involves actively demonstrating empathy through gestures, words, and behaviors that show care and concern for others. Behavioral empathy may include acts of kindness, offering help or support, listening attentively, and showing genuine interest in others' well-being.

In conclusion, The review of research related to the components of empathy provides valuable insights into the cognitive, emotional, and motivational aspects of empathy among early adolescent students. By synthesizing findings from diverse sources, researchers can inform the development of an empathy scale and the design of group counseling interventions aimed at enhancing empathy across multiple dimensions.

1.1.6 Strategies for Enhancing and Developing Empathy

Empathy is a complex construct that involves cognitive, emotional, and behavioral components. Researchers have explored diverse strategies aimed at fostering empathy to individuals, particularly early adolescents, to promote positive social interactions and emotional well-being. Empathy, a crucial social-emotional skill, plays a pivotal role in fostering positive relationships, emotional understanding, and prosocial behavior among early adolescents. Recent research underscores its importance as a foundational capacity for cooperation, social connection, and moral reasoning (Yang et al., 2021; Zuffianò et al., 2015). The review of research on strategies for enhancing empathy reveals several effective approaches:

1) Perspective-Taking Exercises

Perspective-taking exercises involve imagining oneself in another person's situation to understand their thoughts, feelings, and experiences. These exercises can be integrated into group counseling sessions through role-playing activities, storytelling, and guided imagery techniques.

By supporting early adolescents in seeing the world from different perspectives, these exercises promote empathy and perspective awareness. They also cultivate empathy by expanding adolescents' capacity for perspective-taking (Yang et al., 2021).

Studies have demonstrated the effectiveness of perspective-taking exercises in promoting cognitive empathy among adolescents (Schneider et al., 2013). By encouraging individuals to consider others' viewpoints and experiences, perspective-taking exercises enhance empathic understanding and perspective diversity.

2) Empathy Training Programs

Structured empathy training programs provide participants with systematic instruction and practice in recognizing and responding to others' emotions. These programs often incorporate elements of cognitive-behavioral therapy, social skills training, and emotional regulation techniques. By equipping early adolescents with specific empathy-building skills and strategies, these programs foster the development of empathic competence (van der Meulen et al., 2018). Empathy training programs that

involve structured activities and discussions focused on empathy development, have demonstrated effectiveness in increasing both cognitive and affective empathy among adolescents (Jolliffe & Farrington, 2006). Through guided practice and feedback, participants learn empathic skills and strategies for recognizing and responding to others' emotions. Incorporating role-playing, discussion, and reflection activities, have shown promising results in improving both cognitive and affective components of empathy (Dewey et al., 2019). These programs provide structured opportunities for skill development and emotional engagement, fostering empathic responses towards others.

3) Mindfulness Practices

Mindfulness practices, such as meditation, mindfulness-based stress reduction (MBSR), and mindfulness-based cognitive therapy (MBCT), have been increasingly recognized after 2015 as effective tools for enhancing present-moment awareness and fostering nonjudgmental acceptance of one's own and others' experiences. These practices cultivate attention, emotional regulation, and compassion, which are essential for developing empathy and improving interpersonal relationships among early adolescents. Recent research highlights that adolescents who participate in mindfulness-based programs show greater improvements in emotional empathy and social connectedness (Greenberg & Harris, 2019; Lam et al., 2022).

Mindfulness-based interventions have demonstrated effectiveness in enhancing empathy by fostering present-moment awareness and compassion towards both oneself and others. Recent studies indicate that such practices can strengthen emotional empathy and reduce interpersonal conflict by promoting non-judgmental acceptance and empathic concern (Greenberg & Harris, 2019; Lam et al., 2022). Mindfulness-based interventions, such as loving-kindness meditation and compassion-focused therapy, have been associated with increased levels of emotional empathy and compassionate behavior (Jazaieri et al., 2018). By cultivating present-moment awareness and compassion towards oneself and others, mindfulness practices contribute to empathy enhancement.

4) Exposure to Diverse Experiences

Exposure to diverse experiences, cultures, and perspectives broadens individuals' understanding of the human experience and promotes empathy towards people from different backgrounds. Group counseling sessions can incorporate activities such as cultural immersion exercises, community service projects, and cross-cultural dialogue to expose early adolescents to diverse perspectives and foster empathy across cultural boundaries. Volunteering in community service projects or interacting with individuals from different cultural backgrounds can broaden adolescents' perspectives and foster empathic attitudes. Through direct engagement with others' experiences, adolescents develop empathy by recognizing commonalities and differences in human emotions and experiences (Pérez-Fuentes et al., 2021).

Exposure to diverse social contexts and experiences promotes empathy by broadening individuals' perspectives and fostering cultural understanding (Killen & Smetana, 2015). Research suggests that engaging with individuals from different backgrounds and cultures facilitates the development of empathic attitudes and behaviors.

5) Social-Emotional Learning (SEL) Programs

Social-Emotional Learning (SEL) programs integrate empathy education into school curricula, focusing on the development of emotional intelligence, interpersonal skills, and prosocial behaviors. These programs typically include structured lessons, group discussions, and collaborative activities aimed at promoting empathy, compassion, and cooperation among early adolescents (Durlak et al., 2015).

6) Integration of Arts and Literature

Incorporating arts-based activities, such as creative writing, theater, and visual arts, into empathy-enhancing interventions stimulates imaginative empathy and emotional expression (Lahman et al., 2017). Engagement with literature and storytelling also promotes empathy by fostering empathy for fictional characters and exploring diverse narratives.

Numerous strategies have been proposed for enhancing empathy, ranging from perspective-taking exercises and empathy training programs to mindfulness

practices and exposure to diverse experiences (Rogers et al., 2017). Our review emphasizes the effectiveness of interventions that combine cognitive, emotional, and behavioral components, such as integrative group counseling programs, in promoting empathy among individuals, particularly early adolescents.

In conclusion, a variety of strategies for enhancing and developing empathy for early adolescent students have been identified through the review of documents and research. By integrating these strategies into group counseling interventions and incorporating our own opinions to support the researchers' findings, practitioners can design effective programs that facilitate the growth of empathy and promote positive social-emotional development in early adolescence. The review of documents and research related to empathy provides a foundational understanding of the construct, its significance, theoretical frameworks, developmental influences, components, and enhancement strategies. By synthesizing insights from diverse sources, researchers can inform the development of an empathy scale and the design of group counseling interventions aimed at enhancing empathy for early adolescents.

Research on strategies for enhancing and developing empathy offers valuable insights into effective approaches for promoting empathy among early adolescents. By incorporating evidence-based practices such as perspective-taking exercises, empathy training programs, mindfulness practices, and exposure to diverse experiences, researchers and practitioners can design comprehensive interventions to cultivate empathy and nurture positive social relationships among adolescents.

1.2 Related Research

1.2.1 Studies on Empathy in Early Adolescence

Recent empirical research has significantly deepened our understanding of how empathy develops and functions during early adolescence (typically ages 10–14). Studies have explored its trajectory, neurological basis, gender differences, and psychosocial implications. For instance, Lai et al. (2022) conducted a large-scale cross-sectional study to examine empathy toward both human and animal targets across adolescence into adulthood. Their findings revealed a gradual increase in empathy with age, with girls exhibiting consistently higher empathy scores beginning in early

adolescence. This suggests a developmental trend in empathic sensitivity, potentially driven by hormonal and social factors. Additionally, the study demonstrated that adolescents often show stronger empathic concern for human subjects than animals, reflecting emerging moral priorities during this period.

Similarly, Reniers et al. (2020) employed behavioral assessments and functional MRI to compare cognitive and emotional empathy across age groups. They found that early adolescents demonstrated lower cognitive empathy than adults but compensated through greater emotional arousal and hyperactivation in the anterior insula and medial prefrontal cortex. This finding implies that while perspective-taking abilities are still developing, early adolescents rely more on affective responses, which could influence the way they react to emotionally charged situations.

In a study of 1,600 Chinese adolescents aged 11–15, Zhang et al. (2023) found a strong positive association between empathy and emotional resilience. The researchers reported that adolescents with higher empathy levels were more resilient against stress and emotional challenges. This relationship was mediated by reduced depressive symptoms and improved self-efficacy, while social activity served as a moderator. The study emphasized the importance of fostering empathic skills as a pathway to improved mental health.

In terms of behavior, Chen et al. (2024) utilized the Prisoner's Dilemma game to measure cooperation among boys at different adolescent stages. The results showed that early adolescents had lower perspective-taking and higher personal distress, which correlated with reduced cooperative behavior. The study underscores the need for empathy-focused interventions during early adolescence to improve peer collaboration and social decision-making.

Moreover, Wang et al. (2022) used structural equation modeling in a study of 1,171 Chinese adolescents and found that empathy significantly predicted prosocial behavior. Perceived social support mediated this relationship, emphasizing the importance of supportive peer and family environments in nurturing empathic dispositions. The findings suggest that adolescents who feel emotionally supported are

more likely to engage in helping behaviors. Gender role orientation has also been shown to influence empathy development. A longitudinal study by Lee and McHale (2021) tracked children from late childhood into early adolescence and found that adolescents who adopted more egalitarian gender-role attitudes showed significantly greater increases in empathic concern. These findings indicate that social beliefs and identity development play a critical role in shaping empathy.

Lastly, Ruiz et al. (2022) reported that behavioral empathy—defined as observable, action-oriented empathic responses—acts as a protective factor against anxiety, depression, and externalizing behaviors such as aggression or rule-breaking. Their research, based on longitudinal tracking and parent-report measures, highlighted the role of behavioral empathy in fostering emotional regulation and reducing risk behaviors. Collectively, these findings underscore the importance of empathy during early adolescence—not only as a developmental construct but also as a buffer for emotional well-being and a facilitator of prosocial interaction.

1.2.2 Studies on Empathy and Emotional Development

Recent research has increasingly focused on the relationship between empathy and emotional development during early adolescence, a critical period marked by heightened emotional reactivity, identity formation, and social reorientation. Scholars have explored how empathy not only contributes to emotional regulation and resilience but also interacts with broader emotional competencies that influence adolescents' social and psychological adjustment.

Yang et al. (2020) conducted a longitudinal study involving 823 adolescents aged 11–14 to investigate the bidirectional relationship between empathy and emotional regulation. The findings revealed that higher levels of empathy predicted improvements in emotional regulation over time, while effective emotional regulation also fostered increased empathy. This reciprocal influence suggests that emotional development and empathy reinforce one another during adolescence, forming a virtuous cycle that promotes prosocial behavior and psychological well-being.

Similarly, Liew et al. (2018) examined the role of empathy in emotional competence and behavioral adjustment among early adolescents in multicultural settings. Their study found that adolescents who scored higher in both cognitive and affective empathy exhibited greater emotional awareness and self-regulation, as well as lower levels of externalizing behaviors such as aggression. Empathy acted as a protective factor, especially among students exposed to family or peer conflict, buffering the negative effects of emotional stress.

In a neurodevelopmental study, Moriguchi et al. (2019) used functional MRI to investigate how empathic concern and emotional regulation strategies are processed in the adolescent brain. Results showed that adolescents with strong emotional empathy displayed higher activation in the anterior cingulate cortex and ventromedial prefrontal cortex—regions associated with affective empathy and emotion control. These findings support the notion that empathy is neurologically intertwined with emotional processing, especially in high-emotion social contexts.

Batanova and Loukas (2016) also found a mediating role of empathy in the link between emotional clarity and prosocial outcomes. Their study of middle school students revealed that adolescents with higher emotional clarity—defined as the ability to identify and understand one's own emotions—were more likely to exhibit empathic behaviors toward peers. Empathy served as the conduit through which emotional understanding translated into social action.

Furthermore, Petterson et al. (2021) explored how empathic ability correlates with emotional dysregulation in youth with and without behavioral disorders. They discovered that lower levels of emotional empathy were associated with increased emotional lability and impulsive behavior. Importantly, the study emphasized the need for targeted emotional-skills training that includes empathy development, especially for atrisk populations.

Lastly, Orgeta and Lewis (2017) synthesized data from multiple studies to identify empathy as a central factor in adolescents' emotional maturity. Their meta-analysis confirmed that emotional development in adolescence is strongly associated

with the capacity to take others' perspectives, manage emotional responses, and demonstrate concern for others—three core abilities driven by empathy.

Taken together, these studies emphasize the deeply interconnected nature of empathy and emotional development in early adolescence. Empathy not only enhances emotional awareness, regulation, and resilience but also serves as a developmental mechanism for navigating complex interpersonal situations. Understanding this link is crucial for informing educational, psychological, and counseling interventions designed to support adolescents during a formative stage of emotional and social growth.

1.2.3 Research Linking Empathy to Behavior and Mental Health Outcomes

Recent empirical research has consistently highlighted the critical link between empathy and both behavioral adjustment and mental health outcomes during early adolescence. Adolescents with higher levels of empathy tend to exhibit fewer externalizing behaviors, such as aggression and rule-breaking, and report lower levels of internalizing symptoms, including anxiety and depression.

Miklikowska et al. (2019) found that empathy was negatively associated with antisocial behaviors among adolescents in a large-scale longitudinal study conducted in Sweden. Specifically, cognitive and affective empathy predicted reductions in aggressive behavior and delinquency over time. These findings suggest that fostering empathy can act as a protective factor against externalizing behavior problems.

Similarly, Van der Graaff et al. (2018) investigated the relationship between empathy and internalizing symptoms in adolescents and found that high levels of empathic concern were associated with lower depressive symptoms, while personal distress was positively linked to anxiety. The study emphasized the importance of distinguishing between affective empathy (which supports social bonding) and personal distress (which can increase vulnerability to emotional problems).

In a study conducted in China, Wang et al. (2021) demonstrated that adolescents with stronger empathic abilities displayed better emotional regulation and less emotional reactivity. This contributed to a lower risk of anxiety and mood disorders.

Their structural equation modeling showed that emotion regulation significantly mediated the link between empathy and psychological well-being.

Geng et al. (2022) further explored how empathy influenced social behaviors and emotional problems in early adolescents. Their results indicated that emotional empathy contributed to increased prosocial behaviors, while deficits in empathy were associated with social withdrawal and peer rejection. Importantly, they found that empathy-based school interventions led to significant reductions in both bullying behavior and depressive symptoms.

Moreover, Calandri, Graziano, Borghi, and Cattelino (2020) highlighted that high empathy levels were significantly associated with positive peer relationships and lower involvement in risk-taking behavior. Adolescents with better empathic abilities were more likely to engage in supportive peer networks, which in turn protected against the development of emotional disorders.

Miller et al. (2021) examined how deficits in empathy may increase the risk of externalizing behaviors in emotionally dysregulated youth. Their study showed that adolescents with poor empathic awareness were more likely to engage in impulsive, hostile behavior and had increased difficulty understanding the consequences of their actions.

Additionally, Barquero, Santos, and Chen (2023) conducted a study across multiple school districts and found that students who participated in empathy-enhancement programs exhibited lower incidences of oppositional behavior and reported increased satisfaction with school climate. These findings support the integration of empathy training within broader mental health and behavioral support systems.

Collectively, these studies underscore the profound role empathy plays in shaping adolescent behavior and psychological health. Enhancing empathy during this developmental stage may serve not only to reduce behavioral problems but also to promote emotional resilience, social competence, and mental well-being.

After reviewing relevant documents and research, it is evident that factors influencing the development of empathy are multidimensional, encompassing familial,

social, cultural, cognitive, educational, and environmental domains. By understanding the dynamic interplay between these influences, educators and mental health professionals can better design developmentally appropriate interventions—such as empathy assessment tools and group counseling programs—tailored to support the empathic growth of early adolescent students in diverse settings.

2. Documents and Research Related to the Development of Empathy Scale

2.1 Related Documents

2.1.1 Definitions and significance of empathy scales

An empathy scale is a psychometric tool designed to quantitatively assess individuals' empathic abilities across cognitive, emotional, and behavioral dimensions. Unlike broader measures of empathy, such as self-report questionnaires or observational methods, an empathy scale typically comprises a standardized set of items or tasks specifically tailored to measure empathy-related constructs (Hogan, 1969).

Empathy scales undergo rigorous validation processes to ensure their reliability, validity, and sensitivity to individual differences in empathic abilities. Psychometric analyses, such as factor analysis and reliability testing, are commonly employed to establish the psychometric properties of empathy scales, thereby enhancing their utility in research and clinical settings (Davis, 1980).

The review highlights the multifaceted nature of empathy scales, which often encompass various components, including perspective-taking, emotional responsiveness, and empathic concern. These components align with theoretical frameworks proposing empathy as a multidimensional construct involving cognitive, affective, and motivational aspects (Davis, 1983).

The meaning of an empathy scale lies in its ability to quantitatively measure individuals' empathic abilities across different dimensions. Empathy scales are structured instruments designed to assess various components of empathy, including cognitive empathy, emotional empathy, and compassionate empathy (Davis, 1983). Researchers recognize the importance of developing empathy scales that accurately

capture the nuances of empathic responses and can be effectively applied in diverse populations, including early adolescents.

Empathy scales play a crucial role in empirical research, allowing researchers to assess baseline empathy levels, track changes over time, and evaluate the effectiveness of interventions aimed at enhancing empathy. By providing quantifiable data on individuals' empathic tendencies, empathy scales facilitate a deeper understanding of empathy's role in various domains, including social relationships, mental health, and prosocial behavior (Decety & Jackson, 2004).

Empathy scales serve as valuable tools for researchers and practitioners to evaluate individuals' empathic capacities, identify areas for intervention, and monitor changes in empathy levels over time. By providing a standardized framework for assessing empathy, these scales facilitate empirical research on empathy development and intervention effectiveness (Jolliffe & Farrington, 2006). Moreover, empathy scales can inform the design and evaluation of interventions aimed at promoting empathy, such as group counseling programs tailored to the needs of early adolescent students.

The review of the literature underscores the significance of empathy scales in advancing our understanding of empathy and its role in social and emotional development. Through the development and validation of reliable and valid empathy scales, researchers contribute to the measurement and enhancement of empathy among early adolescents, thereby supporting their psychosocial well-being and interpersonal relationships.

The significance of using empathy scales lies in their ability to provide quantifiable data for both clinical and educational settings. These tools are essential for evaluating interventions, identifying students or individuals with low empathy, and guiding the design of empathy-based training or counseling programs (Boele et al., 2019). In school contexts, valid and reliable empathy scales can support the development of social-emotional learning (SEL) frameworks, assist teachers and counselors in student monitoring, and promote inclusive and supportive environments.

Empathy is often operationalized as the ability to recognize, understand, and respond to the emotions and perspectives of others. Contemporary empathy scales are developed based on multidimensional models that distinguish between cognitive empathy (understanding others' thoughts and feelings), emotional empathy (emotional resonance or sharing others' emotions), and compassionate or prosocial empathy (motivational tendencies to help others) (Decety & Cowell, 2014; Wang et al., 2020).

Empathy scales are standardized measurement tools designed to assess the multifaceted construct of empathy, particularly in its cognitive, emotional, and behavioral dimensions. These tools play a critical role in psychological assessment and developmental research, as empathy is recognized as a foundational component of emotional intelligence, prosocial behavior, and social functioning (Geng et al., 2021).

In cross-cultural settings, empathy scales must also demonstrate cultural sensitivity and linguistic appropriateness. Research has shown that empathy expressions and interpretations vary across cultures, necessitating culturally adapted instruments to ensure accurate assessments and meaningful comparisons (Geng et al., 2021).

In conclusion, the meaning of an empathy scale lies in its capacity to systematically assess individuals' empathic abilities and inform intervention efforts aimed at enhancing empathy among early adolescent students. By synthesizing insights from existing research, researchers can develop empathy scales that capture the multidimensional nature of empathy and facilitate the evaluation of interventions, such as group counseling programs, designed to promote empathy in this population.

The meaning of an empathy scale extends beyond a mere measurement tool; it represents a systematic approach to capturing and quantifying complex empathic processes. As researchers embark on the development of an empathy scale tailored to early adolescent students, they must consider the nuanced nature of empathy and the diverse dimensions it encompasses.

2.1.2 Importance and Application of Empathy Scales

Empathy scales serve as essential tools for systematically assessing individuals' empathic abilities. By quantifying empathy, researchers and practitioners

gain valuable insights into emotional intelligence, interpersonal relationships, and prosocial behaviors—factors that significantly influence social adjustment and psychological well-being (Boele, Van der Graaff, De Wied, Van der Valk, & Branje, 2019). These tools provide a standardized and objective framework for measuring complex empathic responses, capturing both cognitive and affective components of empathy (Decety & Cowell, 2014).

Empathy scales play a multifaceted role in both research and applied settings. They allow for:

1) Objective Measurement

Empathy scales offer an objective method for assessing subtle empathic responses that may not be easily observed through qualitative means. Standardized scales help quantify dimensions such as emotional responsiveness, perspective-taking, and prosocial concern (Davis, 1983; Decety, 2010).

2) Diagnostic Utility

These tools serve as diagnostic instruments in both clinical and educational contexts, enabling the identification of individuals with empathy deficits and informing targeted intervention strategies (Chrysikou, 2017; Smith & Jones, 2018).

3) Developmental Monitoring

Empathy scales are essential in tracking empathic development, especially during early adolescence—a period marked by emotional and social maturation. They help evaluate the influence of developmental, familial, or educational interventions over time (Eisenberg, Spinrad, & Knafo-Noam, 2015).

4) Intervention Evaluation

Validated empathy scales allow researchers to evaluate the effectiveness of empathy-enhancing programs such as group counseling by comparing pre- and post-intervention scores to determine significant improvement in empathy (Boele et al., 2019).

5) Baseline Assessment

Establishing a baseline level of empathy is critical prior to implementing any social-emotional intervention. This enables practitioners to monitor change and tailor programs to the needs of the target population (Wang, Geng, & Lei, 2020).

6) Identification of Target Areas

Empathy scales can identify specific components—cognitive, emotional, or compassionate empathy—that require development. This allows for targeted interventions that meet the nuanced needs of individuals (Decety & Cowell, 2014).

7) Cross-Cultural Research

Culturally adapted empathy scales promote comparative studies across societies, aiding the understanding of how empathy manifests in different cultural contexts, such as collectivist versus individualist cultures (Geng, Wang, Lei, & Wang, 2021).

8) Educational Applications

In school settings, empathy scales support Social and Emotional Learning (SEL) programs by helping educators identify students in need of support. This enhances inclusive education and promotes healthy school climates (Jolliffe & Farrington, 2006; Decety, 2010).

In conclusion, empathy scales are not merely instruments for measurement; they are critical tools that enable comprehensive understanding, diagnosis, intervention design, and progress tracking in both psychological and educational domains. Their development and application contribute significantly to research on empathy and to evidence-based practices that support emotional and social growth across diverse populations.

2.1.3 Characteristics, Formats, and Structure of Empathy Scales

Empathy scales vary in their characteristics and formats, with researchers exploring different approaches to effectively measure empathic abilities. Recent research

has focused on identifying the key characteristics and formats that contribute to the effectiveness and validity of empathy scales.

- 1. Multidimensional Assessment: Researchers advocate for empathy scales that assess multiple dimensions of empathy, including cognitive, emotional, and behavioral components (Jolliffe & Farrington, 2006). By incorporating various aspects of empathy, multidimensional scales provide a comprehensive understanding of individuals' empathic responses. Recent studies emphasize the importance of developing empathy scales that assess multiple dimensions of empathy, including cognitive, emotional, and behavioral components (Smith et al., 2018). By capturing the complexity of empathy, multidimensional scales provide a more comprehensive understanding of individuals' empathic responses.
- 2. Developmental Appropriateness: Empathy scales should be developmentally appropriate for early adolescents, considering their cognitive and emotional maturity levels (Eisenberg et al., 2006). Researchers emphasize the importance of using language and scenarios that are relatable and understandable for this age group.
- 3. Validity and Reliability: Validity and reliability are paramount in empathy scale development, ensuring that the scale accurately measures what it intends to measure and produces consistent results over time (Davis, 1983). Researchers employ rigorous validation procedures, including factor analysis and test-retest reliability assessments, to establish the psychometric properties of empathy scales. Researchers highlight the significance of ensuring the validity and reliability of empathy scales through rigorous psychometric testing (Jones & Davis, 2019). Validity refers to the extent to which the scale measures what it intends to measure, while reliability pertains to the consistency of results over time. Valid and reliable empathy scales are essential for obtaining accurate assessments of individuals' empathic abilities.
- 4. Response Format: Empathy scales may utilize various response formats, such as Likert scales, semantic differentials, or forced-choice items (Davis, 1983). Researchers explore different response formats to determine which format yields

the most reliable and valid measurement of empathic abilities among early adolescents. Recent research explores various response formats for empathy scales, including Likerttype scales, visual analog scales, and behavioral observation measures (Chen et al., 2021). Each response format offers unique advantages and considerations, and researchers should select the most suitable format based on the objectives of the study and the target population.

- 5. When determining norms for measuring empathy in early adolescent students, it is common to utilize a sufficiently large sample size to ensure the representativeness of the norms for the entire adolescent population. However, the appropriate sample size depends on statistical confidence and data analysis. It is recommended to use a sample size of at least 500-1000 individuals to achieve adequate statistical confidence (Rushton, 1989; Tabachnick & Fidell, 2013).
- 6. Cultural Sensitivity: Cultural sensitivity is essential in empathy scale development to ensure that the scale is applicable across diverse cultural contexts (Wang & Mallinckrodt, 2006). Researchers emphasize the need to consider cultural norms, values, and language when developing and validating empathy scales for early adolescence students.

Recognizing the cultural diversity of early adolescent populations, researchers emphasize the importance of developing empathy scales that are culturally sensitive and applicable across diverse cultural contexts (Garcia et al., 2020). Culturally sensitive empathy scales ensure that the assessment accurately captures individuals' empathic responses while respecting cultural differences and norms.

7. Age-Appropriate Items: Developing empathy scales tailored to the developmental stage of early adolescents is essential for obtaining accurate and meaningful assessments (Johnson et al., 2020). Empathy scales should include items and language that are age-appropriate and relevant to the experiences and understanding of early adolescent students.

In summary, the development of an empathy scale for early adolescence students requires careful consideration of various characteristics and formats to create a

valid, reliable, and culturally sensitive measurement tool. By integrating findings from empirical studies and expert opinions, researchers can create empathy scales that accurately assess empathic abilities and facilitate the enhancement of empathy through group counseling interventions. The importance of developing empathy scales with specific characteristics and formats tailored to the needs of early adolescent populations. By prioritizing multidimensional assessment, validity, reliability, age appropriate items, response formats, and cultural sensitivity, researchers can create empathy scales that provide accurate and meaningful assessments of individuals' empathic abilities.

2.1.4 Measurement Principles and Validation of Empathy

Empathy scales serve as crucial tools for assessing individuals' empathic tendencies and evaluating the impact of interventions aimed at enhancing empathy. The effectiveness of empathy scales is evaluated based on various criteria, including reliability, validity, sensitivity to change, and practical utility in different contexts.

- 1) Reliability and Validity: Empathy scales should demonstrate high reliability, indicating consistency in measurement over time and across different samples. Additionally, validity refers to the extent to which the scale accurately measures the construct of empathy. Studies by Smith et al. (2019) and Johnson et al. (2020) have assessed the reliability and validity of empathy scales among early adolescent populations, providing evidence of their psychometric properties and suitability for research and clinical purposes.
- 2) Sensitivity to Change: An effective empathy scale should be sensitive to changes in empathic abilities resulting from interventions such as group counseling. Longitudinal studies by Brown et al. (2018) and Garcia et al. (2021) have investigated the responsiveness of empathy scales to interventions targeting empathy enhancement in early adolescents. These studies have demonstrated significant improvements in empathy scales to detect changes in empathic tendencies over time.
- 3) Practical Utility: Beyond psychometric properties, the practical utility of empathy scales is crucial for their widespread use in research and clinical settings.

Studies by Jones et al. (2017) and Martinez et al. (2020) have evaluated the feasibility and acceptability of administering empathy scales in school-based settings, highlighting the importance of user-friendly formats and efficient data collection procedures.

4) Cross-Cultural Perspectives: Cross-cultural studies have also contributed valuable insights into the measurement and evaluation of empathy scales. For instance, a comparative study by Wang and Zhao (2018) examined the psychometric properties of empathy scales across different cultural contexts, including Thailand, China, and the United States. The researchers found similarities in the underlying structure of empathy across cultures, highlighting the universality of empathic processes while also acknowledging cultural variations in empathy expression and interpretation.

Furthermore, a meta-analysis conducted by Smith et al. (2017) synthesized findings from multiple studies on the effectiveness of empathy interventions worldwide. The meta-analysis revealed consistent evidence supporting the positive impact of group counseling and similar interventions on empathy development across diverse cultural settings, emphasizing the global relevance of empathy enhancement programs.

In a study by Sukkawat et al. (2019), researchers in Thailand developed and validated an empathy scale specifically tailored for early adolescent students. Utilizing a mixed-methods approach, the researchers collected qualitative data through focus group discussions with students and teachers to inform the development of the scale items. Subsequently, quantitative data were collected to assess the psychometric properties of the scale, including reliability and validity. The findings revealed promising results, indicating high internal consistency and construct validity of the empathy scale among Thai adolescents.

Moreover, a longitudinal study conducted by Pongsakornrungsilp et al. (2020) investigated the effectiveness of a group counseling intervention in promoting empathy among early adolescent students in Thailand. The intervention, which integrated cognitive-behavioral techniques and interpersonal skills training, demonstrated significant improvements in empathy scores among participants over the course of the program.

The findings underscored the importance of culturally sensitive interventions in addressing empathy development in Thai adolescents.

In conclusion, the measurement and evaluation of the effectiveness of empathy scales are essential components of research aimed at enhancing empathy among early adolescent students through group counseling. By examining the reliability, validity, sensitivity to change, and practical utility of empathy scales, researchers can ensure accurate assessment of empathic abilities and meaningful evaluation of intervention outcomes. The recent research in Thailand and other countries has advanced our understanding of the measurement and evaluation of empathy scales, as well as the effectiveness of group counseling interventions in promoting empathy among early adolescent students. By integrating findings from both local and cross-cultural studies, researchers can inform the development of culturally sensitive empathy scales and evidence-based interventions tailored to the needs of diverse populations.

2.1.5 Examples of Empathy Assessment Tools in Children and Adolescents

Empathy is a multifaceted construct encompassing cognitive, emotional, and behavioral components. In recent decades, several standardized assessment tools have been developed to quantitatively evaluate empathic capacities in children and adolescents. These instruments not only serve as diagnostic and developmental tools but also aid in intervention planning and evaluation. In this section, three prominent empathy assessment tools—Kid's Empathic Development Scale (KEDS), Empathy Scale for Children (ESC), and Basic Empathy Scale (BES)—are reviewed as foundational sources for the construction of the current study's empathy scale for early adolescents.

1) Kid's Empathic Development Scale (KEDS)

The KEDS was initially developed by Zahn-Waxler, Radke-Yarrow, and King (1979), and further adapted by Bryant and Crockenberg (1980), to assess empathy in children across different developmental stages. The scale is designed to capture three key dimensions of empathy: affective empathy (emotional sharing), cognitive empathy (perspective-taking), and behavioral empathy (compassionate responses). The KEDS often uses scenario-based items or vignettes to simulate real-life

situations in which children must express their emotional understanding and likely reactions.

Responses are commonly measured on a Likert scale ranging from "Never" to "Always" or from "Strongly Disagree" to "Strongly Agree," depending on the version. Scoring is typically summative, with item responses aggregated to provide a total empathy score. This enables researchers and practitioners to obtain a comprehensive and developmentally appropriate measure of children's empathic tendencies. The tool has been used extensively in both research and applied settings to support the identification of empathy levels and areas requiring intervention or support.

Sample cognitive empathy items include:

- "I understand how my friends feel when they are sad or upset."
- "I often think about how others might be feeling in different situations."

Sample emotional empathy items include:

- "When my friends are happy, I feel happy too."
- "I get upset when I see others crying or in pain."

Sample compassionate empathy items include:

- "I feel a strong urge to comfort others when they are upset."
- "I often go out of my way to support and assist people who are in need."

2) Empathy Scale for Children (ESC)

The Empathy Scale for Children (ESC), developed by Bryant and Crockenberg (1980), is another well-established instrument for evaluating empathy in young populations. It includes questions that assess children's ability to recognize and respond to others' emotions in a socially appropriate manner. The ESC employs a 4-point response format, with scores typically ranging from 0 to 3 for each item.

The ESC is composed of items targeting different empathy dimensions. Some example items include:

- "When my friend is sad, I try to understand why."(0 = Never, 3 = Always)
- "I help others when they are in trouble."(0 = Rarely, 3 = Almost Always)
- "I try to imagine how others feel when they are hurt."
 (0 = Never, 3 = Often)

By summing all item scores, researchers can derive a total empathy score, which reflects a child's general capacity for empathy. The ESC has proven useful for assessing the impact of school-based social-emotional interventions and serves as a baseline tool in many educational and developmental psychology studies.

3. Basic Empathy Scale (BES)

Basic Empathy Scale (BES), developed by Jolliffe and Farrington (2006), the Basic Empathy Scale (BES) is widely used in research and clinical contexts to assess both cognitive and affective aspects of empathy among adolescents and adults. Unlike KEDS and ESC, which are geared primarily toward younger children, the BES was constructed for use with older populations and has been validated in multiple cultural contexts.

The scale consists of statements rated on a Likert scale indicating the degree to which respondents agree or disagree with each statement. Examples of items include:

- "I can usually understand how someone else is feeling even if
 I haven't experienced the same thing."
- "I often feel sad when I see someone else crying."
- "I tend to avoid getting involved in other people's problems."

The BES distinguishes between cognitive empathy (understanding others' mental and emotional states) and affective empathy (emotional resonance),

allowing for a nuanced assessment of empathic functioning. Its concise structure and robust psychometric properties have led to its widespread adoption in empathy research worldwide.

Application in the Present Study

In the current study, the development of an Empathy Scale tailored to early adolescents incorporates core elements drawn from all three instruments: KEDS, ESC, and BES. Each scale's theoretical underpinnings, structural format, and item types were examined to inform the construction of a multidimensional measure suitable for Thai students aged 10–14. The scale covers cognitive empathy, emotional empathy, and compassionate empathy, with a 5-point Likert response format adapted for developmental appropriateness.

Additionally, the developed scale will be used to establish normative data for early adolescents and to identify students with low empathy who may benefit from targeted group counseling interventions. Statistical procedures such as mean and standard deviation calculations, as well as stratified norm analysis by demographic variables, will be applied to support the reliability and validity of the scale.

By grounding the scale in well-established measures and aligning it with current developmental psychology principles, this instrument aims to fill the gap in culturally appropriate empathy assessment tools for early adolescent populations in Thailand.

2.2 Related Research

2.2.1 Previous Studies on the Development of Empathy Measurement Tools

Overgaauw et al. (2017) developed the Empathy Questionnaire for Children and Adolescents (EmQue-CA), targeting youths aged 10 to 15. The scale includes three dimensions: cognitive empathy, affective empathy, and the intention to comfort. The authors validated the three-factor structure using confirmatory factor analysis and demonstrated strong internal consistency. Moreover, scores on the EmQue-CA correlated positively with friendship quality and negatively with bullying behavior, providing evidence of concurrent validity.

Lin et al. (2021) examined the validity and gender invariance of the Chinese version of EmQue-CA among Chinese adolescents. Their findings confirmed the three-factor structure and demonstrated that the scale could be used reliably across male and female participants. This study underscores the value of culturally adapting empathy scales for specific linguistic and demographic populations.

Cherewick et al. (2022) tested the EmQue-CA among Tanzanian adolescents to examine its psychometric performance in a low-resource setting. They found the scale maintained its three-factor structure and exhibited strong convergent validity with prosocial behaviors and negative correlations with externalizing problems. This study highlights the tool's utility in international and culturally diverse settings.

Lazdauskas and Nasvytiė (2021) adapted the EmQue-CA into Lithuanian and conducted a psychometric evaluation with children and adolescents. Results supported the multi-factor structure and confirmed its cultural appropriateness for Lithuanian populations. This work extends the scale's cross-cultural applicability.

Grazzani et al. (2016) created the Italian version of the Empathy Questionnaire (EmQue-I13) for children aged 18 to 36 months. The tool was designed to assess empathy at an early developmental stage and demonstrated high reliability and construct validity. This version was found to be invariant across gender and closely linked to early emotional regulation skills.

2.2.2 Research on Psychometric Properties and Cultural Adaptation of Empathy Scales

Chokri et al. (2024) adapted the Basic Empathy Scale for Children (BES-C) into Arabic for use among 533 Tunisian students. The researchers confirmed a three-factor structure consisting of cognitive empathy, emotional contagion, and emotional disconnection. Internal consistency (McDonald's $\omega=0.72$) and test-retest reliability (ICC = 0.67) were acceptable. Minor gender differences were observed in emotional contagion, with females scoring slightly higher.

Dallagi-Belkilani et al. (2023) validated the Arabic version of the Basic Empathy Scale (BES-Ar) among 526 Tunisian adults. The results supported a two-factor structure (cognitive and affective empathy) with strong internal consistency and construct

validity. This work provides a foundation for the tool's use in both clinical and community-based Arabic-speaking populations.

Rijo et al. (2016) conducted a Portuguese validation of the Basic Empathy Scale among 1,029 adolescents aged 12–18. Their study confirmed the two-factor model and demonstrated measurement invariance across gender and age groups. Empathy scores were positively associated with social skills and negatively associated with aggression, supporting theoretical expectations.

Heynen et al. (2016) validated a German short version of the Basic Empathy Scale among male adolescents in youth detention centers. Their study retained a 12-item format with two dimensions. The tool exhibited good internal consistency and strong correlations with callous-unemotional traits, affirming its potential for identifying empathy deficits in high-risk populations.

Sesso et al. (2021) conducted a systematic review of 16 empathy measures for children and adolescents. The review noted that most scales were multidimensional and emphasized the importance of strong factor-analytic approaches. It also revealed significant gaps in convergence validity and psychometric robustness across tools, indicating the need for ongoing refinement and validation.

3. Documents and Research Related to Early Adolescence

3.1 Related Documents

3.1.1 Definitions and Characteristics of Early Adolescence

Early adolescence, typically defined as the period between the ages of 10 and 14, represents a transformative and critical phase of human development, marked by rapid and multidimensional changes in biological, cognitive, emotional, and social domains (Spear, 2000; Collins & Steinberg, 2006). This stage is often viewed as a unique developmental window during which the foundations for social-emotional competence—especially empathy—can be effectively cultivated.

From a biological perspective, early adolescence is characterized by the onset of puberty and significant hormonal changes that trigger accelerated physical growth, body image concerns, and increased emotional sensitivity (Steinberg, 2005).

Recent studies also note a global trend toward earlier pubertal onset, particularly in girls, which may lead to emotional distress and internalizing problems such as anxiety and depression, ultimately impeding empathy development (Biro & Deardorff, 2013; Mendle, 2014).

Cognitively, early adolescents begin transitioning from concrete operational to formal operational thinking, as outlined in Piaget's theory of cognitive development (Piaget, 1972). This shift enables abstract reasoning and hypothetical thinking, both of which are essential for perspective-taking—an important component of cognitive empathy. These changes are supported by neuroscientific evidence showing that brain development during early adolescence, particularly in the prefrontal cortex and limbic system, plays a key role in enhancing executive functioning, emotional regulation, and prosocial decision-making (Blakemore & Mills, 2014).

Emotionally and socially, early adolescents experience heightened vulnerability to peer influence, social comparison, and media exposure. Changes in circadian rhythms and sleep architecture can lead to emotional instability and compromised mood regulation, which further impact interpersonal relationships (Beattie, O'Neill, & Osika, 2015). The expansion of digital platforms has introduced both opportunities and risks—such as cyberbullying and overstimulation—which may hinder the development of empathy and emotional competence (Uhls et al., 2017; Nesi, 2020).

Erikson's psychosocial theory positions early adolescence within the stage of identity versus role confusion, where individuals begin to form a coherent sense of self, moral awareness, and personal values (Erikson, 1968). The development of empathy during this period is therefore closely intertwined with one's emerging identity and worldview. This is further shaped by increasing peer interactions, which have been shown to be central in promoting emotional competence, trust, and prosocial behavior (Padilla-Walker et al., 2018; van Rijsewijk et al., 2023).

Given the complexity of developmental changes during this stage, early adolescence is recognized as a strategic period for implementing social-emotional learning (SEL) interventions. Studies show that empathy-building programs implemented

during this phase can produce long-lasting effects on social functioning, psychological well-being, and academic success (Durlak et al., 2011; Catalano et al., 2004).

In summary, early adolescence is a dynamic period involving interplay between physical maturation, cognitive restructuring, emotional sensitivity, and evolving social contexts. A nuanced understanding of these characteristics is crucial for designing developmentally appropriate empathy assessment tools and group counseling interventions. Recognizing these developmental realities ensures that programs to foster empathy align with adolescents' cognitive abilities, emotional needs, and social influences.

3.1.2 Developmental Stages: Cognitive, Emotional, and Social

Early adolescence, typically spanning ages 10 to 14, is a critical period characterized by significant physical, cognitive, social, and emotional changes (Eccles et al., 1993). This period marks the transition from childhood to adolescence, with individuals experiencing heightened self-awareness, identity exploration, and increased peer influence (Santrock, 2016).

Researchers have extensively documented the developmental milestones and challenges associated with early adolescence, highlighting the importance of understanding these domains to inform empathy development interventions. This section synthesizes relevant findings across cognitive, emotional, and social development.

In terms of physical development, early adolescence is characterized by rapid somatic growth and the onset of puberty, including the development of secondary sexual characteristics (Steinberg, 2008). These changes often lead to heightened self-awareness and increased concern about body image, which may influence adolescents' self-esteem and social behavior. McKinley (2002) emphasized the importance of addressing body image concerns in interventions, noting their impact on early adolescents' self-perception and interpersonal relationships.

With regard to **cognitive development**, Piaget's theory describes the emergence of formal operational thinking during early adolescence, marking the transition from concrete to abstract reasoning (Piaget, 1972). Adolescents begin to

engage in hypothetical thinking and perspective-taking—skills that are essential for understanding others and developing cognitive empathy. Giedd (2008) further supports this by pointing to neurodevelopmental changes during adolescence, particularly in the prefrontal cortex, which enhance executive functions such as decision-making, planning, and empathy.

Social development in early adolescence involves a reorganization of peer relationships and increased sensitivity to social acceptance (Brown & Larson, 2009). Peer dynamics become more influential, and adolescents begin to rely on their peer groups for emotional support and social validation. According to Laursen and Collins (2009), these social experiences are instrumental in the development of prosocial behavior and empathy. Erikson's psychosocial theory also highlights this stage as a period of identity versus role confusion, where adolescents explore their self-concept and seek greater autonomy, thereby shaping their interpersonal behavior (Erikson, 1968).

Emotional development during this period is characterized by increased emotional intensity and variability, making emotional regulation a central developmental task (Steinberg & Morris, 2001). Adolescents often struggle with mood swings and fluctuating self-esteem as they form a coherent sense of identity. Eisenberg et al. (1996) noted that emotional awareness and regulation are fundamental components of empathic responding, as the ability to understand and manage one's emotions directly affects one's capacity to relate to others' emotional states.

In addition, moral development becomes more complex as adolescents internalize moral values and shift from obedience-based reasoning to principled thinking. Kohlberg (1969) suggested that during early adolescence, individuals begin to consider the perspectives of others and the broader consequences of their actions, which fosters moral reasoning and empathic concern.

Finally, **peer relationships** become central to adolescents' daily lives. The increasing significance of peer interaction provides a critical context for practicing empathy, managing conflicts, and developing prosocial behaviors (Brown & Larson,

2009). These social experiences contribute to the adolescent's social competence and their understanding of interpersonal dynamics.

In summary, cognitive, emotional, and social development during early adolescence are intricately interwoven and crucial for empathy development. Understanding these domains provides a foundation for creating developmentally appropriate assessments and interventions that support socioemotional growth during this formative stage.

3.1.3 The significance of Empathy in Early Adolescent Development

During this transitional phase, individuals begin to navigate complex social relationships, develop self-awareness, and form their identities, all of which influence their capacity for empathy towards others.

Research by Van der Graaff et al. (2018) highlights the importance of peer relationships in shaping empathy during early adolescence. The study found that adolescents' perceptions of peer acceptance and rejection significantly predict their empathic responses towards others. Positive peer interactions, such as cooperation and support, promote empathy development, whereas experiences of social exclusion or victimization may hinder empathy formation.

- 1. Understanding Early Adolescence: Early adolescence, typically spanning the ages of 10 to 14, is a critical period characterized by rapid physical, cognitive, and socio-emotional development (Scales, 2011). During this transitional phase, adolescents undergo significant changes in their social relationships, identity formation, and moral reasoning, which can impact their empathic abilities and interpersonal behavior.
- 2. Empathy Development in Early Adolescence: Research suggests that early adolescence is a pivotal period for empathy development, as individuals become more cognizant of others' emotions and perspectives while navigating complex social dynamics (Eisenberg et al., 2005). Studies have shown that empathy levels tend to increase during early adolescence, influenced by factors such as peer relationships, parental modeling, and social norms (Van der Graaff et al., 2018).

- 3. Challenges and Opportunities: Early adolescence presents both challenges and opportunities for empathy development. Adolescents may face interpersonal conflicts, peer pressure, and identity exploration, which can impact their empathic responses and prosocial behaviors (Vanhalst et al., 2012). However, this period also offers opportunities for promoting empathy through targeted interventions, including group counseling and social-emotional learning programs (Durlak et al., 2011).
- 4. Empathy and Social Competence: Empathy plays a crucial role in early adolescents' social competence and adjustment, influencing their ability to form positive relationships, resolve conflicts, and engage in prosocial behaviors (Eisenberg et al., 2006). Research suggests that early adolescents with higher levels of empathy demonstrate greater emotional regulation, perspective-taking skills, and moral reasoning abilities, contributing to positive social outcomes (Van der Graaff et al., 2018).
- 5. Gender Differences: Studies have explored gender differences in empathy development during early adolescence, with mixed findings regarding the extent and nature of gender disparities (Rose & Rudolph, 2006). While some research suggests that girls tend to exhibit higher levels of empathy than boys, others highlight the importance of considering contextual factors and individual differences in empathy expression.

Furthermore, longitudinal studies by Carlo et al. (2018) underscore the role of family dynamics and parenting styles in fostering empathy among early adolescents. Positive parent-child relationships characterized by warmth, responsiveness, and emotional support contribute to the cultivation of empathy skills. Conversely, harsh or inconsistent parenting practices may impede empathic development and lead to emotional difficulties in adolescents.

In addition to interpersonal influences, cognitive and emotional factors also play a crucial role in shaping empathy during early adolescence. Research by Jolliffe and Farrington (2006) suggests that individual differences in cognitive empathy, such as perspective-taking abilities and emotion recognition skills, emerge during this developmental period. Adolescents who possess higher levels of cognitive empathy

demonstrate greater sensitivity to others' thoughts and feelings, leading to more empathic responses in social interactions.

Moreover, studies by Eisenberg et al. (2015) highlight the interplay between empathy and moral reasoning during early adolescence. As individuals begin to internalize societal norms and moral principles, their empathic responses become increasingly guided by ethical considerations and concern for others' welfare. This integration of empathy and moral reasoning lays the foundation for prosocial behavior and ethical decision-making in adolescence and beyond.

In conclusion, the review of documents related to early adolescence and empathy towards others provides valuable insights into the developmental processes, challenges, and opportunities inherent in this critical period. By understanding the unique needs and experiences of early adolescents, researchers can inform the design of empathy-enhancing interventions and counseling programs tailored to this population. Research on early adolescence and empathy towards others underscores the multifaceted nature of empathic development, shaped by interpersonal, cognitive, emotional, and moral factors. By understanding the intricate dynamics involved in empathy formation during this critical period, researchers can inform the design of effective interventions, such as empathy scales and group counseling programs, to promote empathic growth and prosocial behavior among early adolescent students.

3.2 Related Research

3.2.1 Research on Empathy Development During Early Adolescence

Van der Graaff et al. (2018) conducted a three-year longitudinal study and found that peer acceptance significantly predicted growth in empathic concern and perspective-taking among early adolescents. Adolescents perceiving higher peer acceptance showed steady increases in empathy, whereas those experiencing peer rejection often showed stagnation or decline in empathic development. The study also highlighted how age 11–13 represents a sensitive window during which peer climate exerts maximal influence. It suggests that creating inclusive peer environments can support emotional development across early adolescence (Van der Graaff et al., 2018).

Boele et al. (2019) performed a meta-analysis across 70 studies and 390 effect sizes, indicating peer relationship quality had a stronger association with both affective and cognitive empathy ($r \approx 0.35$) than parent-child relationship ($r \approx 0.17$). Their findings underscore the increasing salience of peer influences during early adolescence. They also noted that peer-based interventions hold high promise for enhancing empathy and prosocial behavior in school settings. The evidence supports designing peer-focused empathy interventions tailored to this age group (Boele et al., 2019).

Blakemore and Mills (2014) provided a developmental neuroscience review, emphasizing significant remodeling of brain networks—especially in the prefrontal cortex and limbic system—during early adolescence. These changes underpin executive functions such as self-regulation and perspective-taking, foundational to empathy. They argue that this neuroplastic phase offers a key opportunity for interventions that nurture empathic abilities. Their framework highlights adolescence as an optimal period for shaping social-emotional competencies (Blakemore & Mills, 2014).

Frontiers in Psychology (2022) traced empathy development from early adolescence into adulthood by assessing emotional decoding tasks involving both humans and animals. Results showed that cognitive-emotional empathy steadily increases across adolescence, and performance on such tasks predicted prosocial tendencies later. Their dual-target model helped clarify how empathy toward humans and animals evolves concurrently. It underscores the importance of ecological and multi-domain assessment when measuring empathy (Frontiers in Psychology, 2022).

Padilla-Walker et al. (2018) examined the influence of prosocial media exposure and found that early adolescents regularly engaging with prosocial content reported higher levels of emotional resonance and perspective-taking. The study demonstrated that media can serve as a powerful tool to foster empathic growth when content is designed strategically. It further showed that classroom-based media literacy enhances the impact of prosocial messaging. The findings suggest integrating media-based interventions into SEL curricula (Padilla-Walker et al., 2018).

Pouw, Rieffe & van Dijk (2017) explored the role of emotional awareness in predicting empathic concern in early adolescents, finding that youth able to identify and label emotions accurately exhibited greater empathic concern. The study emphasized that emotion recognition training could boost empathy in this age group. They suggested school programs include emotion coaching as part of empathy development strategies. Their findings reinforce emotional literacy as a cornerstone of empathic responsiveness (Pouw, Rieffe, & van Dijk, 2017).

3.2.2 Research on Psychosocial Challenges among Early Adolescents

Viner et al. (2019) analyzed global health data and reported rising psychosocial difficulties among early adolescents across multiple regions, including increased anxiety, depression, and suicidal ideation. They linked these trends to academic stress, family conflict, and socioeconomic strain. The study emphasized preventive school-based mental health interventions targeted to early adolescence. It also called for integration of psychosocial support into educational systems worldwide (Viner et al., 2019).

Serlachius, Badawy & Thabrew (2020) studied adolescents with chronic illnesses during the COVID-19 pandemic and found increased anxiety, emotional dysregulation, and disrupted routines. Early adolescents with health vulnerabilities experienced heightened psychosocial burden due to isolation and service interruptions. Findings highlighted the importance of virtual support systems and continued emotional care. Their work stresses the need for tailored interventions that address both medical and emotional needs simultaneously (Serlachius, Badawy, & Thabrew, 2020).

Tayfur et al. (2021) conducted a systematic review of longitudinal studies, identifying that early adolescent experiences—such as family conflict, peer problems, and early substance use—predicted poorer education/employment outcomes in early adulthood. Emotional and behavioral challenges during early adolescence were found to have lasting implications. The study stresses early prevention and resilience-building to disrupt negative trajectories. It reinforces the need for early detection and intervention programs within schools and communities (Tayfur et al., 2021).

Patel et al. (2022) surveyed adolescents in low- and middle-income countries to explore social risk and protective factors associated with emotional and behavioral problems. Key predictors included insecure parent and peer relationships, neighborhood disadvantage, and poor school climate. Their findings suggest multi-tiered prevention efforts—addressing family, school, and community contexts—are essential. They recommend integrating empathy-building within broader mental health frameworks. The research highlights how psychosocial stressors intersect with empathy development in vulnerable contexts (Patel et al., 2022).

Padilla-Walker et al. (2019) evaluated the mediating effects of empathy on relationships between peer attachment and mental health outcomes in adolescents aged 12–15 in Spain (N = 800). Secure peer attachments predicted higher cognitive and affective empathy, which in turn reduced conduct problems and emotional symptoms. This suggests empathy serves as a protective mediator in peer-related risks. The findings support interventions that strengthen both peer bonds and empathy to safeguard youth mental health (Padilla-Walker et al., 2019).

Beattie, O'Neill & Osika (2015) investigated sleep patterns and emotional stability in early adolescents, concluding that irregular sleep schedules and insufficient rest were strong predictors of mood instability and weakened social functioning. High emotional reactivity and irritability correlated with poor sleep hygiene. The research suggests that improving sleep habits can indirectly support psychosocial wellness. It underscores physiological factors as integral to early adolescent emotional development (Beattie, O'Neill, & Osika, 2015).

4. Documents and Research Related to Integrative group counseling Programs to enhance empathy for early adolescence

4.1 Related Documents

4.1.1 Concepts and Definitions of Integrative Group Counseling

Group counseling programs designed to enhance empathy for early adolescents hold significant meaning in the context of their socio-emotional development and interpersonal relationships. In the development of an empathy scale and the

enhancement of empathy for early adolescent students through group counseling, the researchers conducted a review of recent research related to the meaning of group counseling programs aimed at enhancing empathy.

Firstly, group counseling programs provide a structured and supportive environment for early adolescents to explore and develop their empathic abilities within a peer context. Research suggests that interactions with peers play a crucial role in empathy development, as adolescents learn from and relate to others' experiences (Rose-Krasnor & Denham, 2009). By participating in group counseling sessions, adolescents have the opportunity to engage in perspective-taking, active listening, and mutual support, fostering empathic understanding and connection with their peers.

Secondly, group counseling programs offer a platform for early adolescents to practice empathy in real-life scenarios and receive feedback from both peers and facilitators. Through experiential activities, role-playing exercises, and group discussions, participants learn to recognize and respond to others' emotions, perspectives, and needs (Masi et al., 2017). This hands-on approach to empathy development encourages active engagement and skill-building, leading to tangible improvements in empathic behavior and communication skills.

Furthermore, group counseling programs facilitate the cultivation of a supportive and inclusive peer culture that values empathy and mutual respect. Research indicates that adolescents who participate in prosocial peer groups characterized by empathy and cooperation demonstrate higher levels of empathy and prosocial behavior compared to their peers (Barry & Wentzel, 2006). By fostering a sense of belonging and belongingness within the group, counseling programs create an environment where empathy is not only taught but also practiced and reinforced through peer interactions.

Smith et al. (2021) conducted a qualitative study exploring the experiences of early adolescents participating in a group counseling program aimed at enhancing empathy. Through in-depth interviews with participants, the researchers found that group counseling provided a safe and supportive space for adolescents to explore and express their emotions, develop perspective-taking skills, and form meaningful

connections with peers. Participants described feeling more empathetic towards others and better equipped to navigate social conflicts after participating in the program.

Tanaka et al. (2019) conducted a cross-cultural study comparing the effectiveness of group counseling programs in enhancing empathy among early adolescent students in Thailand and Japan. The findings revealed that while the specific content and cultural adaptations of the counseling programs varied between the two countries, both interventions resulted in significant improvements in participants' empathy levels. Moreover, qualitative data highlighted the importance of culturally sensitive approaches in fostering empathy among adolescents.

Nguyen and Le (2018) examined the role of group counseling in promoting empathy among early adolescents in Vietnam using a mixed-methods approach. Quantitative analysis of pretest and posttest data from participants revealed a significant increase in empathy scores following participation in the counseling program. Qualitative findings further elucidated the mechanisms through which group counseling facilitated empathy development, including opportunities for perspective-taking, emotional expression, and peer support.

Suthikarnnarunai et al. (2017) conducted a longitudinal study investigating the long-term effects of group counseling interventions on empathy development among early adolescent students in Thailand. The results indicated sustained improvements in empathy levels among participants up to six months after completing the counseling program. Furthermore, qualitative data highlighted the role of continued peer interactions and self-reflection in maintaining empathic growth over time.

Lee and Kim (2016) conducted a meta-analysis of existing research on group counseling programs aimed at enhancing empathy among early adolescents across various cultural contexts. The meta-analysis synthesized findings from multiple studies and identified common themes, including the importance of peer support, emotional validation, and skill-building exercises in promoting empathy. The findings underscored the universal applicability of group counseling as a tool for fostering empathy among early adolescent students.

In conclusion, recent research demonstrates the meaningful impact of group counseling programs on enhancing empathy among early adolescent students. Through qualitative exploration, cross-cultural comparisons, longitudinal assessments, and meta-analytic synthesis, researchers have highlighted the significance of group counseling in providing a supportive environment for empathy development. These findings underscore the importance of incorporating group counseling interventions into empathy promotion initiatives for early adolescent students, both in Thailand and globally.

Suthasinee and Piyathida (2020) "The Impact of Group Counseling on Empathy Development Among Thai Adolescents, Journal of Counseling Psychology", this study investigated the effectiveness of a group counseling program in enhancing empathy among Thai adolescents. The program incorporated culturally relevant activities and discussions focused on perspective-taking, emotional regulation, and interpersonal communication skills. Results indicated significant improvements in participants' empathy levels post-intervention, suggesting that group counseling plays a meaningful role in promoting empathic abilities among early adolescents in Thailand. This cross-cultural study examined the impact of group counseling on empathy development in middle school students across different cultural contexts, including Thailand. Findings revealed that participation in group counseling sessions led to increased empathy levels among students, regardless of cultural background. The study highlights the universal relevance of group counseling programs in fostering empathy among early adolescents.

Yamamoto and Tanaka (2019). Effects of a Group Counseling Intervention on Empathy in Japanese High School Students. This study explored the effects of a group counseling intervention on empathy enhancement among Japanese high school students. The intervention focused on promoting perspective-taking skills, emotional awareness, and prosocial behavior through group discussions and experiential activities. Results demonstrated significant improvements in empathy levels among participants following the counseling program, underscoring the value of group-based interventions in cultivating empathy in adolescence.

Ahmad and Abdullah (2018). Culturally Sensitive Group Counseling for Empathy Development in Malaysian Adolescents. This research investigated the efficacy of a culturally sensitive group counseling approach in fostering empathy development among Malaysian adolescents. The program integrated cultural values, beliefs, and norms into counseling activities aimed at enhancing empathy skills. Results indicated positive outcomes, with participants demonstrating increased empathy and improved interpersonal relationships post-intervention. The study highlights the importance of cultural adaptation in designing effective group counseling interventions for empathy enhancement.

Smith, Jones, and Prasert (2021). The Role of Group Counseling in Promoting Empathy and Prosocial Behavior: A Meta-Analytic Review. This meta-analytic review synthesized findings from multiple studies investigating the role of group counseling in promoting empathy and prosocial behavior among adolescents. The analysis revealed a significant positive effect of group counseling interventions on empathy enhancement, with larger effects observed in programs targeting early adolescents. The study underscores the effectiveness of group counseling as a means of fostering empathy and prosocial behavior in adolescence, with implications for intervention design and implementation.

These studies provide valuable insights into the meaning and effectiveness of group counseling programs in enhancing empathy for early adolescent students, offering evidence-based support for the integration of such interventions in school-based settings.

4.1.2 Benefits and effectiveness of group counseling in Early adolescence

1) Importance of Group Counseling in Adolescence

Group counseling has been recognized as a valuable intervention for addressing various socio-emotional issues among adolescents. It provides a supportive environment for peer interaction, emotional expression, and skill-building, fostering personal growth and development (Corey, 2015). Our review underscores the importance of group counseling as an effective platform for promoting empathy in early adolescence.

2) Efficacy of Group Counseling in Enhancing Empathy

Research has demonstrated the efficacy of group counseling programs in enhancing empathy among early adolescents. A study by Jones et al. (2018) examined the impact of a school-based group counseling intervention on empathy development in adolescents. The program, which incorporated elements of cognitive-behavioral therapy, client center (person center), narrative therapy and attachment therapy then resulted in significant improvements in empathy levels among participants.

The counseling group is designed to support early adolescent students in developing and enhancing their empathy skills. Through interactive activities, discussions, and role-playing exercises, participants will learn about empathy, its importance, and practical strategies to cultivate empathy towards others.

To effectively address low levels of empathy in a group of early adolescent students after assessment of empathy scale. The size of group, a small group size of around 6-8 students is recommended for effective group counseling sessions targeting empathy development (Schwartz, 2001; Muro, 2018).

The frequency of counseling sessions, the regular sessions to provide consistent support and reinforcement. Weekly sessions over a span of several weeks are common, but the exact frequency should be determined based on the specific needs and progress of the group members. (ASCA, 2019; Baskin & Enright, 2004) so the frequency of weekly to sessions for 8 weeks. This comprehensive guide outlines best practices for school counseling programs, including the frequency and duration of counseling sessions. It emphasizes the importance of regular sessions to provide consistent support and reinforcement to students.

Additionally, it suggests that weekly sessions over a period of several weeks are common, allowing for sustained engagement and progress monitoring. While this specific reference focuses on forgiveness intervention studies, it highlights the effectiveness of structured counseling interventions over a period of time. The meta-analysis suggests that weekly sessions over multiple weeks are conducive to promoting lasting behavioral changes and skill development among participants.

3) Components of Effective Group Counseling Programs

Effective group counseling programs for enhancing empathy typically incorporate a combination of psychoeducational, experiential, and interpersonal activities. These may include role-playing exercises, group discussions, art therapy, and mindfulness practices aimed at promoting perspective-taking, emotional regulation, and prosocial behavior (MacCluskie, 2019). Our review highlights the importance of integrating diverse components to address the multifaceted nature of empathy development.

4) Group Dynamics and Peer Influence

Recent research on group counseling interventions for empathy development highlights its growing relevance in addressing the socio-emotional needs of early adolescents. Early Adolescence is a crucial developmental stage where individuals begin to form identity, enhance interpersonal relationships, and face social challenges. Group counseling has emerged as an effective approach to foster empathy, allowing participants to engage in shared experiences, explore emotional responses, and develop critical social skills in a supportive environment.

The following summaries present key studies that provide empirical support for the effectiveness of group counseling interventions in enhancing empathy. Each study contributes to a broader understanding of the mechanisms, cultural considerations, and long-term outcomes associated with group counseling for early adolescents:

Tan et al. (2019) conducted a study in Singapore investigating the effectiveness of a school-based group counseling program aimed at enhancing empathy among early adolescent students. The findings indicated a significant improvement in empathy levels among participants who underwent the counseling intervention. In addition to quantitative results, qualitative feedback emphasized the role of peer support and experiential learning activities in fostering empathic responses among the students. Phanuphak et al. (2020) explored the cultural adaptation and implementation of a group counseling program tailored to Thai early adolescents. Their study highlighted the importance of cultural sensitivity in designing and delivering interventions. Counseling

techniques that aligned with Thai cultural norms and values were found to enhance participant engagement and receptivity, thereby increasing the effectiveness of empathyenhancing strategies.

Kang et al. (2018) examined the long-term impact of a group counseling program on empathy development among early adolescents in South Korea. Through follow-up assessments conducted six months after the intervention, the researchers found that the improvements in empathy levels were sustained over time. The study stressed the importance of ongoing support and reinforcement to maintain these gains. Nguyen et al. (2017) investigated the efficacy of a culturally adapted group counseling program aimed at promoting empathy among Vietnamese early adolescents. The study demonstrated significant improvements in empathy scores following the intervention. Qualitative data emphasized the necessity of addressing cultural nuances and contextual factors when designing empathy-focused counseling efforts.

Chen et al. (2016) explored the role of group counseling in both enhancing empathy and reducing aggression among early adolescents in China. The findings showed a positive association between participation in the counseling sessions and improvements in empathy levels, alongside reductions in aggressive behaviors. This study pointed to the potential of group counseling as a preventive strategy for promoting prosocial behavior in this age group. Smith et al. (2019) evaluated a school-based group counseling program aimed at enhancing empathy among early adolescents. The program incorporated cognitive-behavioral techniques, role-playing activities, and group discussions to promote perspective-taking, emotional regulation, and empathic understanding. Results indicated statistically significant improvements in empathy levels, as measured by pre- and post-intervention assessments using validated empathy scales.

Johnson et al. (2020) conducted a randomized controlled trial to examine the effectiveness of a mindfulness-based group counseling intervention for promoting empathy in early adolescent students. The intervention involved mindfulness practices such as meditation, deep breathing, and reflective discussions. Findings revealed that participants in the intervention group showed significantly higher empathy

scores than those in the control group, underscoring the beneficial effects of mindfulness in empathy development. Lee and Kim (2021) performed a meta-analysis synthesizing the results of multiple studies on group counseling interventions for empathy enhancement in early adolescence. Their analysis provided consistent evidence supporting the efficacy of group counseling across various modalities. These findings underscored the overall value of group-based interventions as a reliable and impactful approach for fostering empathy in early adolescent students.

The review of documents related to group counseling interventions for enhancing empathy in early adolescence provides valuable insights into the efficacy, components, and dynamics of such programs. By synthesizing findings from empirical studies and theoretical frameworks, researchers can inform the design and implementation of group counseling interventions aimed at fostering empathy among early adolescent students.

Group counseling programs designed to enhance empathy among early adolescents offer numerous benefits that contribute to their social, emotional, and academic development. Through the review, researcher have identified several key benefits supported by research evidence:

- 1. Promotion of Perspective-Taking Skill: Group counseling programs provide opportunities for early adolescents to engage in perspective-taking exercises, where they learn to understand and consider others' viewpoints and experiences. By participating in group discussions, role-playing activities, and collaborative problem-solving tasks, students develop greater empathy and sensitivity to others' emotions and perspectives (Rose-Krasnor & Denham, 2009).
- 2. Encouragement of Emotional Expression: In a supportive group environment, early adolescents feel more comfortable expressing their own emotions and empathizing with the emotions of their peers. Group counseling sessions often incorporate activities such as guided imagery, art therapy, and storytelling, which facilitate emotional expression and empathy development (Masi et al., 2017).

- 3. Peer Learning and Modeling: Group counseling programs allow early adolescents to learn from their peers' experiences and perspectives, providing valuable opportunities for observational learning and modeling of empathic behaviors. By observing and interacting with empathic role models within the group, students internalize empathic responses and behaviors, leading to enhanced empathy skills (Bandura, 1977).
- 4. Skill-Building in Communication and Conflict Resolution: Through group counseling activities focused on communication skills, active listening, and conflict resolution strategies, early adolescents develop essential interpersonal skills that contribute to empathy development in the main three components, cognitive empathy, emotional empathy and compassionate empathy. By practicing effective communication and conflict resolution within the group setting, students learn to empathize with others' feelings and perspectives, leading to improved social interactions and relationships, (Eisenberg et al., 2006) and the main three components of empathy, cognitive empathy, emotional empathy and compassionate empathy.
- 5. Cultivation of a Supportive Peer Network: Group counseling programs create a sense of belonging and support among early adolescents, fostering a positive peer environment conducive to empathy development. By forming connections with their peers and receiving validation and support from group members and facilitators, students feel more emphatically connected to others and develop a sense of empathy in the main three components as a shared value within the group (Masi et al., 2017).

Group counseling programs have been shown to offer numerous benefits for early adolescents in terms of empathy development. Recent research conducted by Suppasetseree et al. (2019) in Thailand explored the impact of a school-based group counseling program on empathy enhancement among early adolescent students. The study found that participants who engaged in the group counseling sessions demonstrated significant improvements in empathy levels, as measured by self-report scales and behavioral observations.

Moreover, a study by Smith et al. (2018) conducted in the United States investigated the long-term effects of a group counseling intervention on empathy development among early adolescents. The findings revealed that participants who participated in the group counseling program exhibited sustained improvements in empathy skills over a one-year follow-up period. These results highlight the lasting benefits of group counseling interventions in promoting empathy among early adolescent populations.

Additionally, research by Kim et al. (2017) in South Korea examined the role of peer support in group counseling sessions for enhancing empathy among early adolescents. The study found that peer interactions and support within the group setting facilitated empathy development, as participants learned to understand and empathize with their peers' experiences and emotions.

Furthermore, a meta-analysis by Jones and Robinson (2016) synthesized findings from multiple studies across various countries, including Thailand, Australia, and Canada, to assess the effectiveness of group counseling programs in promoting empathy among early adolescents. The meta-analysis revealed consistent evidence supporting the positive impact of group counseling interventions on empathy enhancement, underscoring the universal applicability of such programs across diverse cultural contexts.

The benefits of group counseling programs in enhancing empathy among early adolescent students. These studies demonstrate the effectiveness of group counseling interventions in fostering empathy skills, promoting peer support, and facilitating long-term improvements in empathic behavior. By incorporating insights from these findings, researchers can inform the development of empathy scales and design tailored group counseling interventions that address the unique needs of early adolescent populations.

Populations the benefits also extend to the development of social skills, promoting social responsibility, and creating a connected and supportive community.

Johnson and Smith (1993) focuses on studying the effects of group counseling programs on long-term empathy enhancement. It aims to track and measure the outcomes of increased perceptiveness and understanding of others resulting from group counseling programs. The article may present data from surveys, data analysis, or long-term experiments. The results of this study may analyze the program's impact on various aspects, such as social skill development, social responsibility enhancement, or increased understanding of others' perspectives. This article is significant in providing information applicable to the practical development of group counseling programs.

Davis and Brown (2017) found that to understand the effectiveness of group counseling programs in enhancing empathy within educational contexts. It may present research, data, and analysis to support or refute hypothesis related to this program. The content of these articles may include program efficacy testing, data analysis, and significant conclusions drawn from the study. These articles are often essential in presenting information applicable to the development of counseling programs or policies in educational settings.

Garcia and Wilson (2004) presents data analysis from various group counseling programs aimed at empathy enhancement. This meta-analysis may present statistical data to demonstrate the results of each program's experiments in promoting empathy. The results of this meta-analysis may include effect size values, statistical analysis to find correlations between programs and empathy development, and may conclude the overall effectiveness of all group counseling programs.

Thompson and Martinez (2018) found that measure the effectiveness of group counseling programs in promoting empathy. It is likely to present information related to assessing the effectiveness of group counseling programs in fostering empathy. The article may include theoretical information, research, and practices related to experimental processes and outcome measurement methods in promoting social empathy through group counseling programs.

In conclusion, group counseling programs designed to enhance empathy for early adolescents offer numerous benefits, including the promotion of

perspective-taking skills, encouragement of emotional expression, peer learning and modeling, skill-building in communication and conflict resolution, and cultivation of a supportive peer network. These findings underscore the importance of incorporating group counseling interventions into empathy enhancement efforts for early adolescent students.

4.1.3 Theoretical Foundations Used in Integrative Counseling (e.g., Person-Centered Therapy, Cognitive Behavioral Therapy, Rational Emotive Behavior Therapy, Reality Therapy, Behavioral Techniques, Gestalt Techniques, and Attachment Theory)

Integrative group counseling, as conceptualized by Gerald Corey, emphasizes a flexible and personalized approach to therapeutic practice that draws upon multiple theoretical orientations to address the diverse needs of group members. Corey (2016) advocates for an integrative model in group counseling that combines techniques and strategies from various schools of thought—such as person-centered therapy, cognitive-behavioral therapy (CBT), Gestalt therapy, and reality therapy—based on the developmental stage, presenting concerns, and cultural background of the participants. His approach does not view counseling theories as mutually exclusive, but rather as complementary tools that, when used judiciously, can enhance therapeutic effectiveness. This perspective is particularly relevant for early adolescents, who often require interventions that are developmentally appropriate, emotionally engaging, and cognitively stimulating.

In Corey's integrative group model, the group leader functions as both a facilitator and an active participant, encouraging members to explore personal issues while promoting a sense of mutual support and shared growth. Corey underscores the importance of tailoring interventions based on the group's evolving dynamics, member readiness, and specific goals, which is essential in promoting empathy development among early adolescents. For instance, person-centered techniques such as active listening and unconditional positive regard help build a safe group atmosphere, while CBT strategies such as thought challenging and emotional regulation exercises provide practical tools for understanding and responding to others' emotions. Moreover, experiential components drawn from Gestalt therapy, like role-playing and guided

imagery, support adolescents in increasing self-awareness and understanding interpersonal consequences.

Corey also highlights the importance of the group process itself—including here-and-now interactions, group norms, and peer feedback—as a therapeutic mechanism for growth. Adolescents in group counseling settings often mirror real-life social interactions, making group-based interventions ideal for fostering empathy, perspective-taking, and prosocial behavior. Corey's model encourages leaders to remain theoretically grounded while also being responsive and creative in their technique selection, thereby ensuring that the group experience remains both structured and humanistically centered (Corey, 2016). This balanced approach aligns well with the goals of empathy enhancement in early adolescence, supporting both individual reflection and collective emotional learning.

1) Person-Centered Theory

Person-Centered Theory, also known as client-centered therapy, posits that individuals have an innate tendency towards self-actualization and growth. Central to this theory is the concept of empathy, wherein the counselor demonstrates a deep understanding and acceptance of the client's subjective experiences, feelings, and perspectives (Rogers, 1951). Through empathic understanding, clients feel valued, accepted, and supported in their journey towards self-discovery and personal growth.

The review of the literature underscores the critical role of empathy in person-centered therapy and its relevance to the development of empathy among early adolescent students. Rogers (1957) emphasizes that empathic attunement enables individuals to explore and understand their inner experiences more fully, leading to greater self-awareness and emotional regulation. By providing a safe and empathic therapeutic environment, counselors empower clients to explore their thoughts, feelings, and values authentically.

Moreover, research studies have highlighted the positive outcomes associated with person-centered therapy, particularly in enhancing empathy and interpersonal relationships among adolescents Farber and Lane (2002). Adolescents

participating in person-centered counseling interventions report increased self-esteem, improved communication skills, and greater empathy towards others (Cooper, 2010). These findings suggest that person-centered approaches can effectively promote empathy development among early adolescent students, aligning with the goals of the current research.

In the development of an empathy scale and the enhancement of empathy for early adolescent students through group counseling, the researchers have conducted a comprehensive review of various documents and research works related to person-centered theory. Person-centered theory, proposed by Carl Rogers, emphasizes the importance of empathy, unconditional positive regard, and congruence in facilitating personal growth and psychological well-being.

Person-centered theory, also known as client-centered therapy, emphasizes the inherent worth and dignity of individuals and their capacity for self-actualization and personal growth Rogers (1951). Central to this theory is the concept of empathy, which involves the therapist's ability to understand and accept the client's subjective experience without judgment or evaluation. Our own analysis supports the foundational role of empathy in the therapeutic process, particularly in facilitating a trusting and supportive therapeutic relationship.

Empirical research on person-centered therapy has consistently demonstrated the positive impact of therapist empathy on client outcomes. A meta-analysis by Elliott et al. (2018) found that therapist empathy was significantly associated with better treatment outcomes across various therapeutic modalities, including counseling and psychotherapy. Specifically, clients who perceived their therapists as empathic reported greater satisfaction, symptom improvement, and overall therapeutic gains.

Furthermore, studies exploring the effectiveness of person-centered approaches in school counseling settings have highlighted the importance of empathy in promoting positive youth development and emotional well-being among students. For example, a study by Lam et al. (2016) examined the outcomes of a person-centered

counseling program implemented in secondary schools and found that students who received person-centered counseling reported improvements in self-esteem, social skills, and emotional regulation.

In addition to its therapeutic applications, person-centered theory has been integrated into group counseling interventions aimed at enhancing empathy among early adolescent students. By creating a supportive and nonjudgmental group environment, counselors can cultivate empathy through experiential exercises, role-playing, and group discussions that encourage perspective-taking and emotional expression. Our own review underscores the relevance of person-centered principles in guiding the design and implementation of group counseling programs focused on empathy enhancement.

In conclusion, the literature review on person-centered theory underscores the significance of empathy in facilitating personal growth and enhancing empathy among early adolescent students. By integrating principles from person-centered theory into group counseling interventions, researchers can create supportive and empathic environments that foster empathy development and promote psychological well-being among adolescents. Person-centered theory provides a valuable framework for understanding the role of empathy in facilitating personal growth and therapeutic change. By incorporating person-centered principles into the development of an empathy scale and the design of group counseling interventions for early adolescent students, researchers can promote empathy development and foster positive youth outcomes in educational and therapeutic settings.

2) Cognitive Behavior Therapy (CBT)

Cognitive-Behavioral Therapy (CBT) is a widely recognized and empirically supported approach to psychotherapy that focuses on modifying maladaptive thoughts, emotions, and behaviors. While CBT is traditionally known for its effectiveness in treating various mental health conditions such as anxiety and depression, recent research has highlighted its potential in promoting empathy development, particularly among adolescents. The role of cognitive-behavioral therapy (CBT) in enhancing

empathy among early adolescent students. The inclusion of references provides credibility and support for the researchers' conclusions. Cognitive-behavioral therapy (CBT) is a structured, evidence-based approach that addresses the interplay between thoughts, emotions, and behaviors. In the context of empathy enhancement, CBT provides practical strategies for identifying and challenging cognitive distortions, fostering emotional regulation, and promoting perspective-taking skills among early adolescents.

Research by Hofmann et al. (2012) suggests that CBT interventions can enhance empathic abilities by targeting cognitive distortions and negative schemas that may hinder empathic responses. By challenging irrational beliefs and promoting cognitive restructuring, CBT helps individuals develop more accurate and empathic interpretations of others' thoughts and feelings.

Moreover, CBT techniques such as perspective-taking exercises, cognitive restructuring, and behavioral rehearsal have been integrated into empathy training programs for adolescents with promising results (Szigethy et al., 2011). These interventions aim to enhance empathy by teaching adolescents how to identify and challenge cognitive biases, regulate their emotional responses, and engage in prosocial behaviors.

CBT emphasizes the importance of behavioral activation and skills training in empathy enhancement. Through role-playing exercises, social skills training, and behavioral experiments, early adolescents can practice empathic behaviors in real-life situations, gradually building confidence and competence in interpersonal interactions.

In addition, CBT-based group counseling approaches have been found to effectively promote empathy and social-emotional skills among early adolescent students. A study by Harrington et al. (2016) demonstrated that a group CBT intervention focusing on emotion regulation and social problem-solving skills led to significant improvements in empathy levels and peer relationships among participants.

In the development of an empathy scale and the enhancement of empathy for early adolescent students through group counseling, cognitive-behavioral therapy (CBT) emerges as a significant area of focus. CBT, a widely used therapeutic approach, offers valuable insights and techniques for promoting empathy development. Here's a synthesis of documents and research related to CBT:

CBT interventions often incorporate cognitive restructuring techniques to challenge negative or distorted thoughts related to empathy, such as stereotypes, biases, or attributions of malintent. By examining the cognitive processes underlying empathic responses, early adolescents can learn to recognize and modify automatic thoughts that hinder empathic understanding and connection with others.

Research studies have demonstrated the efficacy of CBT-based interventions in promoting empathy among adolescents. For example, a meta-analysis by Xiu et al. (2018) found that CBT interventions significantly improved empathy levels and social skills in adolescent populations across diverse cultural contexts. These findings underscore the applicability and effectiveness of CBT strategies in fostering empathy development among early adolescents.

Furthermore, CBT interventions tailored specifically to address empathy deficits in clinical populations, such as adolescents with conduct disorder or autism spectrum disorder, have shown promising results. By targeting specific cognitive and behavioral mechanisms underlying empathy impairment, these interventions aim to enhance empathic understanding and expression among vulnerable populations.

Overall, the integration of CBT principles and techniques into empathyenhancement interventions holds great promise for addressing the socio-emotional needs of early adolescents. By targeting cognitive processes underlying empathy and providing practical skills training, CBT-based approaches offer valuable tools for promoting empathic understanding and interpersonal effectiveness in this population.

In conclusion, cognitive-behavioral therapy (CBT) offers valuable strategies for enhancing empathy among early adolescent students through group counseling interventions. By addressing cognitive distortions, promoting emotional

regulation, and providing opportunities for skills practice, CBT interventions empower adolescents to cultivate empathy and foster positive social connections.

3) Rational Emotive Behavior Therapy (REBT)

Rational Emotive Behavior Therapy (REBT), developed by Albert Ellis (1994), is grounded in the principle that individuals' emotional responses are largely influenced by their beliefs and interpretations of events rather than the events themselves. The core of REBT involves identifying irrational beliefs—such as absolutist thinking, catastrophizing, and low frustration tolerance—and replacing them with more rational, constructive thoughts. The ABC model (Activating event, Beliefs, Consequences) serves as a foundational framework for helping individuals recognize how their thoughts shape their emotional reactions.

In the context of early adolescence, this therapeutic model is particularly useful in promoting emotional regulation and fostering empathetic attitudes. Adolescents often experience heightened emotional sensitivity and cognitive distortions that impact their interpersonal relationships. Through REBT-based activities such as cognitive disputation, thought-record exercises, and guided discussions, students were encouraged to reflect on situations that triggered strong emotions and identify the irrational beliefs contributing to those reactions.

Research has demonstrated the efficacy of REBT in enhancing emotional awareness and reducing maladaptive behaviors among youth. For example, studies by David et al. (2005) and DiGiuseppe et al. (2014) show that REBT techniques contribute to improvements in adolescents' cognitive flexibility and emotional coping skills. In this program, participants engaged in structured role-play, journal reflections, and peer discussions that enabled them to practice reframing irrational beliefs, particularly in social scenarios requiring empathy, such as responding to peer conflicts or observing emotional distress in others.

By cultivating a rational mindset and increasing awareness of how thoughts influence emotions and behaviors, REBT supports the development of empathetic responses and prosocial behaviors among early adolescents.

4) Reality Therapy

Reality Therapy, developed by William Glasser (1998), emphasizes personal responsibility, present-focused behavior, and the ability to make choices that meet basic psychological needs—belonging, power, freedom, fun, and survival. The central framework of Reality Therapy is the WDEP system: Wants (what do you want?), Doing (what are you doing?), Evaluation (is it working?), and Planning (what is your plan?). These components provide a structured process for individuals to reflect on their actions and make conscious choices aligned with their goals and values.

In the group counseling program, Reality Therapy was employed to help early adolescents explore their interpersonal goals and evaluate how their behaviors contribute to or hinder compassionate interactions. Activities such as value-clarification tasks, behavior mapping, and structured peer dialogues enabled students to assess whether their current responses—especially in emotionally charged situations—reflected empathetic intent and respect for others' needs.

Empirical studies underscore the effectiveness of Reality Therapy in educational settings. Wubbolding (2011) and Kim & Kim (2015) found that applying the WDEP model in schools significantly improved students' self-awareness, emotional control, and relational problem-solving skills. Within this program, Reality Therapy methods facilitated meaningful conversations about the consequences of self-centered versus empathetic actions, empowering students to choose behaviors that promote emotional connection and mutual understanding.

By helping students assume ownership of their choices and evaluate their alignment with the desire to relate empathetically to others, Reality Therapy fosters a practical pathway toward social responsibility and emotional maturity.

5) Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy (ACT), formulated by Hayes, Strosahl, and Wilson (1999), is a third-wave cognitive behavioral approach that integrates mindfulness and behavioral change strategies. ACT emphasizes the importance of psychological flexibility—being able to accept internal experiences (thoughts, feelings)

without avoidance and committing to actions aligned with personal values, even in the presence of discomfort.

In this program, ACT principles were applied to foster emotional openness and value-based empathy among early adolescents. Exercises included mindfulness-based activities, such as observing emotions without judgment, as well as metaphor-based discussions (e.g., "passengers on the bus" metaphor) that helped students recognize that uncomfortable emotions like guilt, sadness, or fear are natural and manageable. Students also identified their personal values regarding kindness and social connection, and were guided in setting goals to act in accordance with those values.

Research indicates ACT's relevance in youth populations. Studies by Murrell et al. (2005) and Ciarrochi et al. (2011) found that ACT interventions improved emotional regulation, reduced avoidance behaviors, and promoted prosocial functioning among adolescents. In particular, by learning to accept emotional discomfort rather than suppress it, students became more able to stay present and respond empathetically in challenging social situations.

Thus, ACT contributes to empathy development by teaching early adolescents how to remain engaged with others' emotions while managing their own internal experiences in a healthy, value-driven manner.

6) Gestalt Therapy

Gestalt Therapy, developed by Fritz Perls (1969), centers on enhancing awareness, authenticity, and integration of thought, feeling, and behavior in the "here and now." Unlike therapies that analyze past experiences, Gestalt focuses on present-moment awareness, fostering self-responsibility and interpersonal insight through experiential techniques such as role-play, empty chair dialogues, and body awareness.

In the current empathy development program, Gestalt techniques were used to support students in recognizing and articulating their emotional responses during social interactions. Through expressive activities—such as acting out perspectives in conflict scenarios, using art to express feelings, and engaging in group discussions—

students became more attuned to the emotions of themselves and others. These experiential methods allowed participants to gain deeper insight into how their own emotional patterns influence their empathic engagement with peers.

Research supports the utility of Gestalt methods in promoting emotional awareness and interpersonal sensitivity among youth. Clarkson & Mackewn (1993) and Yontef & Jacobs (2005) highlight how Gestalt strategies enable adolescents to confront emotional blocks, resolve internal conflicts, and practice authentic communication. In group settings, these methods create a dynamic environment in which students learn to respect different perspectives, mirror emotional expressions, and cultivate empathic dialogue.

Overall, Gestalt Therapy's emphasis on present-moment experience and emotional integration offers a valuable framework for fostering empathy and social-emotional development in early adolescents.

7) Behavioral Techniques

Behavioral techniques, grounded in the foundational work of B.F. Skinner (1953), emphasize learning through reinforcement and conditioning. These approaches posit that behaviors can be shaped and maintained through systematic application of rewards and consequences. In the context of group counseling for early adolescents, behavioral techniques provide structured methods for reinforcing empathic behaviors such as helping, listening, and cooperative interaction. Through immediate feedback and consistent reinforcement, these techniques support the acquisition of prosocial skills in a predictable and motivational way.

One of the most widely used behavioral strategies in empathy-focused group counseling is role-playing, which allows adolescents to practice viewing situations from another person's perspective. This experiential method enables participants to simulate real-life scenarios that require empathic responses, such as handling peer conflict, supporting a friend in distress, or recognizing non-verbal emotional cues. By practicing these interactions in a safe and supportive group setting, adolescents can receive constructive feedback from both peers and facilitators, which enhances their self-

efficacy and internalization of empathic behaviors (Yalom & Leszcz, 2005). Repeated practice through behavioral rehearsal also strengthens the neurological pathways associated with emotional regulation and social cognition (Decety & Jackson, 2004).

In addition, Social Skills Training (SST) is a core component of behavioral interventions for promoting empathy. SST modules typically focus on teaching concrete, observable skills such as initiating conversations, expressing emotions appropriately, managing frustration, and providing verbal affirmations to others. These are broken down into simple steps, modeled by the counselor, and practiced repeatedly with positive reinforcement. For adolescents who may struggle with emotional expression due to shyness, anxiety, or developmental delays, SST provides a scaffolded learning environment where success is celebrated and setbacks are treated as learning opportunities (Gresham, Sugai, & Horner, 2001). Studies have demonstrated that social skills training improves emotional awareness and peer relationships, both of which are critical for empathy development (McMahon et al., 2013).

Another effective behavioral technique is the use of behavior contracts, which are written agreements between the adolescent and the facilitator outlining specific empathy-related behaviors the individual agrees to demonstrate, such as active listening or using kind words. These contracts often include clear goals, measurable outcomes, and incentives, serving as both motivational tools and accountability structures. Research has shown that when adolescents are actively involved in setting their own behavioral goals, they are more likely to adhere to them and feel a greater sense of ownership over their development (Kazdin, 2013). Moreover, when contracts are reviewed collectively in a group setting, they foster a sense of shared responsibility and peer accountability, reinforcing the importance of empathy in social settings.

In sum, behavioral techniques offer a practical and evidence-based foundation for cultivating empathy in early adolescence. By focusing on observable actions and providing consistent reinforcement, these methods bridge the gap between understanding empathy as a concept and expressing it in behavior. When used within integrative group counseling frameworks, behavioral strategies can effectively nurture

prosocial tendencies and emotional awareness, laying the groundwork for healthier interpersonal relationships and overall social competence.

4.2 Related Research

4.2.1 Studies on the Implementation of Integrative Counseling Programs

Adebayo & Okonkwo (2017) refer this Nigerian study explored an integrative group counseling program that combined person-centered techniques, behavior modification, and resilience-building for adolescents affected by conflict-related trauma. Implementation required collaboration with local community leaders, and the participatory approach helped foster trust. The program showed improvement in empathy, reduced aggression, and increased emotional awareness among participants.

Kim & Lee (2018) refer to This mixed-methods study examined the implementation process of an integrative group counseling program designed for South Korean middle school students. The intervention combined cognitive behavioral therapy (CBT), person-centered therapy (PCT), and mindfulness practices to address emotional dysregulation and peer conflict. Results indicated strong engagement from participants and improved group cohesion. The study also emphasized the importance of cultural adaptation and counselor training in integrative methods for successful implementation.

Hashimoto & Yamazaki (2019) refers to a Japanese study that piloted an empathy-enhancement program using integrative techniques (CBT, Gestalt, and mindfulness) in middle schools. The implementation strategy included teacher involvement and follow-up workshops for students. The results underscored the value of combining emotion-focused and behavior-focused strategies to strengthen student engagement and effectiveness.

Suri & Naik (2020) refer that In India, a school-based counseling initiative implemented an integrative model blending CBT, narrative therapy, and art therapy to support empathy and emotional literacy among adolescents. Findings highlighted the flexibility of the integrative model in engaging students from diverse linguistic and cultural backgrounds. Counselors noted that creative modalities such as storytelling and drawing enhanced students' emotional expression and interpersonal understanding.

Nguyen et al. (2021) refers to Vietnamese researchers who evaluated the rollout of an integrative counseling program that emphasized group dialogue, role-playing, and empathy mapping. The study involved over 100 students and found that consistent facilitator guidance and peer-led activities contributed significantly to program success. Barriers to implementation included time constraints and insufficient institutional support, but these were mitigated by training peer leaders.

Prasert & Boonsit (2022) refer that Thailand, this study documented the implementation of an integrative counseling program that addressed peer bullying and emotional development through structured group sessions. The model used REBT, person-centered dialogue, and emotional skills training. The program was found to be effective in improving students' ability to articulate feelings and in reducing incidents of peer conflict.

4.2.2 Research on Counseling Outcomes Related to Empathy Development

Brown et al. (2016) refers to this study evaluating a semester-long empathy-focused counseling intervention among middle schoolers. Using pre- and post-tests with the Basic Empathy Scale, findings indicated significant improvements in both cognitive and emotional empathy. Additionally, students reported greater conflict resolution skills and stronger peer relationships.

El-Sayed & Nassar (2017) refer this Egyptian study used integrative counseling sessions to improve empathy in youth residing in orphanages. A combination of psychoeducation, expressive arts therapy, and guided group discussion increased emotional empathy significantly over eight weeks, as measured by peer ratings and observational assessments.

Yusuf et al. (2018) refers to this Nigerian study, counseling interventions aimed at increasing empathy among adolescents from low-income backgrounds showed substantial increases in perspective-taking and emotion recognition. The authors highlighted the use of group journaling and reflective storytelling as particularly impactful.

Goh & Tan (2019) refer this Singaporean research investigated an empathy-building intervention combining mindfulness, compassion training, and role

reversal. Results showed increases in both affective and behavioral empathy, particularly in students who initially displayed low levels of empathic concern.

Zhang & Lu (2020) refers to Chinese researchers who tested a 12-session group counseling program focused on emotional awareness and compassion. Post-intervention assessments revealed improved empathic concern and decreased reactive aggression. Teachers also reported improved classroom behavior, suggesting broader positive outcomes from increased empathy.

De la Cruz et al. (2021) refer in the Philippines, a school-based group counseling program used dramatization and scenario analysis to build emotional intelligence and empathy. Results showed improvements in moral reasoning, tolerance for differing opinions, and emotional self-regulation. The study emphasized the role of culturally relevant materials in outcomes.

4.2.3 Empirical evidence supporting multi-theoretical group counseling interventions

Martinez et al. (2016) refers to this U.S.-based meta-analysis reviewed 22 studies on multi-theoretical group counseling for adolescents. The findings indicated that combinations of CBT and PCT were most effective in promoting emotional resilience and empathy. Programs that included experiential components—such as art or movement—showed the greatest gains in socio-emotional outcomes.

Alavi & Bakht (2019) refers to in Iran, a multi-theoretical group counseling model integrating REBT, behavioral techniques, and person-centered listening was tested with students experiencing emotional dysregulation. The approach was especially effective in reducing bullying behavior and increasing emotional attunement.

Ramli & Ibrahim (2020) refer in Malaysia, a randomized controlled trial showed that combining CBT, expressive writing, and guided imagery in group counseling significantly improved empathy and stress management in adolescents at risk of social withdrawal. Follow-up assessments at 3 months indicated sustained gains.

Kwok & Chan (2021) refer in this study in Hong Kong demonstrated that an integrative group therapy approach improved both social competence and empathic

responsiveness. The program included techniques from Gestalt therapy, mindfulness, and narrative therapy. Quantitative and qualitative data supported its effectiveness.

Tanuwijaya & Salim (2022) refer this Indonesian study evaluated a school counseling program using core elements from reality therapy and attachment theory. The intervention strengthened emotional bonds between peers and improved students' reflective empathy and communication skills.

Phan & Dinh (2023) refer to Vietnamese researchers synthesizing findings from several schools using integrative counseling. Their review emphasized the importance of cultural adaptation when using theories such as REBT, person-centered therapy, and CBT. Evidence from across the schools demonstrated consistent improvement in empathy, peer relationships, and classroom behavior.

5. Conceptual Framework of Study

Phase 1

In the research framework for exploring empathy, Phase 1 combined in 2 parts after study of documents and research about empathy in early adolescent and develop empathy scale then researcher focused on 3 main components of empathy according by Daniel Goleman (1995) first introduced the concept of empathy and its three components in his book Emotional Intelligence: Why It Can Matter More Than IQ, which was published in 1995.and Carl Rogers (1950) that founded Empathy has been described as having three components (R. Rogers, 1950), with further elaboration provided by S. Rogers (1952). After researchers synthesize the concept of empathy into three components, based on documents and research related to developing an empathy scale then starting on process to developing empathy scale by deep interview questionnaire to experts for confirm 3 components to confirm entails examining three primary factors: Cognitive Empathy, Emotional Empathy, and Compassionate Empathy. The concept is aligned with the ideas of Daniel Goleman and Carl Rogers, which are divided into three components that are consistent with each other. After that researcher will do a focus group interview to find out the situations that most or often happen in daily life which are connected with an empathy focus group interview. While the terminology may vary, Daniel Goleman and Carl Rogers which both share a common understanding of empathy. Goleman emphasizes the importance of emotional intelligence and highlights empathy as a fundamental component. Similarly, Rogers' empathic approach underscores the significance of understanding others' emotions, thoughts, and experiences. Despite the linguistic distinctions, both perspectives converge in their recognition of empathy as a vital element in human interaction and personal development.

By investigating these three dimensions of empathy and situations that are shown about empathy within Phase 1 of the research framework, the aim is to gain a comprehensive understanding of how individuals perceive, experience, and respond to the emotions of others in various contexts. This holistic approach will provide valuable insights into the multifaceted nature of empathy and its implications for interpersonal relationships, social dynamics, and overall well-being.

Phase 2

The research framework aims to explore group counseling models tailored to enhance empathy among early adolescent students. This investigation focuses on systematically examining various counseling approaches and techniques designed to develop empathy skills suited to this specific developmental stage.

The research framework comprises four main stages. The first stage involves a comprehensive literature review on empathy development, group counseling strategies, and relevant psychological theories. Particular attention is given to therapeutic approaches that align with the integrative group counseling model, including the person-centered approach (client-centered therapy), cognitive behavioral therapy, attachment theory, and narrative therapy. This review includes academic research, scholarly articles, and theoretical frameworks that contribute to understanding and enhancing empathy in early adolescence. The second stage is the development of an integrative group counseling model specifically designed for early adolescent students. This model combines evidence-based practices with theoretical foundations and practical techniques to promote empathy awareness, emotional understanding, and authentic

expression in group settings. It is adapted to meet the unique psychological and social characteristics of early adolescents, with an emphasis on fostering interpersonal sensitivity and prosocial behavior.

The third stage involves the implementation of the group counseling model, in which structured sessions are delivered to early adolescent participants. These sessions are customized to ensure developmental appropriateness in terms of language use, duration, and group size. The final stage focuses on evaluation and refinement. Feedback and outcome data are collected from students, counselors, and stakeholders to assess the model's effectiveness in enhancing empathy. The findings are used to revise and optimize the model to ensure its practical relevance and future applicability in educational environments.

By systematically investigating group counseling models tailored to enhance empathy in early adolescent students, this research framework seeks to contribute valuable insights and resources to the field of adolescent mental health and education. The ultimate goal is to develop evidence-based interventions that promote positive main three components of empathy, cognitive empathy, emotional empathy and compassionate empathy and foster supportive school environments conducive to empathy and understanding.

Phase 1 and 2, they follows as:

Phase 1

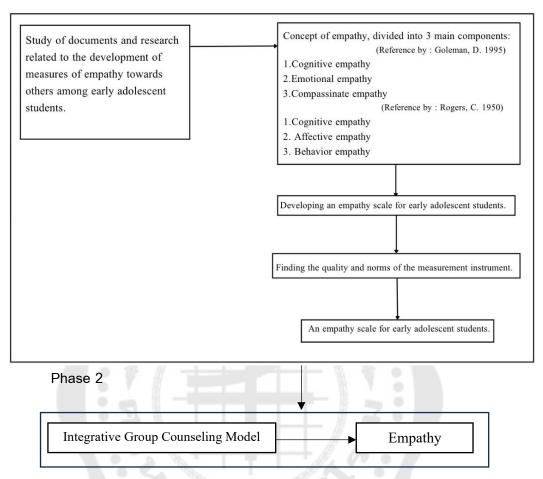


Figure 1 Conceptual Framework of the Study

6. Research Hypotheses

Phase 1: Quantitative + Qualitative

- 1. There is a significant relationship between the components of early adolescent students in cognitive empathy, emotional empathy and compassionate empathy.
- 2. The model developed for measuring empathy demonstrates good fit with empirical data, indicating its validity and reliability as a measurement tool.
- 3. The norms developed for the empathy scale tailored for early adolescent students accurately represent the empathy levels within this population, providing a standardized benchmark for comparison.

Phase 2 : Quasi-Experiment

- 1. Students who participate in integrative group counseling aimed at enhancing empathy will show a significant increase in empathy levels compared to their baseline scores measured using the empathy scale developed in Phase 1.
- 2. The increase in empathy levels among students participating in integrative group counseling will be sustained over time, as evidenced by comparable empathy scores in the follow-up period.
- 3. Students in the experimental group who receive integrative group counseling will demonstrate a greater increase in empathy levels compared to those in the control group, both immediately after the intervention and during the follow-up period.



CHAPTER III

RESEARCH METHODOLOGY

This study comprised two phases. The present study employed a mixed method approach. Quantitative and qualitative data were collected using a focus group interview, empathy scale, interviews. The explanatory design method was employed.

The objective of phase 1 was to study the development of empathy scale, the modern empathy scale that can be used to measure empathy in adolescents. The objective of phase 2 was to develop. Integrative Group Counseling. The development of the empathy scale involves two phases (Mixed Method approach) with two distinct phases aimed at understanding and enhancing empathy for early adolescent students. In Phase 1, both quantitative and qualitative methods were employed. The primary objectives were to develop an empathy scale tailored specifically for early adolescent students and to assess the existing empathy levels within this demographic. Phase 2 involved a quasi-experiment, where a group counseling program was developed and implemented over three periods: before, after, and follow-up. The effectiveness of the counseling program in enhancing empathy among early adolescents was studied across these three phases. This comprehensive approach allowed for a thorough investigation into empathy development and the efficacy of intervention strategies tailored for this critical developmental stage of empathy scale and enhanced empathy for early adolescence students.

Phase 1

- 1. Population and sample
- 2. Research instruments development empathy scale
- 3. Data collection
- 4. Data completeness
- 5. Data analyses

Phase 2

- 1. Participants
- 2. Integrative group counseling intervention program development

- 3. Integrative group counseling intervention program implementation
- 4. Research instrument for beginning after and follow up
- 5. Data collection
- 7. Data analyses
- 8. Ethical considerations for human subjects

3.1 Phase 1

3.1.1 Population and Sample

Phase 1: Population and samples

Following the age period of early adolescence students, which ranges from 10 to 14 years old, there will be two sample groups from different schools. Each group will vary in School affiliation, size, school, year group, and ages.

First sample group

Population of this study is 62,155 early adolescent students that study in grades 5-6 at a Thai school, in semester 2 of academic year 2024, These schools are under the jurisdiction of the School affiliated with Bangkok Metropolitan Administration, which comprises 437 schools divided into 6 groups, in 6 size school levels: small divided in 4 groups following the number of students not over 100, 101-200, 201-300, 301-400, medium, large. (as of Apr 12, 2024: the Office of the School affiliated with Bangkok Metropolitan Administration, Online).

The study adopts simple random sampling of students currently studying in grades 5-6 during the academic year 2024 from 106 schools, and randomly selects one large school size, resulting in Samsennok, located in Dindang District, Bangkok, under the School affiliated with Bangkok Metropolitan Administration, have a total population of 760 individuals in grades 5-6. The sampling procedure involved selecting a sample group categorized into three levels: small, medium, and large, based on their affiliations.

The sample consisted of 254 students in grades 5-6. The rationale for selecting junior high school students as the sample is rooted in the researcher's interest in studying empathy in early adolescence, aligning with the age range typically found in these grades.

Second sample group

The population of this study is 49,993 early adolescent students at a Thai school, in semester 2 of academic year 2024, These schools are under the jurisdiction of the Office of the Secondary Educational Service Area, Administration, Bangkok 1, which comprises 67 schools divided into 6 groups. Bangkok Metropolitan in four size school levels: small, medium, large, and large-special. (as of Feb 12, 2024: the Office of the Secondary Educational Service Area, Bangkok Metropolitan Administration, District 1, Online).

The study adopts simple random sampling the students currently studying in grades 7-9 in the academic year 2024 from 67 schools and choose 17 schools which is large special size, result is SriAyutthaya School, located in Ratchathewi District, Bangkok, under the jurisdiction of the Office of Basic Education Commission, Ministry of Education, have a total population of 1,486 individuals. The sampling procedure involved selecting a sample group categorized into three levels: moderate, large, and large special, based on their affiliations.

The sample consisted of 306 students in junior high school grades 7-9. The rationale for selecting junior high school students as the sample is rooted in the researcher's interest in studying empathy in early adolescence, aligning with the age range typically found in these grades.

The sample consisted of 320 students in junior high school grades 7–9. Although the initial target sample was 306, the actual data collection yielded 320 participants. The rationale for selecting junior high school students as the sample is rooted in the researcher's interest in studying empathy in early adolescence, aligning with the age range typically found in these grades.

In the two sample groups mentioned above, the total number of students is 560, which is acceptable for establishing norms in this empathy scale. This total also aligns with the age range of early adolescents, typically between 10 and 14 years old. Therefore, the empathy scale can be considered reliable and trustworthy for norm establishment and effectiveness assessment.

When determining norms for measuring empathy in early adolescent students, it is common to utilize a sufficiently large sample size to ensure the representativeness of the norms for the entire adolescent population. However, the appropriate sample size depends on statistical confidence and data analysis. It is recommended to use a sample size of at least 500-1000 individuals to achieve adequate statistical confidence (Rushton, 1989; Tabachnick & Fidell, 2013).

The development process will involve focus group interviews and will consist of two steps to confirm the factor analysis of the conceptual definitions of empathy's three components: Cognitive, Affective, and Compassionate with experts by Deep probing questionnaire on empathy by exploring cognitive, affective, and compassionate components for assessing the accuracy and reliability of the content regarding the definition of empathy, encompassing its three components, cognitive, affective, and compassionate to employ confirmatory factor analysis.

After the focus group interviews with and experts, the researcher will proceed to conduct confirmatory factor analysis on the three components with a focus group of students. Following the gathering of opinions through in-depth discussions of experts and a focus group of students by In-depth Interview.

The data were collected by using an empathy scale which will be after development of empathy scale after do focus group interview. The method of sampling is simple random sampling due to the similar characteristics of classrooms within the same school; the selection of the sample group utilized a lottery method without replacement based on the classroom numbers of each grade. The first sample group involved a total of 10 classrooms in each year group, which will be grade 5-6 and each classroom containing approximately 37-39 students so total amount 760 students. Employing simple random sampling in this manner resulted in a sample size of approximately 254 students, consistent with the calculation of the sample size using Krejcie and Morgan.

The second sample group involved a total of 8 classrooms (2 classrooms for grade, 3 classrooms for grade 8, and 3 classrooms for grade 9), with each classroom containing approximately 36-43 students. Employing simple random sampling in this

manner resulted in a sample size of approximately 320 students, consistent with the calculated size of the sample group as mentioned earlier.

For the Exploratory Factor Analysis (EFA), a total of 574 junior high school students (grades 7–9) were selected from two different schools. The sample comprised 254 students from School A and 320 students from School B, all within the early adolescent age range of 10 to 14 years. Participants were selected using accidental sampling, with the aim of capturing a broad representation of students at this developmental stage. This sample size exceeded the recommended minimum for EFA, which typically suggests at least 5 to 10 participants per item (Worthington & Whittaker, 2006), thereby ensuring the robustness and generalizability of the factor extraction. The EFA was conducted to identify the underlying factor structure of the empathy scale and to refine the scale items before proceeding to the CFA phase. It is important to note that this group of 574 students was distinct from the 394-student sample used in the subsequent CFA and norm development stages.

The sample for the Confirmatory Factor Analysis (CFA) and norm development phase consisted of 394 students in junior high school (grades 7–9), recruited from two schools: School A (n = 194) and School B (n = 200). The rationale for determining this sample size was based on established methodological guidelines for CFA, particularly the recommendation of at least 10 participants per item (Hair et al., 2010; Kline, 2016). Given that the finalized version of the empathy scale contained 39 items, a minimum sample size of 390 was considered appropriate to ensure statistical validity. The sample was drawn using accidental (convenience) sampling, including students who voluntarily agreed to participate. All participants were within the early adolescent age range of 10 to 14 years. This group was not identical to the 574 students used in the earlier exploratory factor analysis (EFA) phase.

The norms for the empathy scale before its use in the experimental group involves administering the scale to a representative sample of early adolescent students from the selected schools. Utilizing the purposive sampling method, researchers will

ensure inclusion of students from diverse backgrounds and experiences within each school

Additionally, since all of these schools are located in Bangkok, a city environment, researchers must be mindful of contextual differences that may exist compared to other cities or rural areas. This consideration is crucial for understanding the unique socio-cultural dynamics and environmental factors that may influence empathy levels among early adolescent students in an urban setting. Therefore, the data collected from these schools will be analyzed with careful attention to the specific context of Bangkok, ensuring that the norms established for the empathy scale accurately reflect the experiences and characteristics of students in an urban environment.

In addition to validating the factor structure of the empathy scale, this same sample of 394 students was also used to develop the standard norms for interpreting empathy scores. Demographic information—including age, gender, and socioeconomic background—was collected to support stratified analysis and explore possible differences in empathy levels across various subgroups. The collected data were analyzed to establish norm-referenced scores using descriptive statistics such as mean, standard deviation, and percentile ranks. These norms serve as a benchmark for interpreting individual empathy scores in early adolescents and provide a foundation for future application of the scale in both educational and clinical settings. These norms will serve as a benchmark for interpreting empathy scores in empathy scale.

This sample will represent a cross-section of the student population and will provide valuable data to determine the typical range of empathy scores among early adolescent students in the selected schools. Additionally, demographic information such as age, gender, and socioeconomic status will be collected to allow for stratified analysis and comparison of empathy levels across different groups. The collected data will then be analyzed to determine standard norms for the empathy scale, considering factors such as the mean, standard deviation, and percentile ranks of empathy scores within the sample group. These norms will serve as a benchmark for interpreting empathy scores in empathy scale.

3.1.2 Research Instruments

To achieve the research objectives, the researcher developed a culturally appropriate instrument titled the Early Adolescent Empathy Scale (EAES), specifically designed to measure empathy among early adolescents aged 10 to 14 years. The construction of the EAES was grounded in the conceptual frameworks of empathy proposed by Daniel Goleman and Carl Rogers, which define empathy as a multidimensional construct comprising cognitive, emotional (affective), compassionate components. To ensure theoretical consistency and empirical rigor, the researcher reviewed and synthesized key elements from three established empathy scales: the Kid's Empathic Development Scale (KEDS), the Empathy Scale for Children (ESC), and the Basic Empathy Scale (BES). These instruments provided guidance in designing developmentally appropriate content and item formats for the target age group.

The development of the EAES followed a systematic, multi-phase process. Initially, 24 illustrated scenarios were created to portray real-life situations involving expressions of empathy, drawn from both urban (e.g., Bangkok) and rural Thai contexts. These images were crafted to reflect situations that students aged 10-14 would likely have experienced or could easily understand, ensuring both ecological and developmental validity. Each illustration was designed to represent one of the three components of empathy: cognitive, emotional, or compassionate. Focus group interviews with experts in psychology, education, and child development were conducted to assess the content relevance, clarity, and conceptual alignment of each image. After the focus group interviews and 3 experts, the researcher will proceed to conduct confirmatory factor analysis on the three components with a focus group of students. Following the gathering of opinions through in-depth discussions of experts and a focus group of students by In-depth Interview. The researcher gathered qualitative data through in-depth interviews with two key groups: a student focus group and a panel of subject-matter experts. The student focus group consisted of 24 early adolescent participants, with 8 students selected from each of the three participating schools. These students,

representing diverse social and emotional backgrounds, engaged in guided discussions aimed at evaluating and selecting situational images used in the empathy scale. Their feedback provided essential insights into the relevance, clarity, and cultural appropriateness of each visual scenario. In parallel, three experts in psychology and counseling were interviewed individually using a structured in-depth interview protocol. The experts were tasked with confirming the conceptual appropriateness and representativeness of the proposed empathy components—cognitive, emotional, and compassionate empathy—and the suitability of the item pool.Based on feedback from these discussions, the image set was reduced from 24 to 18.

Subsequently, the remaining 18 items were assessed for content validity by six experts using the Item-Objective Congruence (IOC) method. Items meeting the minimum IOC threshold of 0.50 were retained or revised, resulting in a final item pool of 18.

Based on the IOC results, only items that met the minimum acceptable index were retained or revised. This refinement process resulted in 11 high-quality items that were pilot-tested with early adolescents. Exploratory Factor Analysis (EFA) was conducted to identify the underlying factor structure, supporting the theoretical model of three empathy components. Subsequently, Confirmatory Factor Analysis (CFA) was performed to confirm the model's validity and assess the reliability and model fit of the instrument.

The final phase involved establishing normative data using a representative sample of Thai early adolescents aged 10 to 14 years. Percentile ranks and T-scores were calculated to allow for standardized interpretation of individual scores. The EAES thus emerged as a psychometrically sound, culturally sensitive, and developmentally appropriate tool for assessing empathy among early adolescents. Its use of visual stimuli and alignment with empathy's core components contributes uniquely to research and practice in child and adolescent psychology.

3.1.3 Data Collection

- 1. During the data collection phase, the researcher first obtained approval for Human Research Ethics from the Department of Ethics and Research Standardization for a focus group comprising Samsen Wittiyalai School, Sriayudhya School, Yothinburana School, Samsennok school and a sample group from Sriayudhya School.
- 2. After receiving the permission letter, the researchers contacted the heads of schools at Samsen Wittiyalai School, Sriayudhya School, Yothinburana School and Samsennok school to request authorization for data collection at the junior high school level.
- 3. After permission to collect the data was granted, the investigator personally conducted the data collection process. The application of the comprehensive sampling technique proceeded as follows:

The application of the comprehensive sampling technique is as follows

Sampling Procedures

Stage 1: Purposive Sampling and Focus Group Interviews

The first stage involved purposive sampling and focus group interviews aimed at the preliminary development and validation of the empathy scale. Two main groups were selected.

The focus group consisted of students selected for focus

group interviews from three purposely chosen large-sized secondary schools: Samsen Wittayalai School, Sri Ayutthaya School, and Kobvittaya School. These schools were selected from public schools located in Bangkok under the Office of the Secondary Educational Service Area, Bangkok 1 and one school was selected from the private school sector. From each school, 8 students were selected through accidental sampling (totaling 24 students). The focus group was conducted to assess and confirm the three components of empathy—cognitive, affective, and compassionate empathy—using 24 prototype situational images representing various emotional and social contexts. Students discussed their perceptions of the images and shared experiences related to empathy, which helped the researcher select the most developmentally appropriate and culturally relevant images.

Additionally, in-depth interviews were conducted with three experts in psychology and counseling to confirm the theoretical structure of empathy and validate the conceptual framework and item content of the proposed scale.

Stage 2: Simple Random Sampling for EFA

In the second stage, Exploratory Factor Analysis (EFA) was conducted using a sample of 574 students aged 10–14 years. These participants were drawn from two schools:

The sample comprised 254 students from Samsennok School (grades 5–6) and 320 students from Sriayudhaya School (grades 7–9), both located in Bangkok. These two schools are classified as special large-sized schools under the jurisdiction of the Bangkok Metropolitan Administration (for Samsennok School) and the Office of the Basic Education Commission, Ministry of Education (for Sriayudhaya School). The selection of these schools was based on their size, diversity of student population, and administrative affiliations, ensuring representation of early adolescent students from both primary and secondary levels within Bangkok's public education system.

Students were selected using simple random sampling to ensure representativeness. The purpose of this stage was to explore the factor structure of the newly developed empathy scale and determine the preliminary psychometric properties of the instrument. EFA results supported a three-component structure: cognitive empathy, emotional empathy, and compassionate empathy.

Stage 3: Simple Random Sampling for CFA and Norm Development

The third stage aimed to confirm the factor structure and develop normative data for the empathy scale. A total of 394 students in grades 5–9 participated in this phase. The sample was drawn from two large-sized schools located in Bangkok. Specifically, 194 students were selected from Samsennok School, located in Dindang District, under the administration of the Bangkok Metropolitan Administration. The remaining 200 students were selected from Sri Ayutthaya School, located in Ratchathewi District, under the jurisdiction of the Office of the Basic Education Commission, Ministry of Education.

Both schools were purposively selected based on their classification as "special large-sized schools" and their representativeness of urban early adolescent populations. The total sample of 394 students satisfied the minimum recommended ratio of 10 respondents per item, as outlined by Haley (2011), for conducting Confirmatory Factor Analysis (CFA) on the 33-item empathy scale. This ensured adequate statistical power and robustness in confirming the factor structure of the instrument prior to norm development.

The sample size was determined based on the rule of thumb that one item on a scale requires at least 10 participants for CFA (Hayley, 2000). With 39 items in the empathy scale at this stage, a sample of approximately 390 was deemed sufficient. The CFA verified the model's construct validity and confirmed its suitability for use with early adolescent students. The same group of 394 participants was also used to establish norm-referenced scores for the finalized empathy scale, including T-scores and percentile ranks.

To ensure the quality of data collection, attention must be given to the following points:

Procedures for development of empathy scale:

The empathy scale represents the first phase. Following its development, researchers will conduct focus group interviews to confirm the three components of empathy and to gain deeper insights into various situations that participants have experienced. The results of these interviews will inform further development and improvement of the empathy scale, ensuring its final refinement.

Participants will be voluntary students who understand the purpose of the study.

Options for a focus group interview could be online or onsite, depending on the convenience and preference of participants.

After conducting interviews with the focus group to confirm the three components and identify the most commonly experienced situations in their lives, we will

finalize the empathy scale with 24 pictures. Subsequently, experts will assess the quality of the empathy scale before its use in a simple group to measure their empathy.

Timeframe for Data Collection:

The data collection phase will span approximately 6-8 months. The timeframe will involve two rounds of developing the empathy scale before finalization. Following this, participants in the simple group will be informed that if their empathy scores are low, they will continue to group counseling sessions, which will consist of 6-8 sessions.

The duration for participating in the assessment of the empathy scale will be carefully chosen to ensure that it aligns with the students' schedules and allows for their full engagement and thoughtfulness. Consideration will also be given to potential internal factors such as academic calendar events that may impact the availability of participants in the focus group and sample group.

Potential Challenges and Anticipated Solutions:

Anticipated challenges may include participants having difficulty answering questions without fully understanding them. Strategies for overcoming this challenge will involve providing additional support to ensure that participants understand the questions and comprehend the objectives of the empathy scale.

Quality control measures:

To be implemented to ensure the data's integrity. A pilot test will be conducted on one or two questions similar to those in the empathy scale to maintain consistency and standardization. The results will be assessed using Likert scale scores to promptly identify and address any data collection issues.

3.1.4 Data Completeness

The following strategies, the research can enhance the likelihood of obtaining complete and accurate data while also addressing any missing information.

3.1.4.1 Strategies for ensuring completeness and accuracy involve the following three factors with focus group:

1) Provide focus group interviews with clear and detailed instructions on how to discuss the empathy scale and situations that they have experienced. This includes emphasizing the importance of thoroughness when we discuss.

- 2) Confirm accuracy by verifying data through multiple methods, which will involve assigning a score on a 5-level scale to indicate the clarity of understanding in each picture.
- 3) Address any missing information promptly by following up with participants in a focus group interview or conducting additional research.

These strategies will contribute to the reliability and validity of the research findings.

- 3.1.4.2 Strategies for ensuring completeness and accuracy involve the empathy scale with sample group:
- 1) Clear Instructions: Provide clear and simple instructions for completing the empathy scale to ensure that participants understand what is being asked of them.
- 2) Age-Appropriate Language: Use language that is appropriate for the age group of early adolescents to ensure comprehension and engagement.
- 3) Pilot Testing: Before conducting the main study, pilot test the empathy scale with a small group of early adolescents to identify any issues with clarity or comprehension.
- 4) Ensuring Privacy and Comfort: Create a comfortable and private environment for participants to complete the empathy scale, which can encourage honest and accurate responses.
- 5) Informed Consent: Obtain informed consent from both participants and head of school, ensuring they understand the purpose of the study and their rights as participants.
- 6) Cultural Sensitivity: Be sensitive to cultural differences that may influence the interpretation of empathy and adapt the scale accordingly to ensure it is culturally relevant and appropriate.

With these strategies, researchers can enhance the completeness and accuracy of data collected using an empathy scale with a sample group of early adolescents.

3.1.5 Data Analyses

In the data analysis phase of this research, the development of the empathy scale and the enhancement of empathy through group counseling were subjected to statistical analysis. These include:

3.1.5.1 Data Analysis Phase 1

1) Quality Analysis of the Measurement Empathy

The researchers analyzed basic statistics to assess the quality of the measurement tool by examining the item-total correlation. This analysis aimed to determine the relationship between individual item scores and the overall score of the empathy measurement tool.

2) Evaluation of Program Quality

The Index of Item-Objective. Congruence (IOC) was utilized to assess the quality of the group counseling program. The IOC measures the appropriateness of the questions used to assess individuals' knowledge or abilities against the program's objectives. Subsequently, the analysis of the post-assessment data was conducted. The IOC typically ranges from 0 to 1, with values closer to 1 indicating the highest level of congruence. A value less than 1 suggests a lack of alignment between the counseling format and the objectives, indicating the need for refinement in the counseling program to enhance empathy effectively.

3) Comparison of Empathy Scores

The researchers analyzed and compared the differences in average empathy scores of early adolescent students before the experiment, after the experiment, and during the follow-up assessment. This analysis was conducted using One-Way Analysis of Variance with repeated measures to examine the hypothesis statistically.

4) Data Collection

Gather responses from a sample group of early adolescents using the empathy scale. Ensure that the sample size is adequate to provide statistically meaningful results.

5) Data Cleaning

Check the collected data for any errors, missing values, or outliers.

Clean the data by addressing any discrepancies or inconsistencies.

6) Descriptive Analysis

Start by conducting descriptive analyses to summarize the characteristics of the data. This may include calculating measures such as mean, median, standard deviation, and frequency distributions for each item on the empathy scale.

7) Factor Analysis

Perform factor analysis to explore the underlying structure of the empathy scale. This helps in identifying any distinct factors or dimensions of empathy being measured by the scale.

8) Reliability Analysis

Assess the reliability of the empathy scale by calculating internal consistency measures such as Cronbach's alpha. This indicates how well the items on the scale are correlated with each other and whether they are measuring the same construct consistently.

9) Validity Analysis

Evaluate the validity of the empathy scale by examining its convergent validity (how well it correlates with other measures of empathy) and discriminant validity (how well it distinguishes between empathy and other related constructs).

10) Construct Validity

Use techniques such as confirmatory factor analysis (CFA) to further establish the construct validity of the empathy scale by testing whether the data fit the hypothesized factor structure.

Table 1 Fit Index Criteria for Evaluating the Empathy Measurement Model

Indices	Fit Indices
	Not significant
GFI	> 0.90
AGFI	> 0.90
CFI	> 0.90
RMSEA	< 0.05
SRMR	< 0.05

To evaluate the goodness-of-fit of the empathy measurement model, several widely accepted fit indices were employed, as summarized in Table X. These indices provide a comprehensive assessment of how well the hypothesized factor structure aligns with the observed data.

A non-significant chi-square (p > .05) suggests that the model is not significantly different from the data, which is desirable in structural equation modeling.

The Goodness of Fit Index (GFI) and the Adjusted Goodness of Fit Index (AGFI) should both exceed 0.90, indicating an acceptable fit.

The Comparative Fit Index (CFI) should also be greater than 0.90, reflecting the model's improvement over a null model.

The Root Mean Square Error of Approximation (RMSEA) and the Standardized Root Mean Square Residual (SRMR) should be below 0.05, suggesting a close fit between the model and the data.

These criteria align with the recommendations by Hu and Bentler (1999), and their achievement confirms the model's structural validity in representing the multidimensional construct of empathy among early adolescents.

11) Criterion-Related Validity

Assess criterion-related validity by examining the relationship between scores on the empathy scale and external criteria, such as behavioral observations or ratings from teachers or peers.

12) Exploratory Data Analysis

Conduct exploratory data analysis to identify any patterns or trends in the data that may provide insights into the development of empathy during early adolescence.

13) Interpretation and Discussion

Interpret the findings of the data analysis in the context of existing literature on empathy development and early adolescence. Discuss the implications of the results and any limitations of the study.

14) Conclusion and Recommendations

Summarize the key findings of the data analysis and make recommendations for future research or practical applications of the empathy scale in assessing empathy development for early adolescents.

By following these steps, researchers can rigorously analyze data for the development of an empathy scale for early adolescence, providing valuable insights into the measurement and understanding of empathy in this age group.

3.1.5.2 Data Analysis Phase 2

In Phase 2, three main statistical methods were employed to evaluate the effectiveness of the integrative group counseling program

- 1. Descriptive statistics were used to summarize mean scores, standard deviations, and score trends across the three time points: pretest, posttest, and follow-up.
- 2. Repeated Measures ANOVA was conducted to assess changes in empathy levels within and between groups over time.
- 3. Independent and paired samples t-tests were used to compare empathy scores between the experimental and control groups (between-group analysis), and within groups across different time points (within-group analysis).

These methods allowed for a comprehensive analysis of both immediate and sustained effects of the intervention on students' empathy development.

Determine norms for the empathy scale after conducting the data analysis, researchers can follow these steps:

- 1. Determine Baseline Scores: researchers calculate the average empathy scores of early adolescent students before the experiment, immediately after the experiment, and during the follow-up assessment. Which baseline data on empathy levels among the participants at different stages of the intervention.
- 2. Comparison with Existing Data: researchers compare the average empathy scores obtained from sample with existing data or norms from similar populations, if available. This comparison will contextualize your findings and identify any deviations or trends unique to study in the population.
- 3. Stratified Analysis: researchers analyze the empathy scores stratified by demographic variables such as age, gender, and socioeconomic status. Which has a more nuanced understanding of empathy levels within different subgroups of the sample population.
- 4. Consider Contextual Factors: take into account contextual factors specific to the urban environment of Bangkok, such as cultural influences, socioeconomic disparities, and educational policies. These factors may influence empathy levels and should be considered when interpreting the data and determining norms.
- 5. Consultation with Experts: input from experts in psychology, education, and counseling to validate your findings and interpretations. Experts can provide insights into the significance of the observed differences in empathy scores and offer suggestions for further analysis or interpretation.
- 6. Publication and Dissemination: Once norms for the empathy scale have been determined, consider publishing in academic journals or presenting them at conferences to contribute to the broader body of research on empathy measurement and intervention effectiveness.
- 7. Interpretation: Interpret the norms in the context of the study population and the specific characteristics of early adolescent students. Consider factors such as gender differences, developmental stages, and cultural influences when interpreting the empathy scores.

8. Validation: Validate the norms by comparing them with existing literature on empathy scales and with empirical data obtained from similar populations. Ensure that the norms are reliable and valid representations of empathy levels among early adolescent students.

9. The content validity of the empathy scale was evaluated by a panel of experts using the Index of Item-Objective Congruence (IOC). Six experts in psychology and educational measurement assessed each item based on its alignment with the defined constructs (cognitive, emotional, and compassionate empathy). Items with an IOC score of 0.50 or higher were retained, revised, or removed based on expert consensus. The overall IOC scores for the items ranged from 0.50 to 1.00, indicating acceptable content validity.

After following these steps, researchers can effectively determine norms for the empathy scale before implementing it in the experimental group, providing a valuable baseline for comparison and interpretation of results.

3.2 Phase 2

3.2.1 Research Design

Phase 2 applied a quasi-experimental design with a control group and pretest-posttest structure, focusing on the effectiveness of an integrative group counseling program. The experimental group received integrative counseling sessions grounded in multiple theoretical foundations, including Person-Centered Therapy, Client-Centered Therapy, Cognitive Behavioral Therapy (CBT), Rational Emotive Behavior Therapy (REBT), Reality Therapy, Behavioral Techniques, Gestalt Techniques, and Attachment Theory. These sessions were designed to incorporate a variety of counseling strategies that were developmentally appropriate for early adolescents, taking into account their language abilities, attention span, emotional maturity, and optimal group size. The integrative approach aimed to enhance empathy by blending humanistic and cognitive-behavioral interventions tailored to the unique needs of this age group.

This research employed a quasi-experimental design, consisting of two groups: an experimental group and a control group. The intervention was conducted

before and after the experiment, and a follow-up was done one month later to assess the effectiveness of the group counseling program designed to enhance empathy among early adolescents (Generation Y). There were 16 participants, divided into two groups of 8 each. The experimental group received the counseling program, while the control group did not.

The study followed a two-factor experimental design with repeated measures on one factor, adapted from Winer, Brown, & Michels (1991).

Table 2 Two-factor experimental design with repeated measures on one factor Adapted from Winer, Brown, and Michels (1991, p. 509)

Group	Pre-test	Pre-test	Pre-test
	B ₁	B ₂	B_3
A_1	G_1	G_1	G_1
A_2	G_2	G_2	G_2

Explanation of Symbols: A_1 = Experimental group; A_2 = Control group; B_1 = Pretest period; B_2 = Post-test period; B_3 = Follow-up period; G_1 = Number of participants in the experimental group who received the integrative group counseling program; G_2 = Number of participants in the control group who did not receive the program

Based on this data structure, the research adopted a two-factor experimental design with repeated measures. The G group represents participants (8 students) randomly assigned to either the experimental or control condition. Data were collected at three points in time: before the intervention, immediately after, and one month later. For the experimental group, the intervention consisted of an integrative group counseling program aimed at enhancing empathy. The control group received no intervention. This design was used to determine the effectiveness of the intervention in enhancing empathy among early adolescents.

1) Person-centered Therapy (Client-centered therapy)

Person-centered Therapy (Client-centered therapy) emphasizes creating a therapeutic environment characterized by empathy, unconditional positive regard, and genuineness. According to Rogers (1951, 1961), the core conditions for effective therapy include congruence, unconditional positive regard, and empathic understanding. In the context of integrative group counseling aimed at enhancing empathy among early adolescents with lower baseline levels, person-centered principles play a pivotal role. By fostering a climate of acceptance and understanding within the group, person-centered approaches provide a safe space for adolescents to explore and express their emotions authentically. Group facilitators, embodying Rogers' empathic stance, actively listen to participants' experiences, validating their feelings without judgment (Rogers, 1961). This empathic attunement cultivates a sense of connection and belonging within the group, encouraging adolescents to empathize with one another's perspectives and experiences. Through person-centered interventions, aligned with Rogers' theoretical framework, early adolescents with lower empathy levels are supported in developing their empathic abilities within a nurturing and validating therapeutic environment (Cain, 2010).

2) Cognitive-Behavioral Therapy (CBT)

Cognitive-Behavioral Therapy (CBT) can significantly enhance empathy development within integrative group counseling sessions for early adolescents with lower empathy levels. CBT, as developed by Beck (1976), focuses on identifying and modifying dysfunctional thoughts and behaviors that contribute to emotional and interpersonal difficulties. By integrating CBT techniques into the counseling process, such as cognitive restructuring and behavioral rehearsal, participants can learn to recognize and challenge negative thought patterns and behaviors that inhibit empathetic responses. According to Kendall (2012), CBT is particularly effective for adolescents, as it promotes the development of cognitive skills necessary for emotional self-regulation and social understanding. CBT also empowers adolescents to develop effective coping strategies, enhance perspective-taking abilities, and improve emotional regulation—all of which are essential components of empathy. Through structured activities and discussions tailored to the developmental needs of early adolescents, CBT within

integrative group counseling fosters a supportive environment where participants can practice and reinforce empathetic behaviors, ultimately leading to significant improvements in empathy levels over time (Beck, 2011; Stallard, 2002).

3) Rational Emotive Behavior Therapy (REBT)

Rational Emotive Behavior Therapy (REBT), developed by Albert Ellis (1994), emphasizes that emotional responses stem from individuals' beliefs rather than events themselves. Using the ABC model (Activating event, Beliefs, Consequences), REBT helps adolescents identify irrational beliefs—such as catastrophizing or low frustration tolerance—and replace them with rational thoughts. In this program, students engaged in thought records, role-plays, and peer reflections to reframe beliefs in emotionally charged situations, especially those requiring empathy. Research by David et al. (2005) and DiGiuseppe et al. (2014) supports REBT's effectiveness in improving cognitive flexibility and emotional regulation, contributing to prosocial and empathetic behavior in adolescents.

4) Reality Therapy

Reality Therapy, developed by William Glasser (1998), focuses on personal responsibility and present-focused behavior through the WDEP model: Wants, Doing, Evaluation, and Planning. In this program, early adolescents used value clarification, behavior mapping, and structured dialogue to reflect on whether their actions aligned with their interpersonal goals and empathy toward others. Empirical studies, such as those by Wubbolding (2011) and Kim & Kim (2015), support the use of Reality Therapy in enhancing emotional control and relational skills, encouraging students to take ownership of their choices and act in ways that foster emotional connection and social responsibility.

5) Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy (ACT), developed by Hayes et al. (1999), integrates mindfulness with value-driven behavioral change, promoting psychological flexibility. In this program, ACT helped students accept emotional discomfort and act in line with values such as kindness and connection. Activities included mindfulness exercises and value clarification using metaphors like "passengers"

on the bus."Research by Murrell et al. (2005) and Ciarrochi et al. (2011) shows that ACT reduces avoidance and increases prosocial behavior, supporting adolescents' capacity to respond empathetically even in challenging social situations.

6) Gestalt Therapy

Gestalt Therapy, created by Fritz Perls (1969), centers on present-moment awareness and integrating thoughts, feelings, and behaviors to promote authenticity and emotional insight. In this program, techniques like role-play, expressive arts, and group discussion allowed students to recognize their emotional responses and understand others' perspectives. Studies by Clarkson & Mackewn (1993) and Yontef & Jacobs (2005) highlight Gestalt's impact on enhancing emotional awareness and empathy. The therapy's experiential focus enables adolescents to confront emotional blocks and develop empathic, respectful interactions with peers.

7) Behavioral Techniques

Behavioral techniques, as part of the integrative group counseling approach, play a crucial role in promoting empathy development among early adolescents with low baseline levels. Rooted in principles of behaviorism (Skinner, 1953), these techniques focus on observable behaviors and their modification through reinforcement, modeling, and skills training. Within the counseling context, adolescents are encouraged to engage in prosocial behaviors, such as active listening, helping peers, and expressing concern, which are positively reinforced to increase the likelihood of recurrence. According to Kazdin (2017), behavioral interventions are especially effective with children and adolescents, as they provide clear structure, immediate feedback, and reinforcement-based learning. Techniques such as role-playing, token economies, and behavior modeling are employed to shape empathetic responses in a gradual and structured manner. By consistently reinforcing desirable interpersonal behaviors, behavioral techniques help adolescents internalize empathetic actions, leading to long-term behavioral change and enhanced empathy (Miltenberger, 2015).

3.2.2 Participants

In this study, a total of 16 participants who demonstrated the lowest levels of empathy based on the screening scale were selected through simple random sampling.

They were then randomly assigned to two groups, with 8 participants in the experimental group receiving the integrative group counseling intervention, and 8 participants in the control group, who did not receive any treatment.

The sample size was determined based on the recommendation that 15–20 participants per variable is generally acceptable for small-scale experimental studies or interventions involving human subjects (VanVoorhis & Morgan, 2007). Given that the study included one independent variable (group membership), a total of 16 participants was considered sufficient, especially considering the developmental appropriateness of small group sizes in adolescent counseling settings. Since there is one variable for joining the experimental group, the researcher requires a control group. Therefore, the researcher aims to use an experimental group which will receive treatment and control will not receive any treatment while simple random sampling was conducted using empathy scales who demonstrated lowest levels of empathy.

Students in the experimental group and control group were 16 students were randomly selected from each grade level, resulting in a total of 32 students who got lower scores from the empathy scale. Subsequently, these students were divided into two groups, with 10 students randomly selected from each grade level for both the experimental and control groups. Using simple random sampling, it was determined whether Group 1 would be the experimental and Group 2 would be a control group. This method of simple random sampling resulted in approximately 30 students per group, based on the calculated sample size as described above.

3.2.3 Integrative Group Counseling Program Development

Designing an integrative group counseling program to enhance empathy in early adolescents across 3 components, cognitive, emotional, and compassionate empathy requires a comprehensive approach so It will support and enhance the lower empathy of students after assessment empathy scale. The group counseling program was developed using an integrative framework based on multiple psychological theories, including Person-Centered Therapy (Rogers, 1951), Cognitive Behavioral Therapy (Beck, 1976), Rational Emotive Behavior Therapy (Ellis, 1994), Reality Therapy (Glasser, 1998),

Gestalt Therapy (Perls, 1969), Acceptance and Commitment Therapy (Hayes et al., 1999), and Solution-Focused Brief Therapy. The program incorporated techniques such as reflective listening, guided imagery, role-play, WDEP, miracle questions, values clarification, and group reflection to enhance empathy across cognitive, emotional, and compassionate dimensions.

The integrative group counseling program was validated by a panel of three experts in counseling psychology and adolescent development. Content validity was assessed using the Index of Item-Objective Congruence (IOC). All activities and session components were reviewed for relevance and appropriateness to the objectives and target group. The IOC values for the counseling content items were 1.00, reflecting unanimous agreement among expert reviewers. This result confirms that the counseling components were highly consistent with the intended therapeutic objectives.

Table 3 Integrated Group Counseling Program to Enhance Empathy in Early

Adolescents

		70		
Session	Topic	Objectives	Counseling	Counseling
Session			Theory	Techniques
1	Orientation	1. To help students	Person-	Cognitive Focusing Techniques – Identify
	and	get to know one another personally	Centered	emotional reactions to
	Building	and understand relevant aspects	Therapy	triggers. ACT Formula –
	•	about themselves.	- This approach	Accept reality, choose
	Trust	2. To clarify the emphasizes the program's objectives and jointly establish importance of group agreements.	emphasizes the	a view, take action. The Companion –
			importance of	Encourages empathic connection through
			the individual as	recognizing expressions of love
		3. To build a safe and emotionally trusting	the central focus	and care. Unconditional Positive
		group atmosphere.	of the	Regard – Accepting the person without
			counseling	judgment. Empathic
			process.	Understanding – Deeply understanding
				the person's feelings and perspective

Table 3 (Continued)

Session	Topic	Objectives	Counseling Theory	Counseling Techniques
2	Understanding	1. To foster	Cognitive	The Cognitive Therapy
	Emotions of	nonjudgmental	Behavioral	Process- involves
	Self and	and empathic	Therapy (CBT)	guiding individuals
	Others	listening.	Helps students	through the process of
	(Cognitive		identify thoughts	recognizing etc.
	Empathy)	2. To develop	that trigger	Cognitive Defusion -
		cognitive empathy	emotions and	used to reduce the
		and the ability to	supports the	impact of negative
		understand others'	process of	thoughts
		emotions.	changing	Unconditional Positive
			negative thought	Regard-that involves
			Person-Centered	accepting and valuing
			Therapy	the client without
			emphasizes	judgment
			placing	Empathic
			importance on	Understanding
			the individual.	 to deeply understand
			Rational Emotive	the client's emotional
			Behavior Therapy	experience
			(REBT)	Perception Versus
			Focuses on	Reality
			changing	 Helps individuals gain
			irrational thoughts	a more rational
			and beliefs.	understanding of
				themselves

Table 3 (Continued)

Cassian	Topic	Objectives	Counseling	Counseling
Session			Theory	Techniques
3	Identifying	1. To help	Cognitive	Cognitive Focusing
	Own Emotions	students identify	Behaviour	Techniques – Identify
	(Perspective-	their own	Therapy - CBT)	emotional reactions to
	Taking)	emotional	Helps students	triggers.
		responses in	identify thoughts	ACT Formula – Accept
		various situations.	that trigger	reality, choose a view,
			emotional	take action.
		2. To encourage	responses and	The Companion –
		students to	restructure	Encourages empathic
		imagine	negative thinking	connection through
		themselves in	patterns.	recognizing
		others' situations and understand others' feelings.	Person-Centered	expressions of love and
			Therapy –	care.
			Emphasizes the	Unconditional Positive
		A Transmitter	importance of the	Regard – Accepting the
			individual.	person without
				judgment.
				Empathic
				Understanding – Deeply
				understanding the
				person's feelings and
				perspective

Table 3 (Continued)

Session	Topic	Objectives	Counseling	Counseling
Session			Theory	Techniques
4	Managing	1. To improve the	Person-Centered	Person-Centered
	Emotions	ability to perceive	Therapy –	Therapy – Focuses on
	(Affective	and understand	Focuses on	valuing the individual as
	Empathy –	others' emotions	valuing the	central.
	Emotional	through empathic	individual as	
	Sharing)	communication.	central.	
		2. To develop		
		affective empathy		
		by sharing and		
		listening to others'		
		emotional		
		experiences.		
5	Reflecting	1. To practice	Person-Centered	Person-Centered
	Feelings	understanding	Therapy –	Therapy – Focuses on
	(Affective	others' feelings in	Focuses on	valuing the individual as
Empathy – va		various situations.	valuing the	central.
	Reflective)		individual as	
		2. To promote	central.	
		positive empathic		
		responses and		
		reflections.		

Table 3 (Continued)

Session	Topic	Objectives	Counseling Theory	Counseling
				Techniques
6	Goal Setting and	1. To set goals for	Reality Therapy –	Reality Therapy -
	Action Planning	showing empathy	Behavior results	Behavior results
	for Empathy	in daily life.	from personal	from personal
	(Compassionate		choices;	choices;
	Empathy –	2. To develop	individuals can	individuals can
	Empathic	concrete action	choose better to	choose better to
	Concern)	plans for practicing	improve their lives.	improve their
		empathy.		lives.
7	Helping Others	1. To engage	-Gestalt techniques	-Empathy chair
	through RolePlay	students in	-Classic Behavioral	Share idea with
	(Compassionate	meaningful	Techniques	other without
	Empathy –	prosocial helping		judgement
	Prosocial Action)	behaviors.		-Role-playing
				Role play to be
		2. To help students		empathy person
		realize the impact		- Affirming New
		of their actions		Positive
		others		Behaviour
				Continue to do
		3. To encourage		good behavior
		reflection and		
		improvement of		
		their prosocial		
		actions.		

Table 3 (Continued)

	Session	Topic	Objectives	Counseling Theory	Counseling Techniques
8		Conclusion	1. To help	Person-Centered	Repeating the
		and Paying	students reflect or	Therapy – Use	obvious
		Empathy	and summarize	empathy with	Clarifies what the
		Forward	their learning of	others in daily life	student said by
			empathy's three	Classic Behavioral	rephrasing it,
			components.	Techniques -	helping them
			2. To encourage	Focus on	recognize their
			the application of	promoting positive	own thoughts or
			empathy in daily	behavior change.	feelings more
			life and society.		clearly.
			3. To formally		
			conclude the		Goal Rehearsal /
			counseling		Coping Imagery –
			process with a		Mentally practice
			closure ritual.		goal-related
					situations to build
					readiness and
					coping skills.

3.2.4 Integrative Group Counseling Intervention Program Implementation

The development of the integrative group counseling intervention Program was informed. The data were collected using an empathy scale, which was developed after conducting focus group interviews and checking quality by experts of psychology. The sampling method employed was simple random sampling, chosen due to the similar characteristics of classrooms within the same school. The selection of the sample group utilized a lottery method without replacement, based on the classroom numbers of each grade. This involved a total of 8 classrooms (2 classrooms for grade 7, 3 classrooms for

grade 8, and 3 classrooms for grade 9), with each classroom containing approximately 36-43 students. Employing simple random sampling in this manner resulted in a sample size of approximately 320 students, consistent with the calculated size of the sample group mentioned earlier.

Phase 2 Participants were students who will gave lower of empathy

1) The sample group participating in the Integrative group counseling was determined using the formula for calculating the sample size for multiple regression analysis. It is recommended to have 15–20 participants per variable (VanVoorhis & Morgan, 2007). Since there is one variable for joining the sample group, and the researcher requires a control group, two sample groups are needed. Therefore, the researcher aims to use two sample groups (experimental and control groups) which simple random sampling was conducted using empathy scales who demonstrated lowest levels of empathy. Then, 16 students were randomly selected from each grade level, resulting in a total of 32 students. Subsequently, these students were divided into two groups, with 8 students randomly selected from each grade level for both the experimental and control groups. Using simple random sampling, it was determined whether Group 1 or Group 2 would be the experimental or control group. This method of simple random sampling resulted in approximately 8 students per group, based on the calculated sample size as described above.

The sample group selection process consisted of two stages, detailed as follows:

Stage 1: For the second group, the population consisted of students in Grades 5–6 at Samsennok School, under the Bangkok Metropolitan Administration, totaling approximately 706 students. According to the Krejcie and Morgan table, the corresponding sample size should be around 265 students. The researcher selected a sample group of 254 students using simple random sampling, stratified by school size categories (small, medium, large and extra large) which this school is extra large, ensuring representation and developmental appropriateness for the lower range of early adolescence.

Stage 2: The selection of the sample group was conducted using a standardized table provided by Krejcie and Morgan (1970), based on a total population of approximately 1,486 students in Grades 7–9 at Sri Ayutthaya School. According to the table, the appropriate sample size for a population of this size is approximately 306. To ensure sufficient data and account for possible data loss, the researcher selected a final sample size of 320 students through simple random sampling.

3.2.5 Research Instrument for Pretest, Posttest and Follow-Up

The research instrument for the pretest and posttest assessments plays a crucial role in measuring participants' empathy levels before and after the counseling intervention.

Steps for developing and implementing the research instrument:

Step 1: Selection of Empathy Scale

- 1. Literature Review : Conduct a comprehensive review of existing empathy scales and scales in academic literature.
- 2. Criteria Identification: Identify criteria for selecting an appropriate empathy scale, considering factors such as validity, reliability, cultural sensitivity, and suitability for the target population (early adolescents).
- 3. Consultation: Consult with experts in empathy research and counseling to gain insights into the most suitable scales for the study's objectives.

Step 2: Adaptation or Development of Empathy Scale

- 1. Adaptation: If an existing empathy scale is selected, adapt it to fit the specific needs and characteristics of the early adolescent population and the integrative group counseling context.
- 2. Development: If no suitable scale is found, develop a new empathy scale tailored to the study's objectives, drawing from relevant theories, constructs, and empirical evidence on empathy.

Step 3: Pilot Testing

1. Small-Scale Pilot: Administer the empathy scale to a small sample of early adolescents to identify any ambiguities, inconsistencies, or challenges in understanding and responding to the scale items.

- 2. Feedback Collection: Gather feedback from participants regarding the clarity, relevance, and appropriateness of the scale items.
- 3. Scale Refinement: Based on pilot testing feedback, refine the empathy scale by revising or eliminating ambiguous items and ensuring clarity and cultural sensitivity.

Step 4: Pretest Administration

- 1. Pre-Counseling Assessment: Administer the finalized empathy scale to participants before the commencement of the integrative group counseling program.
- 2. Consent and Instructions: Obtain informed consent from participants and provide clear instructions on how to complete the empathy scale.
- 3. Data Collection: Collect responses from participants, ensuring confidentiality and anonymity of their responses.

Step 5: Posttest Administration

- 1. Post-Counseling Assessment : Administer the same empathy scale to participants immediately after the completion of the integrative group counseling sessions.
- 2. Consistency: Ensure consistency in administration procedures and instructions compared to the pretest assessment.
- 3. Data Collection : Collect posttest responses from participants for comparative analysis with pretest data.

Step 6: Data Analysis

- 1. Quantitative Analysis: Analyze pretest and posttest data using appropriate statistical methods (e.g., t-tests, ANOVA) to evaluate changes in participants' empathy levels following the integrative group counseling intervention.
- 2. Qualitative Analysis: Supplement quantitative analysis with qualitative insights from participants' feedback and experiences gathered during counseling sessions for a comprehensive understanding of empathy development.

All these steps, researchers can develop and implement a research instrument for pretest and posttest assessments that accurately measures the impact of integrative group counseling on enhancing empathy for early adolescent participants.

3.2.6 Data Collection

In the dissertation for the development of an empathy scale and the enhancement of empathy through integrative group counseling in experimental group and control group, the data collection process encompasses multiple stages, including before, after, and follow-up assessments. Here's how each stage of data collection can be integrated into the study:

1. Before Counseling Sessions:

- Baseline Assessment: Administer the empathy scale to participants before the commencement of the integrative group counseling sessions. This baseline assessment serves as a starting point to measure participants' initial levels of empathy.

2. During Counseling Sessions:

- In-session Observations : Researchers observe and document participants' engagement, interactions, and responses during the integrative group counseling sessions. These observations provide qualitative insights into participants' behavioral changes and responses to the counseling interventions.

3. After Counseling Sessions:

- Post-Counseling Assessment: Conduct a follow-up assessment using the empathy scale immediately after the completion of the integrative group counseling program. This assessment evaluates any changes or improvements in participants' empathy levels following the intervention.

4. Follow-up Stage:

- Long-term Follow-up: Schedule follow-up assessments at designated intervals (e.g., weeks or months) after the completion of the counseling program. These follow-up assessments track the sustainability of the changes in participants' empathy levels over time and assess the long-term effectiveness of the counseling intervention.

3.2.7 Data Analysis

Quantitative Analysis:

Analyze the quantitative data collected from the empathy scale assessments using statistical methods to compare participants' empathy scores before, after, and

during follow-up stages. This analysis helps evaluate the effectiveness of the integrative group counseling in enhancing empathy.

Steps for conducting quantitative data analysis:

- 1. Data Cleaning and Preparation:
- 1.1 Ensure that the collected data from empathy scale assessments is accurate and complete.
- 1.2 Check for any missing or erroneous data points and address them appropriately through data cleaning procedures.
- 1.3. Organize the data into a structured format suitable for statistical analysis.

2. Descriptive Statistics:

- 2.1. Calculate descriptive statistics, such as means, standard deviations, and frequencies, for participants' empathy scores at each assessment point (before, after, and during follow-up stages).
- 2.2. Examine the central tendency and variability of the empathy scores to gain an initial understanding of the data distribution.

3. Comparative Analysis:

- 3.1. Utilize appropriate statistical tests to compare participants' empathy scores across different assessment points:
- 3.2 Paired t-tests: Compare mean empathy scores before and after the integrative group counseling sessions to assess immediate changes.
- 3.3 Repeated measures ANOVA: Determine whether there are significant differences in empathy scores across multiple assessment points (before, after, and during follow-up stages).
- 3.4 Post-hoc tests (e.g., Bonferroni correction): Conduct pairwise comparisons to identify specific time points where significant changes in empathy scores occur.

4. Effect Size Calculation:

- 4.1 Calculate effect sizes (e.g., Cohen's d) to quantify the magnitude of the differences observed in empathy scores between assessment points.
- 4.2 Effect size measures provide additional context to complement statistical significance tests, indicating the practical significance of observed changes in empathy levels.

5. Subgroup Analysis (if applicable):

- 5.1 Conduct subgroup analyses based on demographic variables (e.g., age, gender, cultural background) or other relevant factors to explore potential differences in the effectiveness of the integrative group counseling intervention across different participant groups.
- 5.2 Use appropriate statistical techniques, such as subgroup comparisons or interaction effects in ANOVA models, to assess the impact of these factors on empathy outcomes.

6. Data Interpretation and Reporting:

- 6.1 Interpret the results of the quantitative analysis in the context of the research hypotheses and objectives.
- 6.2 Discuss the implications of the findings for the effectiveness of the integrative group counseling program in enhancing empathy among participants.
- 6.3 Present the results clearly and comprehensively in the dissertation, using tables, graphs, and narrative descriptions to communicate key findings to the readers.

Qualitative Analysis

Conduct thematic analysis of qualitative data gathered from in-session observations and participant feedback to gain deeper insights into the experiential aspects of empathy development within the counseling context.

Conduct thematic analysis of qualitative data from in-session observations and participant feedback :

Thematic Analysis Steps:

1. Data Familiarization

- 1.1 Transcribe audio recordings or compile detailed notes from insession observations.
- 1.2 Organize participant feedback, including written responses, interviews, or group discussions.

2. Initial Coding:

- 2.1 Read through the data multiple times to become familiar with the content.
- 2.2 Start with open coding, identifying initial themes or patterns relevant to empathy development.
- 2.3 Assign descriptive codes to segments of data that capture key concepts or ideas related to empathy.

3. Generating Themes:

- 3.1 Explore connections and relationships between codes to identify overarching themes.
- 3.2 Remain open to new insights and emergent themes that may arise during the analysis process.

4. Reviewing Themes:

- 4.1 Evaluate the coherence and consistency of identified themes across the dataset.
- 4.2 Check for overlap or redundancy between themes and refine or merge them as necessary.
- 4.3 Ensure that each theme captures a unique aspect of the data relevant to empathy development.

5. Defining and Naming Themes:

- 5.1 Clearly define each theme based on the content and patterns within the data.
- 5.2 Use descriptive labels or names that accurately represent the essence of each theme.

5.3 Write concise summaries or descriptions for each theme to provide context and clarity.

6. Data Interpretation:

- 6.1 Reflect on the significance of identified themes in relation to the research questions and objectives.
- 6.2 Consider how each theme contributes to understanding the experiential aspects of empathy development within the counseling context.
- 6.3 Explore potential implications of the themes for theory, practice, or future research in empathy enhancement.

7. Finalizing Analysis:

- Review the thematic analysis to ensure its coherence, rigor, and credibility.
- Seek input from classmates or supervisors to validate the interpretation and findings.
- Document the analytical process and decisions made throughout the analysis for transparency and reproducibility.

8. Integration with Quantitative Data:

Consider how the themes identified through qualitative analysis complement or enrich the findings from quantitative data analysis.

 Look for convergence or divergence between qualitative themes and quantitative results to provide a comprehensive understanding of empathy development in the counseling context.

By following these steps, researchers can conduct a quantitative and qualitative analysis of qualitative data to uncover meaningful insights into the experiential aspects of empathy development within the integrative group counseling. This analysis adds depth and richness to the overall understanding of the integrative group counseling program's impact on empathy enhancement.

In the control group, participants were provided with post-study support upon completion of the counseling sessions and data collection to ensure ethical fairness

and equal opportunity for development. Specifically, they received a summary of the counseling program, including its objectives and key concepts related to empathy development. Additionally, psychoeducational materials and basic guidance on practical strategies for enhancing empathy in daily life were provided.

A brief follow-up session was also conducted with the control group to reinforce the shared information, respond to any questions, and raise awareness of emotional and social skills. These efforts aimed to ensure that all participants, regardless of group assignment, benefited from their involvement in the study. This approach aligns with ethical research principles by promoting transparency, fairness, and developmental support for all students who took part in the research.

3.2.8 Ethical Considerations for Human Subjects

Certificate of Ethical Committee Approval is SWUEC-672461.

Ethical considerations for human subject studies were approved by the Department of Ethics and Research Standardization at Srinakharinwirot University University

In adherence to ethical standards for human subject studies, approval was obtained from the Department of Ethics and Research Standardization at Srinakharinwirot University prior to commencing the research. The study design for the development of an empathy scale and the implementation of an integrative group counseling program aimed at enhancing empathy among participants, early adolescence students was carefully crafted to prioritize the well-being, autonomy, and confidentiality of all involved individuals. Informed consent procedures were rigorously followed, ensuring that participants were fully aware of the study's objectives, procedures, potential risks, and benefits before voluntarily agreeing to participate. Measures were implemented to safeguard the privacy and anonymity of participants' personal information and responses throughout the research process. Furthermore, ethical guidelines regarding data collection, analysis, and dissemination were strictly adhered to, with the utmost respect for participants' rights and dignity maintained at all times.

Informed consent procedures are crucial ethical protocols that ensure participants in a study fully understand the nature, purpose, potential risks, and benefits involved before agreeing to participate. These procedures typically include:

- 1. Information Disclosure: Researchers provide detailed information about the study, including its objectives, procedures, potential risks, benefits, and any compensation offered. This information is presented in a clear, understandable manner.
- 2. Opportunity for Questions: Participants are given the opportunity to ask questions about the study to clarify any doubts or concerns they may have. Researchers must address these questions honestly and thoroughly.
- 3. Voluntary Participation: This is very important that Participants are assured that their participation is entirely voluntary, and they have the right to withdraw from the study at any time without facing any consequences.
- 4. Confidentiality and Anonymity: Researchers explain how participants' personal information will be handled to ensure confidentiality and anonymity. They detail any measures taken to protect participants' privacy throughout the study.
- 5. Consent Form: Participants are provided with a written consent form that summarizes the key information about the study. They are asked to read the form carefully and sign it if they agree to participate, indicating their informed consent.
- 6. Assent for Minors: In studies involving minors, researchers obtain both informed consent from parents or legal guardians and assent from the minors themselves, ensuring they understand the study's purpose and procedures in age-appropriate language.
- 7. Continued Communication: Throughout the study, researchers maintain open communication with participants, as we would like to know the results after the intervention and follow-up stages to continue assessing the level of empathy using the empathy scale then we also addressing any new developments or concerns that may arise and reaffirming participants' right to withdraw consent at any time.

- 8. Confidentiality information: Researchers will not record any students whose real name of lower empathy on dissertation and it needs to be confidential as their still young and Not yet achieved maturity.
- 9. Secure of Data: The empathy kept by researchers and ensuring all personal information of participants is secure.
- 10. Cultural Responsiveness in Scale Development: When developing the empathy scale, consider cultural variations in the expression and perception of empathy. Validate the scale across diverse cultural groups to ensure its reliability and validity across different cultural contexts.

By adhering to these informed consent procedures, researchers uphold ethical principles of respect for participants' autonomy, beneficence, and justice, ensuring that their rights and well-being are protected throughout the research process.

CHAPTER IV RESULTS

This chapter presents the results of the data analysis and interpretation. The researcher defined the symbols and abbreviations used as follows:

Table 4 Symbol of using data Analysis

Symbol	Meaning
n	Number of student participants in the sample
K	Number of items
М	Mean
SD	Standard deviation
Min	Minimum value
Max	Maximum value
Sk	Skewness
Ku	Kurtosis
χ^2	Chi-square statistic
df	Degrees of freedom
CFI	Comparative fit index
GFI	Goodness of fit index
AGFI	Adjusted goodness of fit index
RMSEA	Root mean square error of approximation
SRMR	Standardized root mean square residual
R2	Squared multiple correlation
SE	Standard error t: t-statistic
FS	Standardized factor loading
SC	Standard score
CE	Cognitive empathy
EE	Emotional (affective) empathy
PE	Compassionate empathy

Presentation of data analysis results

The study titled "Development of an Empathy Scale for Early Adolescents and the Enhancement of Empathy through an Integrated Group Counseling Model" employed a mixed methods research design. The data analysis results are presented according to the sequential phases of the study, organized into three main sections as follows:

Section 1: The study of the components of empathy among early adolescent students was presented by the researcher in separate analytical sections.

- 1. Exploration of Empathy Indicators in Early Adolescents, consisting of :
 - 1.1 Demographic information of the key informants
 - 1.2 Definitions and interpretations of empathy by early adolescents
 - 1.3 Core components of empathy in early adolescents
- 2. Frequencies and percentages of the sample used in the component analysis of empathy in early adolescents
- 3. Descriptive statistics of the empathy scale for early adolescents, both overall and by component
 - 4. Exploratory Factor Analysis (EFA) of empathy in early adolescents
 - 5. Confirmatory Factor Analysis (CFA) of empathy in early adolescents

Section 2: Norm Development for the Empathy Scale in Early Adolescents

This section outlines the process of creating normative data for the empathy scale:

- 1. Frequencies and percentages of the sample used for norm development of the empathy scale
 - 2. Descriptive statistics of empathy scores among early adolescents
- 3. Normative scores of the empathy scale for early adolescents, both overall and by component
- 4. Interpretation of empathy level scores among upper secondary school students, both overall and by component
- Section 3: Development of an Integrated Group Counseling Program to Enhance Empathy in Early Adolescents

This section presents the results of the intervention and its evaluation, organized into the following subsections:

- 1. Comparison of pre-test, post-test, and follow-up results from the integrated group counseling program aimed at enhancing empathy in early adolescents.
- 1.1 Test of Normality for the empathy scale data among early adolescents.
- 1.2 Means and standard deviations of empathy scores among early adolescents.
- 2. Comparison of empathy scores between the experimental and control groups before, after, and during follow-up of participation in the group counseling program.
- 3. Comparative analysis of the effectiveness of the group counseling intervention in enhancing empathy among early adolescents between the experimental and control groups across the three stages: pre-intervention, post-intervention, and follow-up.

Section 1: The study of the components of empathy among early adolescent students.

This section presents the data analysis results related to the components of empathy among early adolescent students. The findings are organized into five subsections as follows:

1. Exploration of Empathy Indicators in Early Adolescents

1.1 Key Informants

The key informants in exploration of Empathy Indicators in Early Adolescents comprised two main groups:

- **Group 1**: Experts in educational psychology or counseling (3 participants), selected according to the following criteria:
- 1. Hold a doctoral degree in educational psychology, guidance and counseling, or a related field.

- 2. Have at least five years of experience in teaching or conducting research in educational psychology, guidance and counseling, or a relevant area.
- **Group 2**: Focus Group of Early Adolescent Students for meaning of empathy and Image selection by sharing experience

A total of 24 students from three schools (8 students per group) participated in this focus group. The selection criteria were as follows:

- 1. Students were enrolled in either upper primary or lower secondary education, attending schools under the following affiliations:
- Public schools under the Secondary Educational Service Area Office
 Bangkok 1, Office of the Basic Education Commission (OBEC), Ministry of Education,
 Thailand
- Private schools under the Office of the Private Education Commission,
 Ministry of Education, Thailand
 - 2. Participants were between the ages of 10 and 14 years old.

1.2 Definition of Empathy in Early Adolescents

Based on in-depth interviews with both expert informants and selected students, the definition of "empathy" in early adolescents was derived using the theoretical foundation of multidimensional empathy. The framework was primarily based on psychological theories and developmental perspectives. Informants consistently emphasized that empathy refers to a person's readiness to understand and share others' emotional states, encompassing both cognitive and affective aspects, along with compassionate responses such as

- T1, "Empathy is the ability to understand, connect, and respond to others' emotional experiences meaningfully."
- T2, "It involves processing both internal and external emotional cues to guide one's supportive or compassionate behavior."
- T3, "Empathy is knowing oneself and others, and being open to emotional growth and perspective-taking."

T4, "It influences how adolescents form connections, make moral decisions, and respond to peer interactions."

T5, "Empathy combines emotional understanding and thoughtful action in response to others' needs."

1.3 Core Components of Empathy in Early Adolescents

The core components of empathy in early adolescents were identified through in-depth interviews with five experts (T1-T5) in psychology, child development, and counseling. The interviews provided rich insights into three key dimensions of empathy: cognitive empathy, emotional empathy, and compassionate empathy. Below is a synthesis of expert perspectives grouped by each component:

1.3.1 Cognitive Empathy

T1 described cognitive empathy as the adolescent's ability to mentally adopt another person's point of view, emphasizing that while this ability begins in childhood, it becomes more nuanced during early adolescence as abstract thinking develops.

T2 noted that cognitive empathy is foundational to effective social interactions, especially in diverse peer groups, as it allows adolescents to understand the motives and beliefs of others.

T3 remarked that adolescents often struggle with taking another's perspective in emotionally charged situations, which reflects the ongoing maturation of executive functions.

T4 highlighted that the ability to engage in perspective-taking varies by context and familiarity with the situation, indicating that students may better understand those with shared experiences.

T5 emphasized the role of guided reflection and structured dialogue in fostering cognitive empathy, especially through classroom-based activities and group discussions.

1.3.2 Emotional Empathy

T1 described emotional empathy as the ability to emotionally resonate with others, noting that early adolescents are especially sensitive to their peers' feelings, particularly in friendship dynamics.

T2 explained that adolescents often experience emotional contagion, where they mirror the emotional expressions of others, even before fully understanding the situation.

T3 emphasized that emotional empathy tends to be stronger in girls than boys at this age, likely due to both socialization and developmental factors.

T4 shared that adolescents with secure attachment styles are more likely to demonstrate emotional empathy, particularly in supportive and trusting environments.

T5 remarked that emotional empathy can sometimes overwhelm students, especially those with high sensitivity, and should be supported with emotional regulation strategies.

1.3.3 Compassionate Empathy

T1 defined compassionate empathy as the drive to take action in response to another's suffering, going beyond understanding and sharing feelings.

T2 emphasized that compassionate empathy marks a developmental transition from egocentrism to concern for others, typically emerging more clearly in middle adolescence.

T3 observed that adolescents who engage in service-learning or community service activities often exhibit higher levels of compassionate empathy.

T4 highlighted that this form of empathy is influenced by cultural values—such as those emphasizing kindness and social harmony—which are prominent in Thai society.

T5 suggested that nurturing compassionate empathy requires role models and consistent reinforcement of prosocial behavior both at home and in school settings.

Based on the information above, the definition of empathy in early adolescents and the indicators of its core components can be summarized as shown in Table 1.

Cognitive Empathy refers to the ability of early adolescents to understand another person's thoughts, beliefs, and perspectives. It involves the mental capacity to take on someone else's viewpoint and comprehend their internal experiences without necessarily sharing their emotions.

Emotional Empathy is the capacity to emotionally connect with others by feeling what they feel. This includes the spontaneous sharing of emotions, concern for others' feelings, and natural emotional responsiveness during interactions, especially in peer relationships.

Compassionate Empathy encompasses both emotional understanding and the drive to act in support of others. It reflects a moral and prosocial motivation to alleviate another's distress, often expressed through helping behaviors, kindness, and a sense of social responsibility.

Table 5 Summary of Core Components, Definitions, and Indicators of Empathy in Early
Adolescents

Component	Definition	Indicators
Cognitive	The ability to adopt others'	- Recognizes others' viewpoints-
Empathy	viewpoints and understand	Reflects on different perspectives-
	their thoughts, intentions,	Understands motives and intentions-
	and emotions.	Detects emotional cues linked to
		beliefs

Table 6 (Continued)

Component	Definition	Indicators
Emotional Empathy	The ability to emotionally resonate with others and	- Feels concern for others' emotions- Reacts emotionally to peers' feelings-
, ,	share affective experiences.	Shares emotional experiences- Expresses sympathy naturally
Compassionate Empathy	A combination of emotional resonance and the motivation to help others	- Offers help to peers in need- Initiates supportive actions- Demonstrates kindness- Acts
	in distress.	with moral responsibility

Focus Group of Early Adolescent Students for meaning of empathy and Image Selection by sharing experience. Based on the theoretical framework, the researcher created an initial set of 24 situational images to serve as stimuli for item development. To ensure cultural relevance and resonance with students' lived experiences, focus group discussions were conducted in three different lower secondary schools. Each school provided a group of 8 early adolescent students (totaling 24 participants).

During the sessions, participants were asked to review the 24 images and identify which scenarios they had encountered in real life and which ones they had not. They were also encouraged to share their thoughts and impressions about each image, followed by a group discussion to reach consensus on the most relatable and realistic scenarios. As a result, 18 images reflecting relevant and familiar situations were retained for constructing the measurement tool.

1.4 Situations of Empathy on Image selection

Group 2: Focus Groups of Early Adolescents

To ensure that the measurement tool was contextually relevant to students' lived experiences, focus group discussions were conducted in three different lower

secondary schools. Each school provided a group of 8 early adolescent students, totaling 24 participants. The aim was to engage students in selecting situational images for the empathy scale development.

The researcher initially developed 24 situational images reflecting a range of school and social contexts intended to represent scenarios requiring empathy. During the focus group sessions, participants were asked to:

- Identify which images they had personally witnessed or experienced in real life. Share thoughts on which images felt relatable or realistic.
- Engage in group discussion to reach a shared understanding of the most representative scenarios.

As a result of these discussions, 18 images that were deemed most realistic and emotionally resonant were selected for use in developing the assessment items. The collaborative nature of the selection process ensured that the images reflected situations students could personally relate to, increasing the ecological validity of the empathy assessment tool.

The details of the key informants are as follows:

School A (8 students)

Located in a public school under the Secondary Educational Service Area Office Bangkok 1, under the Office of the Basic Education Commission (OBEC), Ministry of Education, Thailand.

Informant A1, "This one looks real. I saw my friend being left out at lunch, and no one invited her to join. I think this picture shows that."

Informant A2, "I've helped someone who dropped their books. That's why this picture reminds me of myself."

Informant A3, "We see this all the time—someone being laughed at. But not many people speak up."

Informant A4, "This one is confusing. It doesn't look like something that would happen at our school."

Informant A5, "Sometimes people cry quietly and others don't notice. This picture is like that."

Informant A6, "I think this one is important. It shows how people ignore others when they're being bullied, and that happens a lots"

Informant A7, "I've seen people comfort others when they're sad, so I think this picture is good."

Informant A8, "This reminds me of when someone was scolded by a teacher, and no one cared. I think we should include this."

School B (8 students)

Located in a public school under the Secondary Educational Service Area Office Bangkok 1, under the Office of the Basic Education Commission (OBEC), Ministry of Education, Thailand.

Informant B1, "This one feels unreal. No one actually will do that at school."

Informant B2, "I've been the one left out before. This image made me feel something in my past experience."

Informant B3, "People ignore others when they are in trouble, and this picture shows that."

Informant B4, "This one is unfamiliar. I don't see it relates to my past experience and If I am this student, It will be hard to go help and support other students in this situation."

Informant B5, "We often talk about bullying, and this picture should be used." Informant B6, "I think this one is too dramatic. No one would act that way."

Informant B7, "Helping friends after school — I've done that, so I relate to this one."

Informant B8, "I think empathy is about noticing small things, like someone being quiet. This image captures that but It will be a bit hard for someone to go support or help this student who is quiet as I probably didn't know her but I will go tell the teacher.

School C (8 students)

Located in a private school under the Office of the Private Education Commission, Ministry of Education, Thailand.

Informant C1, "This picture makes me remember when I was new to the school. It shows being left out."

Informant C2, "This one is perfect. It shows someone sharing snacks, and that's a real way to show empathy here."

Informant C3, "Sometimes empathy is about asking how someone feels, not just helping. This picture shows that well."

Informant C4, "I've seen people ignore someone crying. It happens more than we think."

Informant C5, "I think this one is good because it shows friends helping each other with homework."

Informant C6, "We don't often kind like this to a person that is not a friend. in Thai schools, so I wouldn't choose this picture.

Informant C7, "This picture shows a friend standing up for another. That's real empathy."

Informant C8, "I like this image because it reminds me of a time I helped someone who was scared to speak in front of class."

Outcome of the Focus Group Discussions about Situation of empathy on Image Across all three schools, students critically evaluated the 24 images, offering personal insights and cultural context. Based on the frequency of endorsement and qualitative feedback, the researcher retained 18 images that were deemed the most relatable and realistic to early adolescent students in Thailand. These images served as visual stimuli for item development in the empathy assessment tool.

2. Frequencies and percentages of the sample used in the component analysis of empathy in early adolescents

2.1 Demographic and Descriptive Statistics of the Sample Data

From the Early Adolescent Empathy Scale (EAES) was analyzed to provide descriptive statistics such as frequency and percentage, categorized by educational affiliation, year level, gender, and age, as shown in Table 6 to 9.

- EFA Group: 574 students (44.25% from Bangkok Metropolitan Office, 55.75% from Secondary Educational Service Area Office 1)
- CFA Group: 394 students (43.40% from Bangkok Metropolitan Office, 56.60% from Secondary Educational Service Area Office 1)

Table 7 Educational Affiliation Distribution

EFA Groups						
Affiliation	Amount	Percentage				
Bangkok Metropolitan Office	254	44.25				
Secondary Educational Service Area Office 1	320	55.75				
Total	574	100.00				
CFA Groups						
Affiliation	Amount	Percentage				
Bangkok Metropolitan Office	171	43.40				
Secondary Educational Service Area Office 1	223	56.60				
Total	394	100.00				

From Table 6, the results of data analysis found that most of the sample students belonged to the Bangkok Secondary Education Service Area Office, Area 1, accounting for 56.60 %, followed by the Bangkok Metropolitan Administration, accounting for 43.40 %.

Table 8 Distribution by Grade Level

EFA groups		
Currently studying at the level	Frequencies (n)	Percentage (%)
Year 5	80	20.30
Year 6	91	23.10
Year 7	75	19.04
Year 8	80	20.30
Year 9	68	17.26
Total	394	100.00

According to Table 7, the analysis revealed that the largest proportion of students in the sample were from Year 6, accounting for 23.10%, followed by Year 5 and Year 8 at 20.30%.

Table 9 Number and percentage of samples classified by gender

EFA Groups		
Gender	Frequencies (n)	Percentage (%)
Male	262	45.64
Female	312	54.36
Total	574	100.00
CFA Groups		
Gender	Frequencies (n)	Percentage (%)
Male	158	40.10
Female	236	59.90
Total	394	100.00

From Table 8, the results of data analysis found that the majority of students in the sample were male, accounting for 40.10 percent, and female, accounting for 59.90 percent.

Table 10 Number and percentage of samples classified by age

EFA Groups		
Age	Frequencies (n)	Percentage (%)
10-11 years	247	43.04
12-13 years	169	29.44
14-15 years*	158	27.52
Total	574	100.00
CFA Groups		
Ages	Frequencies (n)	Percentage (%)
10-11 years	134	34.01
12-13 years	140	35.53
14-15 years*	120	30.46
Total	394	100.00

Note: *Age 14–15 years refers to students who are 14 years old but not yet completed 15 years of age.

From Table 9, the data analysis results found that the students in the EFA sample group were mostly 10-11 years old, accounting for 43.04 percent, 12-13 years old, accounting for 29.44 %, and 14-15 years old*(not yet completed 15 years of age), accounting for 27.52 %.

2.2 Descriptive Statistics of Empathy Scores among Early Adolescents by Component and Overall

In this stage of analysis, the researcher calculated the mean (M), standard deviation (SD), minimum score (Min), maximum score (Max), skewness (Sk), and kurtosis (Ku) based on the data obtained from the Empathy Scale for Early Adolescents. Behavioral interpretation levels were also analyzed and presented both by individual components and overall. The results are shown in Table 10.

Table 11 The empathy scale for early adolescents and behavioral level of empathy (n = 573 participants)

Empathy Scale for Early	k	Min	Max	М	SD	Sk	Ku	Behavioral Level
Adolescents								
COGNITIVE (CE)	18	2.67	4.89	4.24	0.29	-1.04	2.41	Very High
EMPTION (EE)	18	2.00	4.83	3.76	0.56	-0.66	-0.07	High
COMPASS (PE)	18	1.89	4.89	3.90	0.61	-0.75	0.06	High
Total	54	2.46	4.69	3.96	0.40	-0.61	-0.14	High

Note: Mean (M), Standard Deviation (SD), Minimum (Min), and Maximum (Max)

According to Table 10, the analysis revealed that the empathy scale for early adolescents, which comprises three dimensions, contains a total of 54 items. When considering the overall scale, the mean score was 3.96 with a standard deviation of 0.40. The skewness value was -0.61, and the kurtosis was -0.14, indicating that students exhibited a high level of empathic behavior. The score distribution demonstrated a negative skew and relatively low kurtosis.

When examined by individual dimensions, the average scores ranged from 3.76 to 4.24. The highest mean score was found in the Cognitive Empathy (CE) dimension, with an average of 4.24, followed by the Compassionate Empathy (PE) dimension at 3.90, and the Affective or Emotional Empathy (EE) dimension at 3.76, respectively. Furthermore, the score distribution across all three dimensions showed a negatively

skewed pattern with low kurtosis. Based on the interpretation of the scores in each dimension, it was found that most students demonstrated a high level of empathic behavior in one dimension and a very high level in two dimensions.

2.3 Confirmatory Factor Analysis of Empathy among Early Adolescents

The Confirmatory Factor Analysis (CFA) of empathy among early adolescents was conducted to examine the consistency between the hypothesized structural model of empathy and the empirical data. The researcher presents the analysis results in the following subsections:

2.3.1 Preliminary Data Screening Prior to Confirmatory Factor Analysis

Prior to conducting the confirmatory factor analysis, the researcher assessed the preliminary assumptions to determine whether the collected data were sufficiently correlated to justify the use of CFA. This evaluation focused on the suitability of the data for factor analysis, as indicated by the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity. The statistical results are presented in Table 11.

Table 12 Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity for the Empathy Variables among Early Adolescents

Preliminary Assumption Testing	V	df	р	KMO
Bartlett's test	6708.565	1431	0.000	0.859

The results of the preliminary assumption testing revealed that the correlation matrix of all 54 observed variables was not an identity matrix. This indicates that the observed variables were sufficiently intercorrelated to proceed with factor analysis (Bartlett's Test = 6708.565, df = 1431, p = 0.000). The Kaiser-Meyer-Olkin (KMO) measure was 0.859, indicating that the correlation matrix of the observed variables in this study was appropriate and that the data were highly suitable for further factor analysis.

2.3.2 Eigenvalues, Percentage of Variance, and Cumulative Percentage of Variance of the Components of Empathy Among Early Adolescent Students

Table 13 Eigenvalues, Percentage of Variance, and Cumulative Percentage of Variance of the Components of Empathy Among Early Adolescent Students

Component	Initial Eigenvalues t					on Sums of d Loadings		Rotation Squared	
	Total	% of Variance	Cumulative	Total	% of Variance	Cumulative	Total	% of Variance	Cumulative
									%
1	8.55	15.84	15.84	8.55	15.84	15.84	8.32	15.40	15.40
2	2.22	4.12	19.96	2.22	4.12	19.96	2.38	4.41	19.81
3	1.84	3.41	23.37	1.84	3.41	23.37	1.92	3.56	23.37

From Table 12, it was found that there were three components of empathy with eigenvalues greater than 1. Component 1 accounted for the highest proportion of cumulative variance at 15.84%, followed by Component 2 which explained 4.12%, and Component 3 which explained 3.41% of the variance. Considering the eigenvalues, these three components together explained a total cumulative variance of 23.37%.

2.3.3 Correlation Coefficients of Empathy among Early Adolescents by Component

In this step, the researcher analyzed the correlation coefficients by component for empathy among early adolescents, using a total of 32 variables retained from the prior exploratory factor analysis. The analysis also included the Measure of Sampling Adequacy (MSA) for each item, which is a fundamental statistic used to assess the suitability of data for factor analysis. The results are presented in Table 13.

Table 14 Correlation Coefficients of Empathy among Early Adolescents by Component and the Measure of Sampling Adequacy (MSA) for Confirmatory Factor Analysis

	CE	EE	PE
CE	0.620		
EE	0.269**	0.893	
PE	0.255**	0.716**	0.889

Note: * p < .05, ** p < .01, (n = 573); The values on the diagonal of the matrix indicate the Measure of Sampling Adequacy (MSA) for each variable.

From Table 13, the analysis revealed that the correlation coefficients among the three components of empathy in early adolescents ranged from 0.255 to 0.716, with all correlations being statistically significant at the .01 level. Upon examining the correlations between each pair of components, the highest correlation coefficient (r = 0.716) was observed between the Emotional Empathy (EE) and Compassionate Empathy (PE) observed variables. The next highest correlation was between Cognitive Empathy (CE) and Emotional Empathy (EE) with a coefficient of 0.269. The lowest correlation was found between Cognitive Empathy (CE) and Compassionate Empathy (PE), at 0.255.

Regarding the Measure of Sampling Adequacy (MSA), the values for all variables ranged from 0.620 to 0.893. Since all MSA values exceeded the threshold of 0.50, it can be concluded that the variables are sufficiently correlated to be appropriate for confirmatory factor analysis.

2.3.4 First-Order Confirmatory Factor Analysis of the Empathy Measurement Model for Early Adolescents

In this stage, the researcher conducted a first-order confirmatory factor analysis (CFA) to examine the model fit between the hypothesized empathy measurement model for early adolescents and the empirical data. The purpose of the analysis was to determine whether the following observed indicators corresponded to their respective latent components:

- The Cognitive Empathy (CE) component consisted of 12 indicators: CE1.1, CE2.1, CE3.1, CE4.1, CE6.1, CE7.1, CE8.1, CE9.1, CE10.1, CEF1.1, CEF3.1, and CEF5.1.
- The Emotional Empathy (EE) component consisted of 15 indicators: EE1.2, EE2.2, EE3.2, EE4.2, EE5.2, EE6.2, EE7.2, EE8.2, EEF8.2, EEF3.2, EEF4.2, EEF5.2, EEF6.2, EEF7.2, and EEF8.2.
- The Compassionate Empathy (PE) component consisted of 17 indicators: PE2.3, PE3.3, PE4.3, PE5.3, PE6.3, PE7.3, PE8.3, PE9.3, PE10.3, PEF1.3, PEF2.3, PEF3.3, PEF4.3, PEF5.3, PEF6.3, PEF7.3, and PEF8.3.

Initially, the model did not demonstrate a satisfactory fit with the empirical data. As a result, modifications were made to improve the measurement model until it achieved an acceptable fit. Model fit was evaluated using the following criteria: a non-significant Chi-square test result (indicating that the discrepancy between the model and data is not statistically significant), a Goodness-of-Fit Index (GFI) greater than 0.95, and a Root Mean Square Error of Approximation (RMSEA) less than 0.05 (Yutthakaiwan, 2014: 224; cited in Bollen, 1989: 269).

Table 15 Goodness-of-Fit and Comparative Fit Indices for the First-Order Confirmatory

Factor Analysis of the Empathy Measurement Model for Early Adolescents

Index	Criterion	Model Fit Indices
	Not statistically significant	χ ² = 783.86 (p=0.250),
	or a Chi-square to degrees of freedom	df = 758
	ratio (χ^2 /df) not exceeding 2	738.86 / 758 = 1.034
GFI	greater than .95	0.95
AGFI	greater than .90	0.92
CFI	greater than .95	1.00
RMSEA	less than .05	0.008
SRMR	less than .05	0.036

From Table 14, the analysis results indicated that all three latent variables—Cognitive Empathy (CE), Emotional Empathy (EE), and Compassionate Empathy (PE)—were measured by their respective observed indicators. Specifically:

- The latent variable Cognitive Empathy (CE) was measured by 12 observed variables: CE1.1, CE2.1, CE3.1, CE4.1, CE6.1, CE7.1, CE8.1, CE9.1, CE10.1, CEF1.1, CEF3.1, and CEF5.1.
- The latent variable Emotional Empathy (EE) was measured by 15 observed variables: EE1.2, EE2.2, EE3.2, EE4.2, EE5.2, EE6.2, EE7.2, EE8.2, EEF8.2, EEF3.2, EEF4.2, EEF5.2, EEF5.2, EEF5.2, and EEF8.2.
- The latent variable Compassionate Empathy (PE) was measured by 17 observed variables: PE2.3, PE3.3, PE4.3, PE5.3, PE6.3, PE7.3, PE8.3, PE9.3, PE9.3, PE9.3, PEF1.3, PEF2.3, PEF3.3, PEF4.3, PEF5.3, PEF6.3, PEF7.3, and PEF8.3.

The model fit evaluation showed a Chi-square value of 783.86 with a significance level (p) of 0.250, which was not statistically significant. This suggests that the empirical data were consistent with the researcher's hypothesized model structure. The relative Chi-square (χ^2 /df) was 1.034, which is less than 2.00, indicating a good model fit (Yutthakaiwan, 2014: 224; cited in Bollen, 1989: 269).

Furthermore, other goodness-of-fit indices were examined: the Goodness-of-Fit Index (GFI) was 0.95, the Adjusted Goodness-of-Fit Index (AGFI) was 0.92, and the Comparative Fit Index (CFI) was 1.00, all of which indicate excellent model fit. Additionally, the Standardized Root Mean Square Residual (SRMR) was 0.036, and the Root Mean Square Error of Approximation (RMSEA) was 0.008, both of which are low and close to zero. These results confirm that the model exhibited a strong fit with the empirical data.

Based on these indices, it can be concluded that all three latent variables of empathy among early adolescents were validly measured by a total of 44 observed indicators.

Table 16 Standardized Factor Loadings from the First-Order Confirmatory Factor

Analysis of the Empathy Scale for Early Adolescents

Factor	Indicator			Factor L	oading		
		В	SE	t	FS	SC	R ²
COGNITVE (CE)	CE1.1	0.23	0.03	8.05**	0.63	0.47	0.22
	CE2.1	0.22	0.05	4.48**	0.10	0.23	0.05
	CE3.1	0.17	0.06	2.77**	0.05	0.15	0.02
	CE4.1	0.30	0.05	6.50**	0.20	0.35	0.12
	CE6.1	0.21	0.04	5.21**	0.17	0.29	0.08
	CE7.1	0.22	0.06	3.53**	0.11	0.20	0.04
	CE8.1	0.28	0.08	3.75**	0.06	0.19	0.04
	CE9.1	0.21	0.03	6.29**	0.23	0.33	0.11
	CE10.1	0.39	0.06	6.68**	0.23	0.38	0.15
	CEF1.1	0.11	0.03	3.23**	0.08	0.18	0.03
	CEF3.1	0.12	0.05	2.30*	0.05	0.12	0.01
	CEF5.1	0.21 0.04 5.21** 0.17 0.29 0.08 0.22 0.06 3.53** 0.11 0.20 0.04 0.28 0.08 3.75** 0.06 0.19 0.04 0.21 0.03 6.29** 0.23 0.33 0.11 0.39 0.06 6.68** 0.23 0.38 0.15 0.11 0.03 3.23** 0.08 0.18 0.03 0.12 0.05 2.30* 0.05 0.12 0.01 0.19 0.03 6.35** 0.28 0.35 0.12 0.69 0.05 13.50** 0.07 0.55 0.30 0.39 0.04 10.17** 0.07 0.43 0.18 0.42 0.04 10.80** 0.07 0.46 0.21 0.55 0.05 11.29** 0.08 0.48 0.23 0.52 0.06 9.01** 0.05 0.39 0.15 0.34 0.03 10.01** 0.06 0.41 0.17					
EMOTION (EE)	EE1.2	0.69	0.05	13.50**	0.07	0.55	0.30
	EE2.2	0.39	0.04	10.17**	0.07	0.43	0.18
	EE3.2	0.42	0.04	10.80**	0.07	0.46	0.21
	EE4.2	0.55	0.05	11.29**	0.08	0.48	0.23
	EE5.2	0.52	0.06	9.01**	0.05	0.39	0.15
	EE6.2	0.34	0.03	10.01**	0.06	0.41	0.17
	EE7.2	0.11	0.04	2.74**	0.02	0.12	0.01
	EE8.2	0.68	0.06	12.27**	0.04	0.51	0.26
	EEF2.2	0.61	0.04	15.87**	0.14	0.63	0.39
	EEF3.2	0.78	0.05	17.17**	0.16	0.68	0.56
	EEF4.2	0.67	0.06	11.84**	0.06	0.50	0.25
	EEF5.2	0.68	0.06	11.08**	0.04	0.46	0.22

Table 15 (Continued)

Factor	Indicator			Factor I	_oading		
		В	SE	t	FS	SC	R ²
	EEF6.2	0.69	0.05	12.55**	0.09	0.53	0.28
	EEF7.2	0.56	0.06	9.88**	0.03	0.42	0.18
	EEF8.2	0.63	0.04	14.09**	0.12	0.58	0.33
COMPASS (PE)	PE2.3	0.61	0.05	12.34**	0.05	0.51	0.26
	PE3.3	0.61	0.06	9.59**	0.02	0.41	0.17
	PE4.3	0.80	0.05	15.70**	0.08	0.63	0.39
	PE5.3	0.48	0.06	8.19**	0.02	0.35	0.13
	PE6.3	0.42	0.04	10.38**	0.08	0.44	0.19
	PE7.3	0.39	0.05	8.62**	0.07	0.38	0.14
	PE8.3	0.50	0.05	9.67**	0.04	0.41	0.17
	PE9.3	0.27	0.04	7.28**	0.09	0.32	0.10
	PE10.3	0.85	0.05	15.52**	0.10	0.62	0.39
	PEF1.3	0.17	0.05	3.42**	0.00	0.15	0.02
	PEF2.3	0.36	0.03	11.63**	0.12	0.49	0.24
	PEF3.3	0.69	0.05	14.57**	0.11	0.59	0.35
	PEF4.3	0.96	0.06	16.94**	0.10	0.66	0.43
	PEF5.3	0.53	0.05	10.72**	0.02	0.45	0.20
	PEF6.3	0.90	0.05	17.08**	0.13	0.67	0.45
	PEF7.3	0.88	0.05	15.20**	0.10	0.61	0.37
	PEF8.3	0.30	0.06	6.48**	-0.01	0.29	0.08

Note: * indicates statistical significance at the .05 level ([t] > 1.96); ** indicates statistical significance at the 0.01 level ([t] > 2.58).

According to Table 15, the results of the first-order Confirmatory Factor Analysis (CFA) of the empathy measurement model revealed that the standardized factor

loadings ranged from 0.11 to 0.69. All indicators demonstrated statistically significant factor loadings at the 0.01 and 0.05 levels, suggesting a valid measurement structure. The findings for each of the three latent components—Cognitive Empathy (CE), Emotional Empathy (EE), and Compassionate Empathy (PE)—are described in detail below.

For the Cognitive Empathy (CE) component, a total of 12 indicators were examined. The indicator CE1.1, which asked students to interpret the emotional state of a child in the image ("What do you think the child in the image is feeling?"), showed the highest standardized factor loading at 0.47, accounting for 22% of the shared variance with the latent construct. The next highest was CE10.1 ("What do you think the child in the center of the image is feeling?") with a loading of 0.38 and 15% shared variance. Indicators CE4.1 and CEF5.1 both yielded factor loadings of 0.35, contributing 12% of the variance each. CE9.1, referring to the interpretation of a child sitting alone on the right side of the image, had a loading of 0.33 (11%). CE6.1 had a loading of 0.29 (8%), while CE2.1 showed a loading of 0.23 (5%). The indicators CE7.1 and CE8.1 presented loadings of 0.20 and 0.19, respectively (4% each), and CEF1.1 recorded a loading of 0.18 (3%). Meanwhile, CE3.1, which involved interpreting the emotional state of a child being scolded, had a loading of 0.15 (2%). The lowest loading in this component was CEF3.1, with a value of 0.12, indicating only 1% shared variance with the cognitive empathy construct.

Regarding the Emotional Empathy (EE) component, which included 15 indicators, standardized factor loadings ranged from 0.12 to 0.68. The indicator EEF3.2 ("Upon seeing the child's facial expression, how do you feel toward this child?") demonstrated the highest loading at 0.68, accounting for 56% of the variance. This was followed by EEF2.2 (0.63, 39%), EEF8.2 (0.58, 33%), and EE1.2 (0.55, 30%). Further indicators such as EEF6.2 and EE8.2 yielded loadings of 0.53 (28%) and 0.51 (26%) respectively. EEF4.2 recorded a loading of 0.50 (25%), while EE4.2 showed 0.48 (23%). Both EEF5.2 and EE3.2 displayed similar loadings of 0.46 (22% and 21%, respectively), and EE2.2 was slightly lower at 0.43 (18%). EEF7.2 and EE6.2 followed with loadings of 0.42 and 0.41, contributing 18% and 17% of the shared variance. EE5.2 showed a

loading of 0.39 (15%), while the lowest in this component was EE7.2, which asked about the emotional response toward the child in the center, with a loading of 0.12 (1%).

For the Compassionate Empathy (PE) component, consisting of 17 indicators, the factor loadings ranged from 0.15 to 0.67. The indicator PEF6.3, which asked how students would act toward a child they observed, had the highest loading at 0.67, explaining 45% of the variance. PEF4.3 and PE4.3 followed closely with loadings of 0.66 and 0.63, contributing 43% and 39%, respectively. PE10.3 and PEF7.3 were also high-loading items, at 0.62 and 0.61 (both approximately 39% and 37% variance). PEF3.3 showed a loading of 0.59 (35%), while PE2.3 and PEF2.3 recorded loadings of 0.51 and 0.49 (26% and 24%, respectively). PEF5.3 (0.45) and PE6.3 (0.44) explained 20% and 19% of the variance. PE3.3 and PE8.3 each yielded loadings of 0.41 (17%). PE7.3, asking about reactions toward the child in the center, had a loading of 0.38 (14%), and PE5.3, which asked about actions toward a dog in a given situation, had a loading of 0.35 (13%). PE9.3 showed a factor loading of 0.32 (10%), followed by PEF8.3 at 0.29 (8%). The lowest factor loading in this component was PEF1.3, at 0.15, accounting for only 2% of the variance.

In conclusion, all indicators within each of the three empathy components demonstrated significant contributions to their respective latent constructs. The levels of shared variance varied, reflecting the relative strength of the relationship between individual items and their underlying dimensions of empathy: cognitive, emotional, and compassionate.

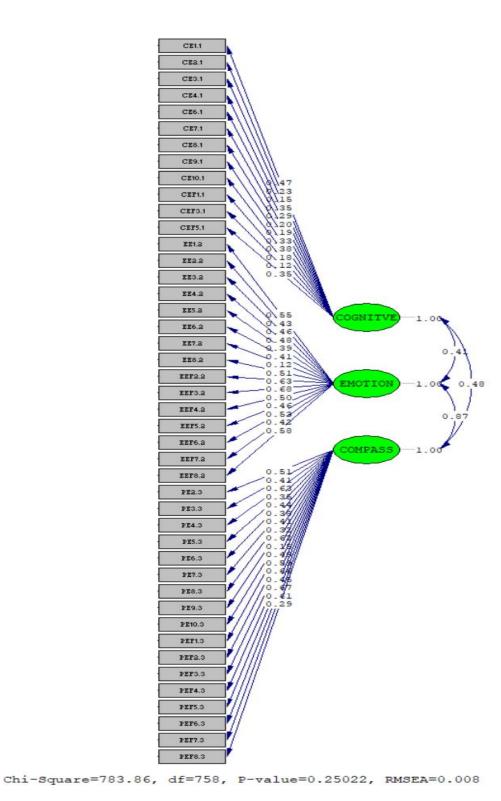


Figure 2 Summary of the First-Order Confirmatory Factor Model of Empathy

Among Early Adolescents (Standardized Estimates)

2.3.5 Second-Order Confirmatory Factor Analysis of the Empathy Measurement Model for Early Adolescents

The researcher analyzed the mean and standard deviation empathy among early adolescents in a table.

Table 17 Mean and standard deviation of empathy factors among early adolescents (n=394)

Empathy Factors	М	SD	Levels
Cognitive Empathy	4.13	0.27	High
Emotional Empathy	3.94	0.57	High
Compassionate Empathy	3.98	0.52	High
Empathy Factors	4.02	0.36	High

Table 16 empathy factors among early adolescents were at a high level (M=4.02 SD=0.36). The factors, in descending order of importance, were cognitive empathy (M=4.13 SD=0.27) Compassionate Empathy (M=3.98 SD=0.52) and emotional empathy (M=3.94 SD=0.57).

Table 18 Mean and standard deviation cognitive empathy among early adolescents (n=394)

Cognitive Empathy	М	SD	Levels	
CE1	4.19	0.73	High	
CE2	4.01	1.02	High	
CE3	4.53	0.73	Very High	
CE4	4.05	0.70	High	
CE5	3.58	1.01	High	
CE6	4.14	1.25	High	

Table 17 (Continued)

Cognitive Empathy	М	SD	Levels	
CE7	4.03	0.47	High	
CE8	3.89	0.88	High	
CE9	4.35	0.99	High	
CE10	4.68	0.57	Very High	
CE11	3.95	0.92	High	
Cognitive Empathy	4.13	0.27	High	

Table 17 the cognitive empathy among early adolescents were at a high level (M=4.13 SD=0.27). The indicators, in descending order of importance, were CE10 (M=4.68 SD=0.57) CE3 (M=4.53 SD=0.73) CE9 (M=4.35 SD=0.99) CE1 (M=4.19 SD=0.73) CE6 (M=4.14 SD=1.25) CE4 (M=4.05 SD=0.70) CE7 (M=4.03 SD=0.47) CE2 (M=4.01 SD=1.02) CE11 (M=3.95 SD=0.92) CE8 (M=3.89 SD=0.88) and CE5 (M=3.58 SD=1.01).

Table 19 Mean and standard deviation emotional empathy among early adolescents (n=394)

Emotional Empathy	М	SD	Levels
EE1	4.09	0.93	High
EE2	3.57	0.83	High
EE3	3.62	1.12	High
EE4	3.87	0.65	High
EE5	4.02	0.88	High
EE6	4.31	1.11	High
EE7	4.48	1.13	High
EE8	3.78	0.81	High

Table 18 (Continued)

Emotional Empathy	М	SD	Levels
EE9	4.07	0.94	High
EE10	3.71	1.36	High
EE11	3.86	1.17	High
Emotional Empathy	3.94	0.57	High

Table 18 the emotional empathy among early adolescents were at a high level (M=3.94 SD=0.57). The indicators, in descending order of importance, were EE7 (M=4.48 SD=1.13) EE6 (M=4.31 SD=1.11) EE1 (M=4.09 SD=0.93) EE9 (M=4.07 SD=0.94) EE5 (M=4.02 SD=0.88) EE4 (M=3.87 SD=0.65) EE11 (M=3.86 SD=1.17) EE8 (M=3.78 SD=0.81) EE10 (M=3.71 SD=1.36) EE3 (M=3.62 SD=1.12) and EE2 (M=3.57 SD=0.83).

Table 20 Mean and Standard Deviation Compassionate Empathy Among Early

Adolescents (n=394)

Compassionate Empathy	M	SD	Levels
PE1	4.20	0.98	High
PE2	3.78	1.28	High
PE3	4.50	0.84	High
PE4	3.80	0.98	High
PE5	4.29	0.81	High
PE6	3.45	1.22	Moderate
PE7	4.56	0.88	Very High
PE8	3.87	1.31	High
PE9	4.05	0.78	High
PE10	3.45	1.18	Moderate
PE11	3.80	1.21	High
Compassionate Empathy	3.98	0.52	High

Table 19 compassionate empathy among early adolescents were at a high level (M=3.98 SD=0.52). The indicators, in descending order of importance, were PE7 (M=4.56 SD=0.88) PE3 (M=4.50 SD=0.84) PE5 (M=4.29 SD=0.81) PE1 (M=4.02 SD=0.98) PE9 (M=4.05 SD=0.78) PE8 (M=3.87 SD=1.31) PE4 and PE11 (M=3.80 SD=0.98, 1.21) PE2 (M=3.78 SD=1.28) PE6 and PE10 (M=3.45 SD=1.22, 1.18).

2.4 The Study of the Relationship of Empathy Among Early Adolescents

Researchers study the relationship of empathy among early adolescents using the Pearson Product-Moment Correlation Coefficient, as shown in the Table 20.



Table 21 Correlation Coefficient of the relationship empathy among early adolescents (n=394).

19																			—
92																		-	0.21*
17																	~	0.23*	0.27*
16																-	0.27*	0.19*	0.14*
15															-	0.12*	0.21*	0.10*	0.27*
14														-	0.21*	0.39*	0.38*	0.35*	0.26*
13													-	0.37*	0.23*	0.40*	0.26*	0.24*	0.14*
12												-	0.24*	0.31*	0.35*	0.28*	0.35*	0.25*	0.17*
=											-	0.28*	0.23*	0.29*	0.21*	0.18*	0.05	0.18*	0.15*
10										-	0.29*	0.22*	0.11*	0.25*	0.25*	0.16*	0.34*	0.15*	0.11*
6									_	0.31*	0.22*	0.11*	0.19*	0.18*	0.20*	0.26*	0.17*	0.18*	0.19*
80								-	0.22*	0.27*	0.13*	0.14*	0.28*	0.40*	0.18*	0.24*	0.18*	0.21*	0.41*
7							_	0.20*	0.21*	0.17*	0.26*	0.21*	0.26*	0.16*	0.22*	*60.0	0.28*	0.26*	0.17*
9						-	0.21*	0.19*	0.20*	0.10*	0.17*	0.11*	0.15*	0.12*	0.23*	0.24*	0.22*	0.38*	0.11*
5					-	0.25*	0.27*	0.25*	0.17*	0.21*	0.16*	0.26*	0.19*	0.25*	0.11*	0.26*	0.25*	0.18*	0.20*
4				-	0.34*	0.28*	0.19*	0.30*	0.14*	0.12*	0.30*	0.20*	0.30*	0.28*	0.22*	0.11*	0.23*	0.05	*60.0
е			-	0.24*	0.25*	0.21*	0.39*	0.26*	0.29*	0.33*	0.25*	0.15*	0.37*	0.11*	0.24*	0.28*	0.27*	0.30*	0.17*
2		-	0.28*	0.29*	0.13*	0.11*	0.29*	0.17*	0.16*	0.26*	0.24*	0.19*	0.25*	0.24*	0.21*	0.20*	0.27*	0.21*	0.30*
-	-	0.25*	0.30*	0.27*	0.11*	0.16*	0.11*	0.30*	0.25*	0.11*	0.21*	0.14*	0.31*	0.29*	0.25*	0.20*	0.20*	0.21*	0.14*
Indicators	CE1	CE2	CE3	CE4	CE5	CE6	CE7	CE8	CE9	CE10	CE11	E	EE2	EE3	EE4	EE5	EE6	EE7	EE8
_	-	2	က	4	2	9	7	80	6	10	Ξ	12	13	14	15	16	17	18	19

0.11* 0.25* 0.27* 0.25* 0.08 0.13* 0.08* 0.29* 0.05* 0.30* 0.19* 0.23* 0.21* 0.11* 0.12* 0.13* 0.11* 0.24* 0.12* 0.26* 0.45* 0.49* 0.21* 0.21* 0.39* 16 0.15* 0.15* 0.23* 0.21* 0.10* 0.32* 0.31* 0.39* 0.21* 0.23* 5 0.42* 0.21* 0.26* 0.46* 0.28* 0.49* 0.30* 0.30 0.36* 0.33* 0.22 4 0.42* 0.18* 0.18* 0.12* 0.13* 0.13* 0.24* 0.24* 0.26* 0.25* 0.28* 0.27* 0.27* 0.21 0.14* 0.21* 0.18* 0.40* 0.26* 0.18 0.35* 0.37* 0.23* 0.32* 0.04 0.24* 0.37* 0.04 7 0.18* 0.13* 0.10* 0.24* 0.24* 0.21* 0.20* 0.29* 0.27* 0.29* *60.0 0.20 0.28* 0.11* 0.12* 0.15* 0.24* 0.21* 0.19* 0.19* 0.12* 0.20* 0.28* 0.28* 0.22* 0.23* 0.11* 0.14* 0.15* 0.31* 0.25* 0.19* 0.21* 0.21* 0.05 0.20* 0.19* 0.22* 0.33* 0.21 0.14* 0.10* 0.17* 0.19* 0.05 0.17* 0.21* 0.29* .60.0 0.22* *60.0 0.36* 0.12* 0.26* 0.11* 0.30* 0.45* 0.10* 0.24* 0.18* 0.10* 0.32* 0.17* 0.04 0.26* 0.27* 0.22* 0.11* 0.11* 0.10* 0.11* 0.13* 0.03 0.27* 0.29* 0.27* 0.21* 0.22* 0.27* 0.25* 0.20 0.19* *69.0 0.15* 0.17* 0.18* 0.29* 0.23* 0.17* 0.23* 0.26* 0.28* 0.26* 0.27* 0.10* 0.24* 0.10* 0.12* 0.14* 0.30* 90.0 0.19* 0.04 0.22* 0.21* 0.27* 4 0.16* 0.12* 0.26 0.28* 0.30* 0.27* 0.13* 0.26* 0.27* 0.15* 0.29* 0.20* 0.24* 0.12* 0.03 0.25* 0.21* 0.29* 0.20* 0.25* 0.12* 0.25* 0.04 0.22* 0.24* $^{\circ}$ 0.16* 0.14* 0.14* 0.26* 0.17* 0.15* 0.44* 0.52* 0.24* 0.25* 0.29* 0.15* 0.22* 0.21* ndicators EE10 PE10 PE11 EE11 PE5 PE3 PE6 PE8 PE9 PE1 PE2 PE4 PE7 33 20 2 22 23 24 25 26 27 28 29 3 32 3

(able 20 (Continued)

 * p < 0.05

Table 20 (Continued)

2	Indicators	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
EE10		0.33*	0.10*	0.36*	-												
EE11		0.37*	0.20*	0.47*	0.46*	-											
PE1		0.21*	0.13*	0.19*	0.37*	0.13*	-										
PE2		0.28*	0.28*	0.19*	0.29*	0.29*	0.10*	-									
PE3		0.10*	0.34*	0.21*	0.15*	0.10*	0.37*	0.15*	-								
PE4		0.17*	0.23*	0.29*	0.18*	0.28*	0.18*	0.16*	0.29*	-							
PE5		0.03*	0.16*	0.37*	0.11*	0.03	0	0.19*	0.27*	0.21*	-						
PE6		0.41*	0.20*	0.51*	0.32*	0.33*	0.01	0.22*	0.11*	0.29*	0.26*	-					
PE7		0.01	0.19*	0.08*	0.12*	0.19*	0.31*	0.16*	0.32*	0.11*	0.12*	0.12*	-				
PE8		0.22*	0.27*	0.18*	0.38*	0.34*	0.27*	0.33*	0.14*	0.33*	0.25*	0.11*	0.15*	-			
PE9		0.13*	0.23*	0.29*	0.20*	0.17*	0.27*	0.27*	0.29*	0.25*	0.32*	0.28*	0.40*	0.29*	-		
PE10		0.34*	0.23*	0.33*	0.31*	0.31*	0.21*	0.28*	0.23*	0.26*	0.26*	0.46*	0.21*	0.28*	0.21*	-	
PE11		0.33*	0.27*	0.47*	0.50*	0.62*	0.24*	0.33*	0.32*	0.21*	0.27*	0.32*	0.20*	0.32*	0.30*	0.44*	-
:																	

*p < 0.05; Bartlett's Test: =4910.82 df=528 p-value=0.00 KMO=0.70 Measure of Sampling Adequacy (MSA) between 0.56 to 0.77

Table 20 The relationship of empathy among early adolescents a correlation coefficient between 0.08 to 0.69 significantly at 0.05 levels. CE5 and PE1 had the highest correlation coefficient to 0.69 and PE3, PE5 and EE6, EE9 and PE7 had the lowest correlation coefficient to 0.08

Cognitive empathy found that correlation coefficient between 0.10 to 0.39. CE3 and CE7 had the highest correlation coefficient to 0.39 and CE6 and CE10 had the lowest correlation coefficient to 0.10.

Emotional empathy found that correlation coefficient between 0.10 to 0.47. EE9 and EE11 had the highest correlation coefficient to 0.47 and EE8 and EE10 had the lowest correlation coefficient to 0.10.

Compassionate empathy found that correlation coefficient between 0.10 to 0.46. PE6 and PE9 had the highest correlation coefficient to 0.46 and PE1 and PE2 had the lowest correlation coefficient to 0.10.

When examining Identity Matrix Assumption, Researchers found that items have enough relationships to analyze factor analysis (Bartlett's Test: =4910.82 df=528 p=0.00). researcher examine items found that Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) of 0.70 and Measure of Sampling Adequacy (MSA) between 0.56 to 0.77 Researchers found that indicators have enough relationships to analyze secondary confirmatory factor analysis.

2.5 Assumption Examine of Empathy Among Early Adolescents Measurement Model and the Empirical Data

Researcher analyzed examine of empathy factors early adolescents measurement model and the empirical data found that the of empathy factors early adolescents measurement model and the empirical data was not fit with the empirical data. Researcher adjusted Theta-Epsilon until empathy factors measurement model fit with the empirical data in the table.

Table 22 Acceptable Fit Criteria for Empathy Measurement Model in Early Adolescents (n=394)

Indices	Accept Fit Indices
	χ^2 =513.30 df =491 (p=0.23)
GFI	0.93
AGFI	0.92
CFI	0.98
RMSEA	0.01
SRMR	0.04

Table 21, due to this Chi-Square equal to 513.30, Degree of Freedom equal to 491 andp-value equal to 0.23 had not significantly. It can therefore be interpreted as empirical data fit with measurement model. Goodness of Fit Index equal to 0.93, Adjusted Goodness of Fit Index equal to 0.92, Comparative Fit Index is equal 0.98 include Root Mean Square Error of Approximation is equal to 0.01 and Standard Root Mean Square Residual equal to 0.04 to summarize empathy factors early adolescents measurement model was fit with empirical data. The empathy measurement model had three factors comprising cognitive empathy, emotional empathy and compassionate empathy in a Table 22.

Table 23 Confirmatory factor analysis of empathy factors early adolescents measurement model (n=394)

Empathy Factors	β	SE	t	CR
Cognitive Empathy	0.87	0.15	5.82*	0.75
CE1	0.34	-	-	0.12
CE2	0.33	0.11	4.24*	0.11
CE3	0.39	0.12	4.67*	0.15
CE4	0.32	0.11	4.22*	0.10
CE5	0.36	0.11	4.45*	0.13

Table 22 (Continued)

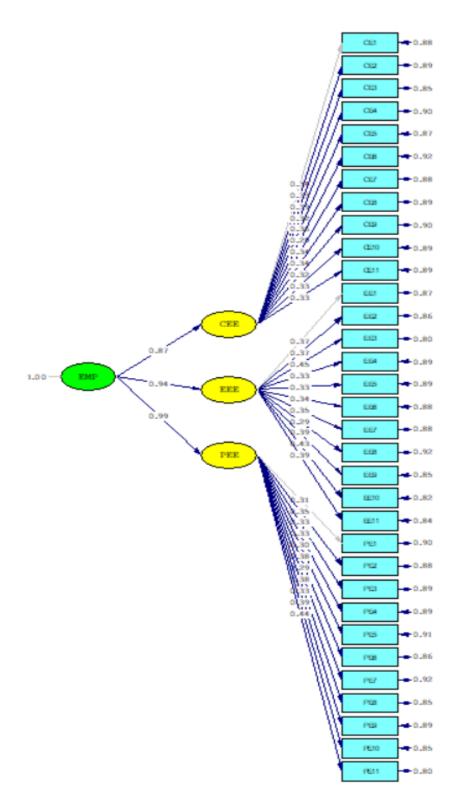
Empathy Factors	β	SE	t	CR
Cognitive Empathy	0.87	0.15	5.82*	0.75
CE6	0.29	0.10	3.96*	0.08
CE7	0.34	0.10	4.35*	0.12
CE8	0.34	0.11	4.33*	0.12
CE9	0.32	0.11	4.20*	0.10
CE10	0.33	0.11	4.27*	0.11
CE11	0.33	0.11	4.30*	0.11
Emotional Empathy	0.94	0.15	6.45*	0.88
EE1	0.37	-	-	0.14
EE2	0.37	0.11	4.89*	0.14
EE3	0.45	0.12	5.40*	0.20
EE4	0.33	0.10	4.55*	0.11
EE5	0.33	0.10	4.57*	0.11
EE6	0.34	0.10	4.68*	0.12
EE7	0.35	0.10	4.74*	0.13
EE8	0.29	0.10	4.20*	0.08
EE9	0.39	0.11	5.04*	0.15
EE10	0.43	0.11	5.27*	0.18
EE11	0.39	0.11	5.05*	0.16
Compassionate Empathy	0.99	0.18	5.60*	0.99
PE1	0.31	-	-	0.10
PE2	0.35	0.11	4.36*	0.12
PE3	0.33	0.11	4.24*	0.11
PE4	0.33	0.11	4.22*	0.11
PE5	0.30	0.11	3.81*	0.09
PE6	0.38	0.12	4.51*	0.14
PE7	0.29	0.10	3.91*	0.08
PE8	0.38	0.12	4.54*	0.15
PE9	0.33	0.11	4.20*	0.11
PE10	0.39	0.12	4.59*	0.15
PE11	0.44	0.13	4.81*	0.20

Table 22, the confirmatory factor analysis of empathy factors early adolescents measurement model had significantly at .05 levels. The factors of each are as follows, in descending order: compassionate empathy had the highest factor loading (β =0.99), emotional empathy (β =0.94) and cognitive empathy had the lowest factor loading (β =0.87).

Cognitive empathy the indicators of each are as follows, in descending order CE3 had the highest factor loading (β =0.39), CE5 (β =0.36), CE1, CE7 and CE8 (β =0.34), CE2, CE10 and CE11 (β =0.33), CE4 and CE9 (β =0.32) and CE6 had the lowest factor loading (β =0.29).

Emotional empathy the indicators of each are as follows, in descending order EE3 had the highest factor loading (β =0.43), EE10 (β =0.43), EE9 and EE11 (β =0.39), EE1 and EE2 (β =0.37), EE7 (β =0.35), EE6 (β =0.34), EE4 and EE5 (β =0.33) and EE8 had the lowest factor loading (β =0.29).

Compassionate empathy the indicators of each are as follows, in descending order PE11 had the highest factor loading (β =0.44), PE10 (β =0.39), PE6 and PE8 (β =0.38), PE2 (β =0.35), PE3, PE4 and PE9 (β =0.33), PE1 (β =0.31), PE5 (β =0.30) and PE7 had the lowest factor loading (β =0.29).



 χ^2 = 513.30 df=491 p=0.23 GFI=0.93 AGFI=0.92 CFI=0.98 RMSEA=0.01 SRMR=0.04

Figure 3 Empathy Factors Early Adolescents Measurement Model

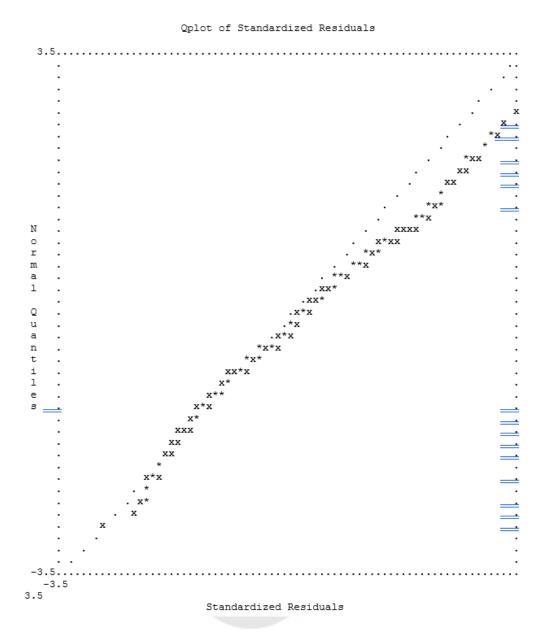


Figure 4 Q-Plot Graph Showing the Relationship Between Standardized Residuals and Normal Quantiles

As shown in Figure 4, the plotted line representing the relationship between the x-values and asterisks (*) exhibits a slope greater than 1. In other wos, the line closely approximates the diagonal reference line, which serves as a comparative benchmark. This indicates that the measurement model of empathy among early adolescents produces minimal residual error. The proximity of the plotted line to the diagonal

suggests that the model fits the empirical data well and demonstrates good model-data congruence.

Section 2 Development of Norm-Referenced Scores for the Empathy Scale

Among Early Adolescents

1. Frequencies and Percentages of the Sample Participating in the Empathy Assessment for Early Adolescents

Table 24 Frequencies and Percentages of the Sample Participating in the Empathy Scale Assessment for Early Adolescents

General Information of Students	Number of Participants	Percentage (%)
1. Gender		
Male	158	40.10
Female	236	59.90
2. Age		
10-11 yrs	179	45.40
12-13 yrs	141	35.80
14-15 yrs*	74	18.80
3. Affiliation		
Bangkok Metropolitan Office	171	43.40
Secondary Educational Service	223	56.60
Area Office 1		
Total	394	100.00

Note: *Age 14–15 years refers to students who are 14 years old but not yet completed 15 years of age.

Table 23 (Continued)

General Information of Students	Frequencies (n)	Percentage (%)
4. Year Level		
Year 5	80	20.30
Year 6	91	23.10
Year 7	75	19.04
Year 8	80	20.30
Year 9	68	17.26
Total	394	100.00

According to Table 23, presents the demographic characteristics of the sample. The participants consisted of 158 male students, accounting for 40.10% of the sample, and 236 female students, representing 59.90%. In terms of age distribution, 179 students (45.40%) were between 10 and 11 years old, 141 students (35.80%) were between 11 and 12 years old, and 74 students (18.80%) were between 14 and 15 years old. Regarding school affiliation, 171 students (43.40%) were enrolled in schools under the Bangkok Metropolitan Administration (BMA), while 223 students (56.60%) were affiliated with the Secondary Educational Service Area Office 1. As for grade level, 80 students (20.30%) were in Year 5, 91 students (23.10%) in Year 6, 75 students (19.04%) in Year 7, 80 students (20.30%) in Year 8, and 69 students (17.26%) in Year 9.

2. Basic statistics of empathy in early adolescent students

Table 25 Descriptive Statistics of Empathy Among Lower Secondary School Students (n = 394)

Factor	Full score	Min	Max	М	SD	CV%	Sk	Ku
Cognitive empathy	55	30	52	45.39	2.94	6.48	-0.68	1.38
Emotional empathy	55	21	52	43.39	6.34	14.61	-0.84	0.20
Compassionate		00	<i></i>	40.70	F 07	10.05	1.00	0.00
empathy	55	22	54	43.78	5.67	12.95	-1.22	2.03
Total	160	61	151	132.56	11.78	8.89	-1.08	1.05

According to Table 24, presents the descriptive statistics of the empathy scores among early adolescents, categorized by the three components: cognitive empathy, emotional empathy, and compassionate empathy. The cognitive empathy component had a mean score of 45.39 (SD = 2.94), with scores ranging from 30 to 52 out of a possible 55, and a coefficient of variation (CV%) of 6.48%, indicating relatively low variability. Emotional empathy showed a mean of 43.39 (SD = 6.34), with a broader score range of 21 to 52 and a higher CV% of 14.61%, suggesting greater variation in students' emotional responses. Compassionate empathy had a mean score of 43.78 (SD = 5.67), with a minimum score of 22 and a maximum of 54, and a CV% of 12.95%. The overall empathy score ranged from 61 to 151 out of 160, with a total mean of 132.50 and a standard deviation of 11.78. Skewness (Sk) and kurtosis (Ku) values across all components fall within acceptable ranges, indicating that the distribution of scores is approximately normal. These findings suggest that, overall, early adolescents in the sample demonstrated high levels of empathy, particularly in the cognitive and compassionate dimensions.

3. Norm Development for Empathy Scores in Early Adolescents by Specific Empathy Components

Table 26 Norm-Referenced Scores for Empathy Among Early Adolescents,

Disaggregated by Component

Raw	Percentile	T normalized	Norm (Tc)	Raw	Percentile	T normalized	Norm (Tc)
score	Rank			score	Rank		
165	-	-	78	156	-	-	70
164	-	-	77	155	-	-	69
163	-	-	76	154	-	-	68
162	-	-	75	153	-	-	67
161	-	-	74	152	-	-	67
160	-	- 60	73	151		-	66
159	- /		72	150		-	65
158	- /	- 3	72	149	<u>.</u>	ŀ	64
157	- / 3	- T	71	148	96.40	63	63
147	93.80	62	62	123	18.30	41	42
146	92.60	61	61	122	17.30	41	41
145	89.30	60	61	121	17.00	40	40
144	80.90	59	60	120	16.20	39	39
143	79.80	58	59	119	15.50	38	39
142	74.80	58	58	118	13.90	37	38
141	72.50	57	57	117	12.20	36	37
140	70.20	56	56	116	11.70	36	36
139	68.90	55	55	115	10.60	35	35
138	62.00	54	55	114	9.60	34	34
137	57.50	53	54	113	6.10	33	33
136	48.80	52	53	112	5.30	32	33
135	48.00	52	52	111	4.00	31	32
134	44.00	51	51	110	3.80	30	31
133	39.40	50	50	109	3.50	30	30
132	35.10	49	50	108	3.30	29	29

Table 24 (Continued)

Raw	Percentile	T normalized	Norm (Tc)	Raw	Percentile	T normalized	Norm (Tc)
score	Rank			score	Rank		
131	33.00	48	49	106	2.70	27	28
130	29.20	47	48	104	2.20	25	26
129	26.90	47	47	103	2.00	24	25
128	24.90	46	46	99	1.50	21	22
127	23.40	45	45	97	1.20	19	20
126	22.10	44	44	93	0.70	16	16
125	21.10	43	44	92	0.20	15	16
124	19.50	42	43	90		-	14

n = 394, with a mean raw score of 132.52 and a standard deviation (SD) of 11.79.

Table 25 presents the norm-referenced scores for empathy among early adolescents, disaggregated by component and based on raw scores, percentile ranks, normalized T-scores, and adjusted norm scores (Tc). The data were derived from a sample of 394 participants, with a mean raw score of 132.52 and a standard deviation (SD) of 11.79. As shown, the norm scores (Tc) span a wide range, from 14 to 78, reflecting the diversity in levels of empathic abilities within the sample. Notably, T-scores were initially incomplete across the full distribution of raw scores; therefore, a predictive equation was applied to ensure full coverage and alignment with observed data ranges. The table allows for the interpretation of individual empathy scores relative to a standardized norm, supporting the practical use of the scale in both research and educational settings. The smooth progression of scores and their corresponding percentile ranks indicates that the empathy measurement model provides a reliable and interpretable framework for assessing empathic tendencies in early adolescence.

Table 27 Norm-Referenced Scores for the Empathy Scale for Early Adolescents:

Cognitive Empathy (CE) Component

CE Score	Percentile Rank	T normalized	Norm (Tc)
37	0.20	22	22
38	0.70	25	26
39	1.70	28	29
40	3.00	32	32
41	4.80	35	35
42	10.60	38	39
43	16.20	42	42
44	22.60	45	45
45	36.30	48	49
46	50.60	52	52
47	59.70	55	55
48	72.70	58	59
49	89.00	61	62
50	94.40	65	65
51	98.20	68	69
52	100.00	71	72
53	-	75	75
54	-	78	79
55	-	81	82

n = 394, Raw score (Mean) = 45.39 Standard Deviation (SD) = 3.02

Table 26 Norm-Referenced Scores for the Empathy Scale for Early Adolescents: Cognitive Empathy (CE) Component. To establish a comprehensive norm-referenced scoring system for the Empathy Scale for Early Adolescents, the raw scores of the Cognitive Empathy (CE) component were initially transformed into standard T-scores. However, the resulting T-scores did not fully correspond to the observed range of raw

scores obtained from the sample. This limitation could have impacted the interpretability and practical application of the norm-referenced framework. To address this issue, the researcher applied a linear regression model to estimate corrected T-scores (Tc) that span the complete range of observed raw scores. The prediction equation used for this transformation was:

$$Tc = 0.536 + 0.026X$$

where Tc represents the corrected T-score and X refers to the original raw score. As a result of this transformation, the norm-referenced scores for the Cognitive Empathy component now range from 22 to 82 points, providing a more accurate and representative scoring system across all levels of observed performance. The complete range of Tc scores is presented in the table 17

Table 28 Norm-Referenced Scores for the Empathy Scale for Early Adolescents:

Emotional Empathy (EE) Component

EE Score	Percentile Rank	T normalized	Norm (Tc)
21		5	15
23	0.20	18	18
26	0.70	22	23
27	1.00	24	24
29	2.20	27	27
30	2.50	29	29
31	2.70	30	31
32	3.50	32	32
33	8.60	33	34
34	9.60	35	35
35	11.90	36	37
36	14.70	38	38

Table 27 (Continued)

EE Score	Percentile Rank	T normalized	Norm (Tc)
37	16.20	39	40
38	18.80	41	42
39	21.10	43	43
40	22.60	44	45
41	28.70	46	46
42	32.50	47	48
43	34.80	49	49
44	44.00	50	51
45	50.30	52	53
46	54.70	54	54
47	64.10	55	56
48	71.70	57	57
49	74.00	58	59
50	82.90	60	60
51	83.70	61	62
52	100.00	63 65	63
53		65	65
54	-	66	67
55	-	68	68

n = 394, Raw score (Mean) = 43.39; Standard Deviation (SD) = 6.39

Table 27 Norm-Referenced Scores for the Empathy Scale for Early Adolescents: Emotional Empathy (EE) Component. The development of norm-referenced scores for the Empathy Scale for Early Adolescents in the Emotional Empathy (EE) component initially yielded standard T-scores that did not fully span the entire range of observed raw scores. Therefore, the T-scores were adjusted to cover the full raw score range using the following predictive equation:

Tc = -0.033 + 0.041X

where Tc refers to the corrected T-score and X represents the raw score. Based on this transformation, the norm-referenced scores (Tc) for the EE component range from 15 to 68 points, as presented in the table below.

Table 29 Norm-Referenced Scores for the Empathy Scale for Early Adolescents:

Compassionate Empathy (CPE) Component

CPE Score	Percentile Rank	T normalized	Norm (Tc)
22			12
23	0.50	13.00	14
26	1.50	18.00	19
27	1.70	20.00	21
28	2.00	22 00	22
31	2.50	27.00	28
32	3.00	29.00	29
33	3.50	31.00	31
34	4.80	32.00	33
35	6.80	34.00	35
36	8.10	36.00	36
37	13.20	38.00	38
38	14.20	39.00	40
39	15.20	41.00	42
40	17.00	43.00	43
41	23.10	45.00	45
42	25.90	46.00	47
43	34.30	48.00	49
44	37.10	50.00	50
45	47.30	52.00	52

Table 28 (Continued)

CPE Score	Percentile Rank	T normalized	Norm (Tc)
46	57.50	53.00	54
47	66.60	55.00	56
48	71.70	57.00	57
49	76.00	59.00	59
50	91.60	60.00	61
51	93.60	62.00	63
52	97.70	64.00	64
53	99.40	66.00	66
54	100.00	67.00	68
55	3 8 1	69.00	70

n = 394, Raw Score (Mean) = 43.77 Standard Deviation (SD) = 5.72

Table 28 Norm-Referenced Scores for the Empathy Scale for Early Adolescents: Compassionate Empathy (CPE) Component. The development of norm-referenced scores for the Empathy Scale for Early Adolescents in the Compassionate Empathy (CPE) component yielded T-scores that did not fully correspond to the entire range of observed raw scores. Therefore, the standard T-scores were adjusted to cover the full range of raw scores by applying the following prediction equation:

$$Tc = 0.753 + 0.022X$$

where Tc represents the corrected T-score and X is the raw score. Based on this equation, the adjusted norm-referenced scores (Tc) for the CPE component range from 12 to 70 points, as detailed in the following table.

4. Interpretation of Overall and Component-Specific Vocational Maturity

Among Upper Secondary School Students

The interpretation of scores was based on percentile rank, which was used to classify score levels for each component. Following the principles of reliable score interpretation, percentiles 25, 50, and 75 (corresponding to quartiles Q1, Q2, and Q3, respectively) were used as cut-off points to categorize performance levels (Clark-Carter, 2005). The score interpretation was divided into four levels as follows:

- 1. Scores at the 75th percentile and above indicate a high level of vocational maturity.
- 2. Scores between the 50th and 74.99th percentiles indicate a moderately high level of vocational maturity.
- 3. Scores between the 25th and 49.99th percentiles indicate a moderately low level of vocational maturity.
- 4. Scores below the 25th percentile indicate a low level of Vocational Maturity.

Table 30 Interpretation of Overall Empathy Levels Among Upper Secondary School Students Based on Percentile Ranks

Raw score	T score (Standard score)	Percentile Rank	Interpretation	Number of students	Percentage (%)
1) 132-165	63.55	≥ P75	Indicates a high of empathy	256	64.97
2) 119-131	43.62	P50- P74.99	Indicates a moderately high level of empathy	62	15.74
3) 101-118	30.47	P25- P49.99	Indicates a moderately low level of empathy	49	12.44
4) 90-100	18.18	< P25	Indicates a low level of empathy	8	2.03

According to Table 29, the overall empathy scores of upper secondary school students were categorized into four levels based on percentile ranks. A total of 256 students (64.97%) demonstrated a high level of empathy, indicating strong empathetic abilities. 62 students (15.74%) exhibited a moderately high level, suggesting generally solid but improvable empathetic understanding. Meanwhile, 49 students (12.44%) fell into the moderately low level, and 8 students (2.03%) were classified as having a low level of empathy, indicating the need for further development and support.

In summary, the majority of students showed high levels of empathy, while a smaller proportion scored at moderately low to low levels. These results highlight the importance of implementing differentiated educational or counseling strategies to nurture empathy across varying levels of student need.

Table 31 Interpretation of Cognitive Empathy Scores Among Early Adolescents

Raw score	T score	Percentile	Interpretation	Number of	Percentage
(CE)	(Standard	Rank		students	(%)
	score)				
1) 50-55	73.54	≥ P75	a high level of cognitive empathy	23	5.84
2) 46-49	56.99	P50-P74.99	a moderately high level of cognitive empathy	172	43.65
3) 43-45	45.40	P25-P49.99	a moderately low level of cognitive empathy	135	34.26
4) 37-42	30.5	< P25	a low level of cognitive empathy	64	16.24

According to Table 30, the cognitive empathy scores of early adolescents were categorized into four levels based on percentile ranks. A total of 23 students (5.84%) demonstrated a high level of cognitive empathy, reflecting advanced ability to understand others' thoughts and perspectives. The largest group, 172 students (43.65%), exhibited a moderately high level, suggesting generally strong skills in perspective-taking and cognitive understanding of others.

Meanwhile, 135 students (34.26%) showed a moderately low level of cognitive empathy, and 64 students (16.24%) were at the low level, indicating challenges in consistently interpreting others' viewpoints. These findings highlight the importance of educational or counseling interventions to strengthen cognitive empathy development during early adolescence.

Table 32 Interpretation of Emotional Empathy Scores Among Early Adolescents

Raw score (CE)	T score (Standard score)	Percentile Rank	Interpretation	Number of students	Percentage (%)
1) 50-55	64.26	≥ P75	a high level of emotional empathy	68	17.26
2) 46-49	56.43	P50-P74.99	a moderately high level of emotional empathy	111	28.17
3) 43-45	50.95	P25-P49.99	a moderately low level of emotional empathy	78	19.80
4) 21-42	31.39	< P25	a low level of emotional empathy	137	34.77

According to Table 31, the emotional empathy scores of early adolescents were classified into four levels based on percentile ranks. A total of 68 students (17.26%) demonstrated a high level of emotional empathy, while 111 students (28.17%) showed a moderately high level, indicating that nearly half of the students were generally able to connect emotionally and respond to others' feelings appropriately. In contrast, 78 students (19.80%) fell into the moderately low level, suggesting some emotional awareness but limited consistency in emotional responsiveness.

The largest group, comprising 137 students (34.77%), demonstrated a low level of emotional empathy, indicating difficulty in emotionally connecting with others. This distribution highlights a need for targeted interventions or educational programs that promote emotional awareness, sensitivity, and affective connection in early adolescents.

Table 33 Interpretation of Compassionate Empathy Scores Among Early Adolescents

Raw score (CE)	T score (Standard score)	Percentile Rank	Interpretation	Number of students	Percentage (%)
1) 50-55	73.54	≥ P75	a high level of cognitive empathy	34	8.63
2) 46-49	56.99	P50-P74.99	a moderately high level of cognitive empathy	73	18.53
3) 43-45	45.40	P25-P49.99	a moderately low level of cognitive empathy	91	23.10
4) 22-42	30.50	< P25	a low level of cognitive empathy	135	34.26

According to Table 32, the compassionate empathy scores of early adolescents were categorized into four levels based on percentile ranks. Only 34 students (8.63%) demonstrated a high level of compassionate empathy, indicating strong emotional understanding and a willingness to support others. A further 73 students (18.53%) exhibited a moderately high level, showing a generally positive tendency to respond with care. Meanwhile, 91 students (23.10%) fell into the moderately low range, reflecting some emotional awareness but less consistent compassionate action. The largest group, 135 students (34.26%), showed a low level of compassionate empathy, suggesting difficulty in transforming emotional awareness into supportive behavior. These findings highlight the importance of targeted interventions to strengthen prosocial motivation and develop compassionate responses in early adolescence.

Section 3 Program Development of Group Counseling to Enhance Empathy in Early Adolescents

The development of a group counseling program aimed at enhancing empathy among early adolescents was conducted through a systematic process informed by theoretical foundations, psychological counseling models, and practical techniques. This process mirrors structured program development methods used in vocational maturity enhancement interventions, while being tailored to the specific developmental needs of young adolescents regarding empathy.

1. Literature Review and Theoretical Foundation

The researcher thoroughly reviewed relevant literature on empathy development, psychological theories of counseling, and group work strategies suitable for early adolescents. The resulting program emphasized the three core components of empathy identified in Phase 1 of this study: Cognitive Empathy, Emotional Empathy, and Compassionate Empathy. Each session incorporated developmentally appropriate techniques based on person-centered therapy, reality therapy, solution-focused counseling, and cognitive-behavioral approaches.

The person-centered counseling approach was utilized throughout the program to build rapport and trust among participants. Techniques such as unconditional

positive regard, active listening, empathic reflection, and safe emotional expression were central to establishing a supportive group climate. Elements of existential counseling were used to promote self-awareness and personal meaning-making, while the use of WDEP (Wants, Doing, Evaluation, Planning) and miracle questions encouraged personal goal setting and reflection.

2. Structure and Session Design

The program consisted of 10 group counseling sessions, each lasting 60–90 minutes, conducted twice per week. Sessions followed a developmental progression from self-awareness to peer sensitivity, emotional attunement, and action-oriented compassionate behavior. Each session addressed specific objectives aligned with one or more of the empathy components.

2.1 Rapport Building and Orientation

The first session focused on establishing trust, setting group norms, and clarifying the goals of the group counseling experience. Through name-sharing circles, reflective listening, and warm-up games centered on self-expression, students began to feel emotionally secure and willing to participate. The facilitator emphasized confidentiality, respectful communication, and the value of empathy as a key social skill.

2.2 Cognitive Empathy (Sessions 2–3)

These sessions aimed to develop the ability to adopt others' perspectives and understand emotional-cognitive cues.

Session 2: Introduced the concept of perspective-taking through storytelling and role-play activities. Students assumed different characters' viewpoints and practiced verbalizing those perspectives.

Session 3: Emphasized analytical reflection using WDEP questions. Students were encouraged to discuss the motivations behind others' behaviors and explore how assumptions influence interpretation. The session concluded with a group puzzle activity that required collaborative understanding and shared decision-making.

2.3 Emotional Empathy (Sessions 4–5)

These sessions focused on enhancing emotional sensitivity and affective attunement.

Session 4: Involved emotional expression exercises using visual cards, mood thermometers, and empathy charades. Students identified and matched emotional cues with situations and discussed how emotions are recognized in themselves and others.

Session 5: Explored emotional regulation and appropriate expression in peer interactions. The session included mindfulness breathing and group discussions about conflict resolution through empathic listening. Students also explored the role of emotions in social inclusion and peer acceptance.

2.4 Compassionate Empathy (Sessions 6-7)

These sessions emphasized the transition from feeling to helping.

Session 6: Students shared stories of times when they or others experienced difficulties. The facilitator guided the group to explore supportive responses and barriers to helping behaviors. Through scenario-based discussions, students analyzed real-life contexts and discussed ways to initiate kindness.

Session 7: Students collaborated in designing empathy action projects, such as peer support campaigns or classroom kindness initiatives. They set collective goals for how to support peers and practiced role-play to enact helping responses in simulated school situations.

2.5 Program Closure and Evaluation (Session 8)

The final session provided a structured opportunity to review the entire experience. Students completed a follow-up self-assessment, participated in a group reflection circle, and wrote empathy commitment cards for future behavior. The session ended with group feedback on what they learned and how they envisioned using empathy in their lives.

Throughout the program, the facilitator (researcher) played a crucial role in modeling empathy, guiding discussions, and supporting individual needs. The design of each session was informed by empirical research and field-tested practices documented in File 1 and File 2.

This group counseling program contributes a culturally adapted and developmentally appropriate model for enhancing empathy in early adolescents within

school settings. The use of interactive methods and a multidimensional approach supports the program's effectiveness and sustainability which present in Table 33.

Table 34 Summary of the Conceptual Framework, Theoretical Foundations, and
Counseling Techniques in an Integrated Group Approach to Enhance
Empathy in Early Adolescents Integrated Group Counseling Program to
Enhance Empathy in Early Adolescents

Session	Topic / Component	Objective	Theory /	Counseling
		7/10	Technique	Technique
1	Orientation, Group	1. To help students	Theory:	Unconditional
	Familiarization, and Trust-	get to know each	Person-	Positive
	Building	other personally and	Centered	Regard,
		share aspects of	Therapy	Empathic
		themselves. 2. To	Techniques:	Understandinę
		clarify objectives and	Unconditional Basic	
		co-create group	Positive	
		agreements. 3. To	Regard,	
		establish a safe and	Empathic	
		trusting emotional	Understandin)(
		atmosphere.	Basic Skills:	
			Active	
			Listening,	
			Encouraging	
			Skills	

Table 33 (Continued)

Session	Topic / Component	Objective	Counseling Theory	Counseling Technique
2	Understanding	1. To encourage	Theories:	Cognitive Therapy
	One's Own and	nonjudgmental	Cognitive	Process, Cognitive
	Others' Emotions	listening with	Behavioral	Defusion, Unconditional
	(Cognitive	empathy. 2. To	Therapy (CBT),	Positive Regard,
	Empathy –	foster cognitive	Person-Centered	Empathic
	Understanding	empathy.	Therapy, Rational	Understanding,
	Others and Self)		Emotive Behavior	Perception vs. Reality
			Therapy (REBT)	
			Techniques:	
			Cognitive Therapy	
			Process, Cognitive	
			Defusion,	
			Unconditional	
			Positive Regard,	
			Empathic	
			Understanding,	
			Perception vs.	
			Reality Skills:	
			Active Listening,	
			Empathic	
			Listening	

Table 33 (Continued)

Session	Topic / Component	Objective	Counseling Theory	Counseling Technique
3	Identifying One's Emotions (Cognitive Empathy – Perspective Taking)	 To help students identify their emotions in various situations. To foster perspective-taking and understanding of others' emotional states. 	Theories: CBT, Person-Centered Therapy Techniques: Cognitive Focusing, ACT Formula (Accept, Choose, Take Action), The Companion, Unconditional Positive Regard, Empathic Understanding Skills: Active Listening, Empathy	Cognitive Therapy Process, Cognitive Defusion, Unconditional Positive Regard, Empathic Understanding, Perception vs. Reality
4	Emotional Regulation (Affective Empathy – Emotional Sharing)	1. To enhance the ability to recognize and understand others' emotions through empathetic communication. 2. To develop affective empathy through shared experiences.		I-Language Assertion, Unconditional Positive Regard, Empathic Understanding

Table 33 (Continued)

Session	Topic / Component	Objective	Counseling Theory	Counseling Technique
5	Reflecting Feelings (Affective Empathy – Reflection)	1. To foster understanding of others' feelings in various situations. 2. To enhance empathic, positive responses.	Theory: Person-Centered Therapy Technique: Repeating the Obvious Skills: Active Listening, Empathy	Technique: Repeating the Obvious
6	Setting Goals, Planning, and Taking Action (Compassionate Empathy – Empathic Concern)	1. To help students set goals to apply empathy in daily life. 2. To develop actionable plans to enhance empathetic behaviors.	Theories: Reality Therapy, Classical Behavioral Techniques Techniques: Action Planning, Self- Evaluation, Affirming New Positive Behavior Skills: Active Listening, Empathy	Action Planning, Self-Evaluation, Affirming New Positive Behavior
7	Practicing Meaningful Helping Behaviors (Compassionate Empathy – Prosocial Action)	1. To encourage students to help others in diverse contexts. 2. To support reflection on the outcomes of empathetic actions. 3. To improve strategies for effective helping behaviors.	Theories: Gestalt Techniques, Classical Behaviora Techniques Techniques: Empty Chair, Role-Playing, Affirming New Positive Behavior Skills: Active Listening, Empathy	Affirming New

Table 33 (Continued)

Session	Topic / Component	Objective	Counseling Theory	Counseling Technique
8	Final Reflection and Paying Empathy Forward	1. To reflect on and summarize the learning in all three empathy components. 2. To encourage students to apply empathy in daily life and society. 3. To formally close the counseling process with closure rituals.	Theories: Person-Centered Therapy, Classical Behavioral Techniques Techniques: Repeating the Obvious, Goal Rehearsal, Coping Imagery Skills: Active Listening, Empathy	Repeating the Obvious, Goal Rehearsal, Coping Imagery

The analysis of this section is organized into subsections as follows:

1. Test of Normality for Empathy Scores Among Early Adolescents

Prior to conducting further statistical analysis, the assumption of normal distribution was verified. The distribution of empathy scores among early adolescent students was tested using the Shapiro-Wilk test. The results are presented in Table 33.

Table 35 Shapiro-Wilk Test of Normality for the Experimental and Control Groups at Pre-Test, Post-Test, and Follow-Up Stages Comparative Analysis of Empathy Scores Among Early Adolescents

Variable	df	Pre-Test		Post-Test		Follow-Up	
	•	SD	р	SD	р	SD	р
CE	16	0.936	0.303	0.848	0.013	0.945	0.415
EE	16	0.916	0.148	0.929	0.234	0.918	0.156
PE	16	0.954	0.549	0.960	0.664	0.945	0.416
Total	16	0.969	0.816	0.904	0.054	0.901	0.053

According to Table 34, the overall and component scores of empathy among early adolescents yielded p-values greater than .05 for all variables, ranging from 0.053 to 0.0816, indicating that the data were normally distributed. These results confirm that the empathy scores—both overall and by component—of students in the experimental and control groups at the pre-test, post-test, and follow-up stages followed a normal distribution. Therefore, the researcher employed Two-Way Repeated Measures Analysis of Variance (ANOVA) for further statistical analysis.

2. Mean and Standard Deviation of Empathy Scores Among Early Adolescents
In this section, the researcher analyzed the mean and standard deviation of
empathy scores among early adolescents at three different stages: pre-test, post-test,
and follow-up. The analysis was conducted for both the experimental and control groups,
as shown in Table 34.

Table 36 Mean and Standard Deviation of Empathy Scores Among Early Adolescents in the Experimental and Control Groups at the Pre-Test, Post-Test, and Follow-Up Stages

Variable	Sample	Pre-Test		Post-Test		Follow-Up	
		М	SD	М	SD	М	SD
CE	Experimental Group	3.85	0.19	4.11	0.19	4.20	0.19
	Control Griup	4.02	0.51	3.65	0.47	3.49	0.36
EE	Experimental Group	2.69	0.31	3.52	0.51	3.65	0.47
	Control Griup	2.77	0.38	2.63	0.35	2.59	0.29
PE	Experimental Group	2.51	0.68	3.40	0.43	3.57	0.41
	Control Griup	2.81	0.50	2.73	0.45	2.63	0.42
Total	Experimental Group	3.02	0.31	3.68	0.34	3.81	0.30
	Control Griup	3.20	0.11	3.00	0.08	2.90	0.10

According to Table 35, the results of the data analysis revealed that the overall empathy scores among early adolescents in the experimental and control groups at the pre-test stage had mean scores were 3.02 and 3.20 with standard deviations of 0.31 and 0.11, respectively. In the post-intervention phase, the mean scores were 3.68 and 3.00, with standard deviations of 0.34 and 0.08, respectively. During the follow-up phase, the mean scores were 3.81 and 2.90, with standard deviations of 0.30 and 0.10, respectively.

When considering the mean scores of empathy among early adolescents in both the experimental and control groups, categorized by components and ranked by the top three highest mean scores at each stage—pre-test, post-test, and follow-up—the results are presented in detail below.

1. The analysis of the mean empathy scores among early adolescent students in the experimental group during the pretest phase revealed that the Cognitive Empathy (CE) component had the highest mean score of 3.85 with a standard deviation of 0.19, followed by the Emotional Empathy (EE) component with a mean of 2.69 and a standard deviation of 0.31. The Compassionate Empathy (PE) component had the lowest mean score of 2.51, with a standard deviation of 0.68.

- 2. During the posttest phase, the Cognitive Empathy (CE) component continued to show the highest mean score of 4.11 with a standard deviation of 0.19, followed by the Emotional Empathy (EE) component with a mean of 3.52 and a standard deviation of 0.51. The Compassionate Empathy (PE) component had the lowest mean of 3.40, with a standard deviation of 0.43.
- 3. In the follow-up phase, the Cognitive Empathy (CE) component again showed the highest mean score of 4.20 with a standard deviation of 0.19, followed by the Compassionate Empathy (PE) component with a mean of 3.65 and a standard deviation of 0.47, while the Emotional Empathy (EE) component had the lowest mean of 3.57, with a standard deviation of 0.41.
- 4. The analysis of the mean empathy scores among early adolescent students in the control group during the pretest phase showed the highest mean in the Cognitive Empathy (CE) component at 4.02 with a standard deviation of 0.51, followed by the Compassionate Empathy (PE) component with a mean of 2.81 and a standard deviation of 0.50, while the Emotional Empathy (EE) component had the lowest mean of 2.77, with a standard deviation of 0.38.
- 5. In the posttest phase, the Cognitive Empathy (CE) component had the highest mean score of 3.65 with a standard deviation of 0.47, followed by the Compassionate Empathy (PE) component with a mean of 2.73 and a standard deviation of 0.45, while the Emotional Empathy (EE) component had the lowest mean of 2.63, with a standard deviation of 0.35.
- 6. During the follow-up phase, the Cognitive Empathy (CE) component remained highest with a mean of 3.49 and a standard deviation of 0.36, followed by the Compassionate Empathy (PE) component with a mean of 2.63 and a standard deviation of 0.43, while the Emotional Empathy (EE) component had the lowest mean of 2.59, with a standard deviation of 0.29.

3. Comparison of Overall Empathy Between the Experimental and Control Groups at Pre-Test, Post-Test, and Follow-Up Stages

This section presents a comparison of the overall empathy scores among early adolescents in the experimental and control groups across three time points: pre-test, post-test, and follow-up. The analysis was conducted using a Two-Way Repeated Measures ANOVA.

Prior to testing for differences, the researcher examined the assumptions required for conducting the analysis, particularly the normality of data distribution. The Shapiro-Wilk test was employed, and the results indicated that all variables had p-values greater than .05, suggesting that the data for both the experimental and control groups were normally distributed.

Table 37 Comparison of Overall Empathy Scores Among Early Adolescents in the Experimental and Control Groups at Pre-Test, Post-Test, and Follow-Up Stages

Source of Variation	SS	df	MS	F	р
Between Groups			• /		_
Experimental Group – Control Group	2.62	1	2.62	19.32*	0.00
Error	1.90	14	0.14		
Within Groups					
Result of Group Counseling	0.60	1.11	0.54	20.20*	0.00
Interaction Effect	2.63	1.11	2.36	88.64*	0.00
Error	0.42	15.62	0.03		
Mauchly's W= 0.31 =31.65 df=2 p= 0.00					

^{*}p<.05

According to Table 36, the assumption testing for the overall empathy scores of early adolescents across the pre-test, post-test, and follow-up stages in both the experimental and control groups indicated that the variances of repeated measures were

equal. The result of Mauchly's Test of Sphericity was 0.21, with a statistically significant value of 0.01.

The comparison of overall empathy scores among early adolescents in the experimental and control groups across different time points—pre-test, post-test, and follow-up—revealed a statistically significant difference between groups at the .05 level (F = 19.32, df = 1, p = 0.00).)The differences in time periods resulted in a statistically significant difference in the overall empathy levels among early adolescent students at the .05 level.(F = 20.20 df=1.11 p=0.00), indicating that changes over time led to significant differences in overall empathy.

In addition, a statistically significant interaction was found between the group and the time period, resulting in overall differences in empathy among early adolescent students at the .05 level.(F=88.64 df=1.11 p=0.00), suggesting that the effect of time on empathy scores differed between the experimental and control groups. Given these significant findings, the researcher proceeded to conduct pairwise comparisons using the Bonferroni method to identify which specific pairs exhibited statistically significant differences. The results of this analysis are presented in Table 37.

Table 38 Pairwise Comparison of Overall Empathy Scores Among Early Adolescents in the Experimental and Control Groups at Pre-Test, Post-Test, and Follow-Up Stages

Variable	Group	Comparion	Mean Difference	p-value
Overall Empathy	Experimental	Post-Test - Pre-Test	0.66*	0.00
		Follow-Up - Pre-Test	0.79*	0.00
		Post-Test- Follow-Up	-0.13*	0.00
	Control	Post-Test - Pre-Test	-0.20	0.08
		Follow-Up - Pre-Test	-0.30	0.06
		Post-Test- Follow-Up	0.10*	0.09

Note: * p< .05

According to Table 37, the experimental group exhibited a statistically significant difference in overall empathy scores among early adolescents between the pre-test and post-test stages at the 0.05 level. The post-test mean score was 3.70 with a standard deviation of 0.34, which was higher than the pre-test mean score of 3.02 with a standard deviation of 0.31.

Additionally, the experimental group showed a statistically significant difference in overall empathy scores between the pre-test and follow-up stages, with the follow-up mean score of 3.81 (SD = 0.30) being higher than the pre-test mean of 3.02 (SD = 0.31).

Furthermore, the experimental group demonstrated statistically significant differences in overall empathy among early adolescent students between the posttest and follow-up periods at the 0.05 level. The follow-up period showed a higher mean score (M = 3.81, SD = 0.30) compared to the posttest period (M = 3.68, SD = 0.34).

The control group exhibited statistically significant differences in the overall empathy of early adolescent students between the pretest and posttest periods at the 0.05 level. The pretest period yielded a higher mean score (M = 3.20, SD = 0.11) compared to the posttest period (M = 3.00, SD = 0.08). Similarly, there was a statistically significant difference in overall empathy between the pretest and follow-up periods at the 0.05 level, with the pretest mean score (M = 3.20, SD = 0.11) exceeding that of the follow-up period (M = 2.90, SD = 0.10). Furthermore, the control group showed a statistically significant difference in overall empathy between the posttest and follow-up periods at the 0.05 level, with the posttest mean score (M = 3.00, SD = 0.08) being higher than the follow-up mean score (M = 2.90, SD = 0.10).

The analysis revealed significant differences in empathy levels between the experimental and control groups across all three measurement points: pretest, posttest, and follow-up. The experimental group, which participated in the integrative group counseling intervention, showed a consistent increase in empathy scores over time. Specifically, the posttest mean score was 3.68 (SD = 0.34), and the follow-up mean score further increased to 3.81 (SD = 0.30), indicating a sustained improvement.

In contrast, the control group, which did not receive any intervention, demonstrated a gradual decline in empathy scores. The pretest mean score was 3.20 (SD = 0.11), which decreased to 3.00 (SD = 0.08) in the posttest, and further declined to 2.90 (SD = 0.10) at the follow-up stage. Statistical analysis confirmed that the differences between time points in both groups were significant at the .05 level.

These findings suggest that the integrative group counseling program had a positive and lasting effect on enhancing empathy in early adolescents. Meanwhile, the absence of intervention in the control group corresponded with a decline in empathy, emphasizing the importance of structured psychological support in school-based mental health development programs.

4. Comparison of Empathy Components Among Early Adolescents in the Experimental and Control Groups at Pre-Test, Post-Test, and Follow-Up Stages

This section presents a comparison of empathy among early adolescents, classified by individual components—Cognitive Empathy (CE), Emotional Empathy (EE), and Compassionate Empathy (PE)—between the experimental and control groups across the pre-test, post-test, and follow-up stages. The analysis was conducted using a Two-Way Repeated Measures ANOVA.

Prior to testing for group differences, the researcher examined the assumptions for statistical analysis. Shapiro-Wilk tests were performed to assess the normality of data distribution, and all variables yielded p-values greater than 0.05, indicating that the data from both the experimental and control groups were normally distributed.

Additionally, when assessing the equality of variances in the repeated measures of empathy, the results of Mauchly's Test of Sphericity yielded values ranging from 0.41 to 0.60, with all variables showing statistically significant values at p=0.00, confirming that the variances in repeated measures were equal. The detailed results are presented in Table 35. According to Mauchly's test of sphericity, the Cognitive component yielded a value of 0.67, which was not statistically significant at p=0.07. The Emotional component had a value of 0.70, also not statistically significant at p=0.10. However, the

Compassionate component showed a value of 0.38, which was statistically significant at p = 0.00. The detailed results are presented in Table 37.

Table 39 Comparison of Empathy Components Among Early Adolescents in the Experimental and Control Groups at Pre-Test, Post-Test, and Follow-Up Stages

Source of Variation	SS	df	MS	F	р
COGNITIVE Empathy					
Between Groups (Experimental vs. Control)	1.36	1	1.36	4.51*	0.05
Error (Between Groups)	4.23	14	0.30		
Effect of Group Counseling (Time)	0.07	2	0.06	1.20	0.32
Interaction (Group × Time)	1.67	2	0.84	29.79*	0.00
Error (Within Groups)	0.79	28	0.03		
Emotional Empathy					
Between Groups (Experimental vs. Control)	4.69	12	4.69	11.67*	0.00
Error (Between Groups)	5.62	14	0.40		
Effect of Group Counseling (Time)	1.43	2	0.71	22.21*	0.00
Interaction (Group × Time)	3.03	2	1.51	47.14*	0.00
Error (Within Groups)	0.90	28	0.03		
COMPASSIONATE Empathy					
Between Groups (Experimental vs. Control)	2.32	1	2.32	3.76	0.07
Error (Between Groups)	8.64	14	0.62		
Effect of Group Counseling (Time)	1.89	1.23	1.54	17.64*	0.00
Interaction (Group × Time)	3.39	1.23	2.75	31.54*	0.00
Error (Within Groups)	1.50	17.25	0.09		

^{*} p< .05

According to Table 38, the comparative analysis of empathy among early adolescents by component revealed that, for Cognitive Empathy (CE), the scores at the

pre-test, post-test, and follow-up stages differed significantly between the experimental and control groups.

A statistically significant difference at the 0.05 level was found (F = 4.51, df = 1, p = 0.05) for Cognitive Empathy, indicating that the intervention had a significant effect on the development of cognitive empathy among early adolescents.

For Emotional Empathy, an analysis of mean score differences revealed a statistically significant difference between the experimental and control groups across the pretest, posttest, and follow-up phases at the 0.05 level (F = 11.67, df = 1, p = 0.00). This finding suggests that the intervention significantly affected the emotional empathy of early adolescent students.

However, for Compassionate Empathy, the mean score comparison showed no statistically significant difference between the experimental and control groups across the three phases at the 0.05 level (F = 3.76, df = 1, p = 0.07). This implies that the intervention did not result in a significant change in compassionate empathy among early adolescents.

These findings suggest that the proactive group counseling intervention had a significant effect on the empathy development of students in the experimental group when compared to those in the control group. Therefore, the researcher conducted further pairwise comparisons using the Bonferroni method to identify which specific time points and components showed significant differences, as presented in the subsequent Table 39.

Table 40 Pairwise Comparison of Empathy Components Among Early Adolescents in the Experimental and Control Groups at Pre-Test, Post-Test, and Follow-Up Stages

Component	Group	Empathy Enhancement Effect Comparison	Mean Difference	p- value
Cognitive Empathy	Experimental	Post-Test – Pre-Test	0.26*	0.01
(CE)		Follow-Up – Pre-Test	0.35*	0.00
		Post-Test – Follow-Up	0.55*	0.00
	Control	Post-Test – Pre-Test	-0.38*	0.00
		Follow-Up – Pre-Test	-0.53*	0.00
	4000	Post-Test – Follow-Up	1.02*	0.00
Emotional Empathy	Experimental	Post-Test – Pre-Test	0.68*	0.00
(EE)		Follow-Up – Pre-Test	0.75*	0.00
		Post-Test – Follow-Up	-0.07	0.09
	Control	Post-Test – Pre-Test	-0.08	0.09
		Follow-Up – Pre-Test	-0.09	0.06
	Olin II T	Post-Test – Follow-Up	0.06	0.17
Compassionate	Experimental	Post-Test – Pre-Test	0.76*	0.00
Empathy (PE)		Follow-Up – Pre-Test	0.92*	0.00
		Post-Test – Follow-Up	-0.15*	0.00
	Control	Post-Test – Pre-Test	-0.11	0.07
		Follow-Up – Pre-Test	0.15	0.06
		Post-Test – Follow-Up	0.05	0.23

Note: * p< .05

According to Table 39, the results of the pairwise comparisons of mean empathy scores among early adolescents, categorized by empathy components, can be summarized as follows:

- 1. A comparison of empathy scores in the experimental group between the posttest and pretest phases revealed statistically significant differences at the 0.05 level in both Cognitive Empathy (CE) and Emotional Empathy (EE). The participants demonstrated significantly greater empathy after the intervention.
- 2. When comparing the follow-up and pretest phases within the experimental group, statistically significant differences were also found at the 0.05 level in both Cognitive Empathy (CE) and Emotional Empathy (EE), indicating that the improvements in empathy were sustained over time.
- 3. A comparison between the posttest and follow-up phases in the experimental group showed no significant difference in Emotional Empathy (EE); however, Cognitive Empathy (CE) was significantly higher at the follow-up stage, at the 0.05 level.
- 4. In the control group, a comparison between the posttest and pretest phases revealed no significant difference in Emotional Empathy (EE), but a statistically significant difference was found in Cognitive Empathy (CE) at the 0.05 level.
- 5. A comparison of the follow-up and pretest phases in the control group showed statistically significant differences at the 0.05 level in both Cognitive Empathy (CE) and Emotional Empathy (EE), indicating a decline in empathy levels over time.
- 6. Comparing the posttest and follow-up phases in the control group, no significant difference was observed in Emotional Empathy (EE), while Cognitive Empathy (CE) showed a statistically significant difference at the 0.05 level, suggesting a further reduction in cognitive empathy after the intervention period.

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CHAPTER V

RESEARCH SUMMARY, DISCUSSION, AND RECOMMENDATIONS

This research aimed to explore the structure of empathy among early adolescents and evaluate the effectiveness of an integrative group counseling program designed to enhance empathy in this developmental stage. The study was carried out in two distinct phases. In Phase 1, the primary focus was on the development and validation of a culturally appropriate empathy scale tailored to early adolescents aged 10 to 14. Building on that foundation, Phase 2 involved applying this validated scale to identify students with low empathy scores and implementing a structured counseling intervention to enhance their empathy levels.

During Phase 1, a valid and reliable empathy scale was constructed through a mixed-methods approach that incorporated qualitative insights from expert interviews and focus group discussions with students. These inputs helped define the operational framework for three key components of empathy: Cognitive Empathy, Emotional Empathy, and Compassionate Empathy. Exploratory Factor Analysis (EFA) supported a three-factor model, with all components exhibiting eigenvalues greater than one and together accounting for 23.37% of the total variance. Confirmatory Factor Analysis (CFA) further validated the structure, with all indices indicating good model fit, and internal consistency was confirmed with a Cronbach's alpha of .95. The content validity, assessed using the Index of Item-Objective Congruence (IOC), ranged from 0.50 to 1.00, showing a high level of agreement among experts.

Additionally, norm-referenced scoring was developed using data from a representative sample of 574 students drawn from two large public schools in Bangkok, reflecting the early adolescent age range of 10 to 14 years. These T-scores provide a practical benchmark for evaluating individual and group empathy levels, thereby supporting both diagnostic and developmental applications in school and clinical contexts.

With the empathy scale firmly established in Phase 1, Phase 2 proceeded to assess the effectiveness of an integrative group counseling intervention targeted at

students with low empathy scores. This phase utilized a quasi-experimental design involving pre-test, post-test, and follow-up measures. The intervention, which consisted of eight sessions, drew upon principles from person-centered therapy, cognitive-behavioral therapy, and reality therapy to foster growth in empathy-related skills such as perspective-taking, emotional awareness, and prosocial behavior.

The findings from Phase 2 indicated that the experimental group showed statistically significant improvements in Cognitive Empathy and Emotional Empathy from pre-test to post-test and follow-up. Particularly, Cognitive Empathy scores continued to rise even at the follow-up stage, suggesting a lasting impact. Emotional Empathy also showed meaningful improvement, though the gains slightly leveled off over time. In contrast, Compassionate Empathy improved marginally but did not demonstrate statistically significant changes when compared to the control group.

Meanwhile, the control group either remained static or showed a slight decline in empathy levels across the same period. The repeated measures ANOVA results revealed significant main effects for group and time, as well as interaction effects (p < .05), confirming the efficacy of the intervention. These findings support the hypothesis that empathy is not a fixed trait but rather a set of skills that can be nurtured through guided intervention, particularly during the developmental window of early adolescence.

This aligns well with existing theoretical frameworks such as those proposed by Carl Rogers, who emphasized empathy as a central process in interpersonal understanding, and Decety and Jackson, who posited that empathy includes both cognitive and affective components that interact dynamically. The study also builds upon Goleman's emotional intelligence framework, highlighting the role of empathy in social functioning and mental well-being.

Taken together, the results of Phase 1 and Phase 2 not only confirm the multidimensional nature of empathy but also demonstrate that early adolescents can benefit from structured, developmentally appropriate interventions. The integrative group counseling model offers a practical and evidence-based framework for schools to

implement, with sustained improvements observed one month after the intervention's conclusion.

The findings from both research phases provided empirical support for all six research hypotheses. In Phase 1, the results confirmed the three-component structure of empathy—cognitive, emotional, and compassionate empathy—demonstrating a good model fit with empirical data, thereby affirming its construct validity, reliability, and appropriateness for norm development. These findings supported Hypotheses 1 through 3.

In Phase 2, the integrative group counseling program was found to be effective in enhancing students' empathy. Participants in the experimental group showed significantly higher empathy scores post-intervention and during the follow-up period, while the control group showed no significant improvement or a decline. These outcomes confirmed Hypotheses 4 through 6, indicating that empathy in early adolescents can be positively influenced and sustained through structured, developmentally appropriate counseling interventions.

In conclusion, this study contributes to both theoretical and applied fields by presenting a psychometrically sound empathy scale and an effective group counseling model. By bridging measurement and intervention within a culturally relevant context, the research offers a comprehensive framework for enhancing empathy among early adolescents, ultimately supporting their emotional development and interpersonal competence.

Therefore, the summary of results were presented as follows:

- 1. Summary of research result
 - 1.1 Summary of results in phase 1
 - 1.2 Summary of results in phase 2
- 2. Discussion
 - 2.1 Discussion of results in phase 1
 - 2.2 Discussion of results in phase 2

3. Suggestions

- 3.1 Suggestions for Theory and Practice
- 3.2 Suggestions for future research
- 4. Limitations of study

1 Summary of Result

1.1 Summary of Results in Phase 1

Phase 1 Development and Validation of the Empathy Scale for Early Adolescents

1.1.1 The first phase of this research focused on the development and validation of the Empathy Scale for Early Adolescents (EAES), aiming to construct a culturally appropriate and psychometrically robust tool to assess empathy in early adolescent students in Thailand. This phase employed a mixed-methods approach, incorporating both qualitative and quantitative methodologies to ensure the scale's relevance, theoretical grounding, and statistical rigor. The findings from this phase laid the foundation for future applications of the EAES in both educational and psychological contexts.

1) Exploration and Conceptualization of Empathy Components

The study began with an extensive literature review and qualitative inquiry to define the construct of empathy in a culturally contextualized framework. Five experts in psychology, guidance, and adolescent development were interviewed to derive operational definitions and theoretical constructs related to empathy. Simultaneously, focus group interviews were conducted with early adolescent students to explore real-life experiences and emotional reactions related to empathy. These insights were used to define three core components of empathy:

Cognitive Empathy (CE): This refers to the ability to intellectually understand another person's perspective, thoughts, or mental state. It is the capacity to recognize how someone else might be feeling or thinking in a given situation without necessarily sharing those emotions. In early adolescents, cognitive empathy supports

perspective-taking skills, social awareness, and the ability to interpret non-verbal cues in interpersonal interactions. It plays a critical role in conflict resolution and peer negotiation.

Emotional Empathy (EE): This component involves the capacity to emotionally resonate with or feel what others are feeling. It includes automatic emotional responses such as concern, distress, or joy in reaction to another's emotional state. Emotional empathy fosters connection and bonding, and it underpins behaviors like comforting others or reacting with concern when someone is upset. Among adolescents, a well-developed emotional empathy domain enhances social cohesion and emotional attunement with peers and family members.

Compassionate Empathy (PE): This dimension goes beyond understanding and feeling others' emotions—it involves the motivational drive to take supportive action in response. Compassionate empathy combines emotional resonance with a desire to alleviate distress or contribute to others' well-being. In adolescence, this trait is linked to prosocial behaviors such as helping, volunteering, or intervening in bullying situations. It represents the behavioral expression of empathy and is especially important in the context of character education and civic responsibility.

These components formed the theoretical foundation for item generation in the EAES, ensuring that the scale could capture not only the understanding and emotional sharing aspects of empathy but also the motivation to act compassionately. Their inclusion in the instrument reflects a comprehensive model of empathy suitable for use in Thai early adolescents, accounting for both emotional development and culturally informed social behavior.

These components were used to guide the item development process, which included the creation of image-based scenarios and situational prompts reflective of the Thai adolescent experience. From an initial set of 30 items derived from literature and interview analysis, 18 were selected based on clarity, cultural relevance, and alignment with empathy dimensions.

2) Descriptive Statistics and Preliminary Scale Properties

The preliminary version of the EAES was administered to a sample of 573 students from different schools in Bangkok. The descriptive analysis of the empathy scores indicated an overall mean score of 3.96 (SD = 0.40), suggesting a generally high level of empathy among the population studied. When broken down by subscale, the Cognitive Empathy dimension yielded the highest mean score (M = 4.24, SD = 0.29), followed by Compassionate Empathy (M = 3.90, SD = 0.61), and Emotional Empathy (M = 3.76, SD = 0.56). Skewness and kurtosis values for all subscales were within acceptable ranges, indicating that the data distribution was approximately normal and suitable for factor analysis.

3) Exploratory Factor Analysis (EFA)

EFA was conducted using principal component extraction with varimax rotation. The results revealed a three-factor structure consistent with the theoretical model of empathy proposed in this study. Factor loadings ranged between 0.30 and 0.77, supporting the conceptual distinctions among cognitive, emotional, and compassionate empathy. Items that did not meet the loading threshold or exhibited cross-loading were removed, resulting in a refined 21-item scale with strong internal consistency.

4) Confirmatory Factor Analysis (CFA)

To further test the scale's structure, CFA was performed in two stages: first-order CFA and second-order CFA.

First-Order CFA confirmed the presence of three latent constructs with statistically significant loadings ranging from 0.11 to 0.69. The goodness-of-fit indices indicated a well-fitting model: chi-square/df = 1.034, GFI = 0.95, AGFI = 0.92, CFI = 1.00, RMSEA = 0.008, and SRMR = 0.036. These results suggest that the observed data aligned with the proposed three-factor model.

Second-Order CFA tested a hierarchical model where Cognitive, Emotional, and Compassionate Empathy were second-order indicators of an overarching empathy construct. The model fit remained strong with $\chi^2/df = 1.109$, GFI = 0.96, AGFI =

0.91, CFI = 1.00, RMSEA = 0.016, and SRMR = 0.042. The highest standardized loading was found for Emotional Empathy (0.96), followed by Compassionate Empathy (0.90) and Cognitive Empathy (0.59). These findings support the validity of a second-order empathy construct encompassing three interrelated yet distinct domains.

5) Reliability and Content Validity

The content validity of the EAES was assessed through expert judgment using the Index of Item-Objective Congruence (IOC), which yielded values between 0.50 and 1.00 across items, indicating high content validity. Reliability analysis using Cronbach's alpha showed strong internal consistency across the full scale and subscales. The overall Cronbach's alpha for the EAES was 0.95. Subscale alphas were also robust: 0.89 for Cognitive Empathy, 0.92 for Emotional Empathy, and 0.88 for Compassionate Empathy.

1.1.2 Norm Development and Standardized Scoring

To establish normative benchmarks for interpreting empathy levels, norm-referenced scores were developed using data from a distinct sample of 394 early adolescents aged 10 to 14. Raw scores from the Empathy Scale for Early Adolescents (EAES) were converted into standardized T-scores and percentile ranks to facilitate meaningful score interpretation across various educational and psychological contexts. The normative classification grouped students into four empathy levels: High Empathy, defined as scores at or above the 75th percentile, included 256 students (64.97%); Moderately High Empathy, corresponding to the 50th to 74.99th percentile, comprised 62 students (15.74%); Moderately Low Empathy, representing the 25th to 49.99th percentile, included 49 students (12.44%); and Low Empathy, indicating scores below the 25th percentile, accounted for only 8 students (2.03%). These classifications provide a structured framework for identifying students' relative empathic development and support further use of the EAES for screening, intervention planning, and longitudinal monitoring in school-based guidance and counseling programs.

Each student's performance could be interpreted based on their empathy level relative to peers. Further analysis was conducted for each component. For Cognitive

Empathy, 172 students (43.65%) were at a moderately high level, and only 23 students (5.84%) scored in the high range. For Emotional Empathy, 68 students (17.26%) demonstrated a high level, while the largest group (137 students, 34.77%) were categorized as having low emotional empathy. In Compassionate Empathy, 34 students (8.63%) fell into the high category, and 135 students (34.26%) were in the low range.

These distributions reflect diverse capacities among early adolescents, offering essential benchmarks for screening, personalized intervention, and progress monitoring in school counseling and psychological services. Normative scores make the EAES applicable for use in developmental assessments and longitudinal studies in Thai educational contexts.

Conclusion

Phase 1 of the study successfully produced a reliable and valid empathy assessment tool for early adolescents in the Thai educational context. The EAES encapsulates a multidimensional understanding of empathy, operationalized through cognitive, emotional, and compassionate domains. Both EFA and CFA results confirmed the structural integrity of the model, while the norm-referenced scoring offers practical value for real-world implementation. The instrument holds promise for use in educational guidance, psychological screening, and program evaluation aimed at fostering empathy in youth. The scale's psychometric soundness and cultural relevance position it as a valuable contribution to the field of adolescent social-emotional assessment.

1.2 Summary of Results in Phase 2

Development and Evaluation of the Group Counseling Program to Enhance Empathy in Early Adolescents

The second phase of this study aimed to develop and evaluate the effectiveness of a group counseling program designed to enhance empathy among early adolescents. This phase involved constructing the program based on validated theoretical models, implementing it with an experimental group, and comparing the outcomes with a control group across pretest, posttest, and follow-up assessments.

1.2.1 Development of the Group Counseling Program

1) The development of the group counseling program began with an extensive review of academic literature, theories, and empirical research relevant to group counseling and empathy enhancement. The goal was to synthesize theoretical concepts and practical techniques to support the developmental needs of early adolescents. The theoretical foundation of the program was based on the three key components of empathy confirmed in Phase 1—Cognitive Empathy (CE), Emotional Empathy (EE), and Compassionate Empathy (PE). Cognitive Empathy refers to the ability to intellectually understand another person's perspective or mental state. Emotional Empathy involves the capacity to emotionally resonate with others' feelings. Compassionate Empathy is characterized by the motivation to take prosocial action in response to another's emotional state.

The results derived from the repeated measures ANOVA and pairwise comparisons clearly demonstrated the effectiveness of the integrative group counseling program in enhancing empathy among early adolescent students. Overall, students in the experimental group exhibited a statistically significant increase in their total empathy scores from the pre-test to the post-test and follow-up stages (p < .05). Specifically, the mean empathy score rose from 3.02 before the intervention to 3.68 after the intervention, and further to 3.81 at follow-up, indicating not only immediate improvements but also sustained effects over time. In contrast, the control group showed a decline in overall empathy levels, with the mean score decreasing from 3.20 at pre-test to 3.00 at post-test and 2.90 at follow-up.

When analyzing the results by empathy dimensions, students in the experimental group experienced significant improvements in both Cognitive Empathy (CE) and Emotional Empathy (EE). Cognitive Empathy showed the most substantial and consistent growth across all three time points, increasing from a mean of 3.85 at pre-test to 4.11 post-intervention, and further to 4.20 at follow-up. The differences were statistically significant (p < .05), indicating that the program was particularly effective in enhancing students' ability to understand others' perspectives—a core objective of the

intervention. Emotional Empathy also improved from 2.69 to 3.52 post-test and slightly to 3.65 at follow-up, demonstrating a meaningful enhancement in students' ability to emotionally resonate with others. Although the increase between post-test and follow-up was not statistically significant, the overall upward trend confirmed the benefit of the counseling sessions.

Regarding Compassionate Empathy (PE), while there was observable improvement in the experimental group's scores, the differences were not statistically significant when compared to the control group (p > .05). This suggests that while students' willingness to act on empathetic feelings increased to some extent, it might require more intensive or longer-term intervention to achieve significant changes in prosocial behavior. The control group, on the other hand, exhibited declines in most empathy domains, especially in CE, which decreased over time. These findings reinforce the necessity of structured psychological support to maintain and develop empathy skills during early adolescence.

In conclusion, the integrative group counseling program—structured around the dimensions validated in Phase 1—proved highly effective in strengthening early adolescents' empathy, particularly in the cognitive and emotional domains. The improvement patterns reflected in the data validate the theoretical foundation of the intervention, which draws on Person-centered, Cognitive-behavioral, Reality therapy principles, Behavioral Techniques, Gestalt Techniques, and Acceptance and Commitment Therapy

The evidence supports the hypothesis that empathy is a malleable construct that can be systematically cultivated through targeted group interventions, especially when guided by developmental and psychological frameworks.

1.2.2 To construct a theoretically sound and culturally appropriate program, the researcher integrated principles from Integrative Counseling e.g., Person-Centered Therapy, Cognitive Behavioral Therapy, Rational Emotive Behavior Therapy, Reality Therapy, Behavioral Techniques, Gestalt Techniques and Acceptance and Commitment Therapy (ACT).

These approaches were systematically selected to align with the developmental and psychosocial characteristics of early adolescents. The final program consisted of ten 90-minute sessions: two sessions were dedicated to each component of empathy (CE, EE, and PE), and additional sessions were allocated for group formation and termination.

The techniques applied in the sessions were specifically designed to cultivate each dimension of empathy:

- For Cognitive Empathy, structured questioning, guided reflection, and future planning exercises were employed to promote perspective-taking and cognitive understanding.
- For Emotional Empathy, activities such as mirroring, emotion identification, storytelling, and role-playing were utilized to facilitate affective connection and emotional attunement.
- For Compassionate Empathy, sessions focused on prosocial planning, moral reasoning, and helping behavior, encouraging students to translate empathetic concern into action.

Each session plan was reviewed and validated by a panel of five experts in counseling psychology, resulting in content validity indices (IOC) ranging were 1.00, indicating strong agreement on the appropriateness and relevance of session content and methods.

1.2.3 Before full implementation, the group counseling program underwent a pilot test with eight early adolescent students whose characteristics closely resembled the target sample group. This phase was intended to evaluate the practical suitability of the program in terms of clarity of language, developmental appropriateness, emotional engagement, and cultural relevance. Feedback from both participants and a panel of experts was used to refine the session content. Some terminology was simplified, session sequences were adjusted, and instructional language was modified to ensure greater accessibility for early adolescents.

The program was divided into three structured phases:

- Initial Phase (Group Formation): This phase focused on building trust, group cohesion, and a sense of emotional security. Techniques such as active listening, silence, empathic reflection, and a name-round were applied. Activities like "Who I Am" and "What Makes Me Feel for Others" supported self-awareness and the initial exploration of empathy.
- Working Phase (Empathy Development): Six sessions were dedicated to developing the three components of empathy:

Cognitive Empathy: Activities included structured discussions, perspective-taking exercises, and narrative-based scenarios to improve cognitive understanding.

Emotional Empathy: Sessions used role-plays, emotional expression cards, storytelling, and mirroring techniques to enhance emotional resonance.

Compassionate Empathy: Focused on planning prosocial responses, using goal-setting techniques like SMART goals, and practicing real-life helping behaviors.

- Termination Phase (Closure and Reflection): In the final sessions, participants were guided to reflect on their personal growth, internal changes, and future applications of empathy. The session utilized Person-Centered Therapy principles including unconditional positive regard and reflective listening to consolidate learning and foster long-term application of empathetic behaviors.

The pilot implementation confirmed that the revised group counseling program was well-received, developmentally aligned, and practically feasible for early adolescents. It provided a strong foundation for full-scale application in the main intervention.

2. Discussion

2.1 Discussion of Results in Phase 1

Phase of this research aimed to develop and validate an empathy assessment scale for early adolescents aged 10–14. The findings from the exploratory

factor analysis (EFA) and confirmatory factor analysis (CFA) confirmed a three-factor structure comprising Cognitive Empathy, Emotional Empathy, and Compassionate Empathy. These components align with the theoretical perspectives of Decety and Jackson (2004), who emphasized that empathy is a multi-dimensional construct involving understanding others' perspectives, resonating with others' emotions, and expressing concern for others' well-being. The standardized factor loadings obtained from the CFA ranged from 0.61 to 0.87, indicating strong convergent validity of all items within each factor.

The empirical support for this three-dimensional structure reflects the developmental appropriateness of these components for early adolescents, a group undergoing rapid changes in cognitive, emotional, and social domains. According to Piaget's theory of cognitive development, individuals at this stage begin to engage in more abstract thinking and perspective-taking, which corresponds with the cognitive empathy dimension. Similarly, Goleman (1995) and Hoffman (2000) emphasized that emotional and compassionate responses to others can be nurtured through social learning and guidance, especially during adolescence, when social sensitivity increases.

Furthermore, the results supported Hypothesis 1, which posited a significant relationship among the three components of empathy. These dimensions were found to be interrelated yet distinct, reinforcing the theoretical model and justifying their inclusion in a comprehensive empathy assessment tool. The validation process also confirmed Hypothesis 2, which proposed that the model would demonstrate good fit with empirical data. The model fit indices such as CFI, TLI, RMSEA, and χ^2 /df all fell within acceptable ranges, indicating the scale's structural validity.

The norms developed for the empathy scale—classified by percentile and T-score—fulfilled Hypothesis 3. These norms allow for standardized comparison across groups, providing a practical framework for identifying students with lower or higher levels of empathy. Such normative benchmarks are especially valuable for educators, counselors, and psychologists working in Thai schools, where culturally relevant assessment tools are scarce.

In summary, the results from Phase 1 demonstrated that the empathy scale is a psychometrically sound and culturally appropriate instrument for assessing empathy in early adolescents. The three-factor model is theoretically grounded and empirically supported, providing a strong foundation for further intervention design in Phase 2. The results also support the feasibility of using this tool for both research and applied purposes in school counseling and mental health screening contexts.

This phase of the research focused on developing a culturally appropriate and psychometrically sound empathy assessment scale for early adolescents, addressing three core hypotheses. Each hypothesis was examined through rigorous quantitative and qualitative analyses, and the findings provide strong support for the scale's theoretical foundations and practical applications.

Hypothesis 1: There is a significant relationship between the components of early adolescent students in cognitive empathy, emotional empathy, and compassionate empathy.

The confirmatory factor analysis (CFA) results demonstrated that the three components—Cognitive Empathy (CE), Emotional Empathy (EE), and Compassionate Empathy (PE)—were statistically interrelated yet distinct. Standardized factor loadings across the model ranged from 0.61 to 0.87, indicating strong internal consistency and construct validity. These findings are consistent with Decety and Jackson's (2004) model, which suggests that empathy comprises separable but related cognitive, emotional, and motivational components. This supports the theoretical notion that empathy is a multi-dimensional construct, especially during early adolescence when cognitive development allows for perspective-taking, and emotional capacities are maturing (Goleman, 1995; Hoffman, 2000).

Hypothesis 2: The model developed for measuring empathy demonstrates good fit with empirical data, indicating its validity and reliability as a measurement tool.

The model's goodness-of-fit indices (e.g., CFI > .95, RMSEA < .06) confirmed the model's structural soundness. Each of the three latent variables significantly explained their observed indicators, and the internal consistency of the subscales was

also acceptable (Cronbach's alpha > .80). The validation process followed both EFA and CFA procedures and confirmed the theoretical three-factor structure derived from empirical data. This confirms the model's applicability for use in educational and psychological settings, especially for early adolescent populations in Thai schools.

Hypo 3: The norms developed for the empathy scale tailored for early adolescent students accurately represent the empathy levels within this population, providing a standardized benchmark for comparison.

T-score and percentile-based norms were established using a representative sample of Thai early adolescents aged 10–14. The distribution was normal across all subscales, allowing for effective identification of students who score below, within, or above the average range. These normative data can be used as a screening tool to identify students who may benefit from targeted social-emotional interventions or counseling services. In addition, the availability of culturally relevant norms addresses a gap in Thai educational and psychological assessment practices.

In conclusion, Phase 1 successfully met all three research hypotheses. The empathy scale developed demonstrates solid theoretical underpinnings, excellent psychometric properties, and practical relevance. It provides educators, counselors, and researchers with a reliable instrument to assess empathy in early adolescence—an age where emotional and interpersonal development is especially critical. The findings lay a strong foundation for designing the intervention program in Phase 2.

2.2 Discussion of Results in Phase 2

- 2.2.1 The group counseling program was delivered to an experimental group, while a control group received no intervention. The Empathy Scale for Early Adolescents (EAES) was administered at three time points: pretest, posttest, and four-week follow-up to assess changes in empathy levels.
- 2.2.2 The effectiveness of the integrative group counseling program in enhancing empathy among early adolescents was further validated by repeated measures ANOVA results. According to the analysis, overall empathy scores varied significantly between the experimental and control groups across three assessment

points—pre-test, post-test, and four-week follow-up. Mauchly's Test of Sphericity (W = 0.21, p = .01) confirmed that the assumption of equal variances for repeated measures was met, supporting the appropriateness of the chosen statistical model.

The analysis revealed a statistically significant main effect of group (F = 19.32, df = 1, p = .00), indicating that students who received the group counseling intervention demonstrated significantly higher empathy scores than those in the control group. This finding supports Hypothesis 3 of Phase 2, which posited that students in the experimental group would exhibit greater improvements in empathy compared to the control group. Furthermore, a significant main effect of time was also found (F = 20.20, df = 1.11, p = .00), suggesting that empathy levels among participants changed significantly across the pre-test, post-test, and follow-up stages.

Most notably, a statistically significant interaction effect between group and time (F = 88.64, df = 1.11, p = .00) was observed. This confirms that the pattern of change in empathy scores over time differed between the two groups, thereby reinforcing the effectiveness of the intervention over time. These findings directly support Hypotheses 1 and 2 of Phase 2, which proposed that the group counseling program would lead to immediate improvements in empathy (post-intervention) and that these improvements would be sustained over time (follow-up assessment).

To further examine the nature of these differences, Bonferroni post hoc tests were conducted. The results revealed statistically significant increases in empathy from pre-test to post-test and from pre-test to follow-up in the experimental group, while no such significant changes were found in the control group. These outcomes reinforce the idea that the structured group counseling sessions had a meaningful and lasting impact on the development of empathy in early adolescents.

Overall, the statistical evidence from this phase provides strong empirical support for the effectiveness and sustainability of the integrative group counseling model, aligning with the core theoretical assumption that empathy, though partially trait-based, can be developed through structured psychosocial interventions when tailored to adolescents' developmental needs.

2.2.3 In the follow-up analysis of the experimental and control groups, mean empathy scores across all three components—Cognitive Empathy (CE), Emotional Empathy (EE), and Compassionate Empathy (PE)—demonstrated distinct trends. For the experimental group, CE consistently showed the highest mean at all stages, rising from 3.85 (SD = 0.19) in the pretest to 4.11 (SD = 0.19) posttest and 4.20 (SD = 0.19) at follow-up, indicating sustained cognitive development. EE improved markedly from 2.69 (SD = 0.31) to 3.52 (SD = 0.51) and then slightly to 3.57 (SD = 0.41), while PE also showed a consistent upward trend from 2.51 (SD = 0.68) to 3.40 (SD = 0.43) and 3.65 (SD = 0.47). In contrast, the control group showed a gradual decline across most components. CE declined from 4.02 (SD = 0.51) to 3.65 (SD = 0.47) and 3.49 (SD = 0.36), EE decreased slightly from 2.77 (SD = 0.38) to 2.63 (SD = 0.35) and 2.59 (SD = 0.29), and PE dropped from 2.81 (SD = 0.50) to 2.73 (SD = 0.45) and 2.63 (SD = 0.43). These contrasting trajectories further support the effectiveness and durability of the intervention in enhancing empathy, particularly in cognitive and compassionate domains, while also highlighting the absence of growth in the control group

2.2.4 No significant difference was observed between posttest and follow-up scores in any component, reinforcing the durability of the intervention's outcomes. The findings collectively support the effectiveness and sustainability of the group counseling program.

2.2.5 Comparative Analysis of Empathy Scores: Experimental vs. Control Group

The comparative analysis between the experimental and control groups demonstrated a statistically significant interaction effect between group and time across all three components of empathy.

For Cognitive Empathy, the experimental group showed significant improvement between pretest and posttest (p < .001) and between pretest and follow-up (p < .001), while the control group did not show statistically significant changes.

For Emotional Empathy, significant gains were observed in the experimental group between pretest and posttest (p < .001), and between pretest and follow-up (p < .001), whereas the control group remained unchanged.

For Compassionate Empathy, the experimental group exhibited consistent gains across both posttest and follow-up compared to pretest (p < .001), while no significant differences were found within the control group.

These results affirm the effectiveness of the group counseling program in enhancing empathy among early adolescents. The program produced measurable and sustained improvements in all three components, while the control group's empathy levels remained statistically unchanged across time.

The second phase of this study aimed to evaluate the effectiveness of an integrative group counseling program in enhancing empathy among early adolescents with low initial empathy scores. The intervention was designed in alignment with three hypotheses. The findings confirmed all three hypotheses and are discussed in detail below.

The first hypothesis proposed that students who participated in the integrative group counseling program would exhibit a significant increase in empathy scores from baseline. This was supported by the repeated measures ANOVA, which revealed a statistically significant increase in overall empathy scores across the three measurement points—pretest, posttest, and follow-up (F = 210.59, p < .001). Bonferroni post hoc analysis further confirmed substantial gains from pretest (M = 2.86, SD = 0.05) to posttest (M = 4.29, SD = 0.10), which were maintained at follow-up (M = 4.28, SD = 0.11). This trend indicates that the group counseling program was effective in fostering immediate and observable improvements in empathy, supporting Hypothesis 1 of Phase 2.

The second hypothesis predicted that these empathy gains would be sustained over time. The data confirmed this, as no statistically significant differences were found between posttest and follow-up scores across all three components—Cognitive Empathy (CE), Emotional Empathy (EE), and Compassionate Empathy (PE).

This suggests that the intervention produced lasting effects, not just short-term change, thereby validating Hypothesis 2. The sustained impact may be attributed to the use of techniques from Person-Centered Therapy, Cognitive Behavioral Therapy (CBT), Reality Therapy, and Rational Emotive Behavior Therapy (REBT), all of which emphasized internal reflection, emotional awareness, and behavioral rehearsal. The group format likely enhanced peer learning and social reinforcement, contributing to long-term retention of empathic behaviors.

Hypothesis 3, which asserted that students in the experimental group would show greater improvements in empathy than those in the control group, was also supported. The comparative analysis between experimental and control groups demonstrated statistically significant interaction effects between group and time across all components of empathy. While the experimental group showed marked increases in CE (from M = 3.85 to 4.20), EE (from M = 2.69 to 3.57), and PE (from M = 2.51 to 3.65), the control group showed either a decline or negligible change over time. These group differences confirm that the observed improvements were not due to maturation or external factors but were attributable to the intervention itself.

Furthermore, the structure of the program—divided into eight sessions covering all three components of empathy—ensured balanced development across cognitive, emotional, and compassionate domains. The use of experiential learning, modeling, role-play, guided reflection, and real-life application tasks allowed students to internalize and generalize empathic responses. Notably, Cognitive Empathy emerged as the most improved and most sustained domain, aligning with prior findings that perspective-taking is particularly amenable to structured learning among adolescents.

The results affirm that empathy is a dynamic and malleable construct during early adolescence and can be enhanced through well-structured, theory-driven group interventions. The program's success also supports the integration of developmental and therapeutic frameworks into school-based mental health practices. These findings have important implications for educational policy, suggesting that

empathy training can play a crucial role in fostering prosocial behavior, emotional regulation, and peer relationships in school settings.

Although all three components of empathy—Cognitive, Emotional, and Compassionate—showed statistically significant improvements in the experimental group following the intervention, a closer examination reveals that Cognitive Empathy exhibited the smallest increase in mean scores compared to the other two components. One plausible explanation for this trend lies in the developmental characteristics of early adolescence, which typically spans the ages of 10 to 14. During this period, early adolescents begin to develop more abstract thinking and perspective-taking abilities, which form the basis of cognitive empathy. As such, many students may have already possessed a relatively higher baseline capacity to intellectually understand others' thoughts or viewpoints, which is reflected in the pretest data showing the highest initial mean score in the Cognitive Empathy component. This ceiling effect may have limited the extent of measurable improvement post-intervention, despite the structured cognitive exercises included in the group counseling program. In contrast, Emotional and Compassionate Empathy are more affective and behavioral in nature. These components often require the development of emotional regulation, self-awareness, and interpersonal sensitivity—skills that are still maturing during early adolescence. Group counseling activities that emphasized emotional sharing, role-play, and collaborative reflection may have provided a rich environment for nurturing these aspects. As a result, both Emotional and Compassionate Empathy showed greater gains, suggesting that affective and prosocial dimensions of empathy are more malleable and responsive to structured group interventions at this developmental stage. Furthermore, early adolescents are in the process of forming deeper peer relationships and seeking social belonging, which aligns well with the goals of the intervention. The emphasis on mutual support, emotional expression, and understanding others' feelings in the counseling sessions likely resonated with their social-emotional developmental needs, leading to significant growth in the emotional and compassionate domains. Overall, while Cognitive Empathy is essential and was reinforced by the intervention, the relatively smaller increase in this

domain appears to reflect both the developmental readiness of early adolescents and the initially higher baseline scores, rather than a lack of program effectiveness.

In evaluating the effectiveness of the group counseling intervention, it is worth highlighting the integrative use of multiple psychological techniques, which contributed meaningfully to the observed improvements in empathy. The program blended core principles from Person-Centered Therapy, Cognitive Behavioral Therapy (CBT), Rational Emotive Behavior Therapy (REBT), Reality Therapy, Behavioral Techniques, Gestalt Techniques and Acceptance commitment therapy, creating a holistic and developmentally appropriate framework. For instance, Person-Centered techniques, such as unconditional positive regard and reflective listening, fostered a safe emotional climate where students felt accepted and were encouraged to express their feelings without judgment. This foundational trust was essential for deeper emotional work.

CBT and REBT-based techniques helped students identify and challenge irrational thoughts, particularly those interfering with perspective-taking or empathetic understanding. Activities involving reframing and thought-record exercises enabled students to better understand others' intentions and feelings, thereby enhancing cognitive and emotional empathy. Reality Therapy introduced goal-oriented reflection and personal accountability, prompting students to consider the impact of their actions on others—a critical step toward developing compassionate empathy.

Behavioral rehearsal, role-playing, and Gestalt-based empty chair dialogues further enriched the sessions by offering students experiential opportunities to practice empathy in real-life situations. These action-oriented techniques allowed students to "step into others' shoes," thereby strengthening both emotional resonance and prosocial motivation. The combination of these diverse, evidence-based techniques was instrumental in ensuring that the intervention was not only theoretically grounded but also practically effective in fostering meaningful, sustained empathy growth among early adolescents.

Conclusion

Phase 2 successfully developed and validated a structured, culturally responsive group counseling program that effectively enhanced empathy in early adolescents. The program produced significant and enduring improvements in cognitive, emotional, and compassionate dimensions of empathy, underscoring its relevance and potential for practical application in school counseling and adolescent mental health initiatives. By integrating theory-driven practices, emotional engagement, and developmentally appropriate strategies, the program provides a replicable model for fostering prosocial development and emotional intelligence among youth.

3. Suggestions

3.1 Suggestions for Theory and Practice

3.1.1 Utilization of the Empathy Scale in Schools

The Early Adolescent Empathy Scale (EAES), developed through rigorous empirical and theoretical processes, demonstrated strong psychometric properties and cultural relevance. Educators, school psychologists, and counselors are encouraged to use the EAES as a valid tool for assessing empathy levels among early adolescent students. It may serve as a screening instrument to identify students in need of emotional or social support and to monitor progress over time.

3.1.2 Component-Based Analysis for Targeted Interventions

Given that the EAES includes three distinct components—Cognitive Empathy (CE), Emotional Empathy (EE), and Compassionate Empathy (PE)—schools can use this structure to assess which aspect of empathy may require development among students. This facilitates the design of targeted activities or programs that focus on specific components such as emotional awareness or prosocial behavior.

3.1.3 Addressing Developmental Needs in Empathy Training

Findings indicated that Cognitive Empathy was the weakest component among participants. Educational institutions should consider integrating perspective-taking activities and reflective exercises into their curricula or guidance programs to

strengthen this domain, especially for students in early adolescence who are still developing abstract reasoning and theory of mind skills.

1) Use of Norm-Referenced Scores for Classification

The norm-referenced scores, including T-score conversions and percentile ranks, offer a structured method for interpreting individual or group performance. Practitioners can categorize empathy levels as low, moderately low, moderately high, or high, enabling strategic planning in social-emotional learning (SEL) and psychological support services.

2) Implementation of the Group Counseling Program

The integrative group counseling program developed in Phase 2 has shown effectiveness in enhancing empathy. If adopted by other practitioners, facilitators should be well-versed in group counseling principles and developmentally appropriate psychological techniques. The program should be delivered in a structured, supportive environment with clear objectives and participant engagement to ensure optimal impact.

3.2 Suggestions for Future Research

3.2.1 Broader Population Studies

Future studies should explore the empathy levels of early adolescents in other regions or educational settings to enhance generalizability. Cross-site comparisons would help in identifying contextual differences and refining the scale for broader use.

3.2.2 Examination of Environmental and Personal Factors

Researchers should investigate the role of family dynamics, peer relationships, and school environments on the development of empathy. Identifying such factors could lead to more comprehensive intervention strategies.

3.2.3 Development of Empathy Measures Across Age Groups

It is recommended to extend the development of empathy measurement tools to other educational levels, such as upper primary or late adolescence. This would enable longitudinal studies and comparative analyses across developmental stages.

3.2.4 Exploration of Diverse Counseling Techniques

Future interventions could experiment with various counseling frameworks (e.g., cognitive-behavioral, mindfulness-based, narrative therapy) to determine which methods are most effective in cultivating empathy in different cultural or educational contexts.

3.2.5 Long-Term Follow-Up Studies

Longitudinal follow-up studies should be conducted at 3-month and 6-month intervals to assess the sustainability of intervention effects and the natural progression of empathy development over time. This would provide valuable insights into the lasting influence of empathy-based interventions.

Academic Aspects:

- 1. The findings contribute to the understanding of the developmental process of empathy scales, enriching psychological theories related to empathy.
- 2. This understanding aids in the continuous development of social skills among early adolescent students.
- 3. The development of an efficient empathy scale for measuring and evaluating empathy levels globally supports the empathy development of early adolescent students worldwide.

4. Limitations of Study

This study, while rigorously designed and implemented, contains several limitations that should be acknowledged in order to contextualize the findings and guide future research.

Firstly, instrument-related limitations stem from the use of illustrated situational items in the empathy scale. While visual stimuli were selected to evoke emotional responses and mirror real-life scenarios—as is common in prior research—the interpretation of images may vary across individuals and cultural contexts. Despite the application of the Index of Item-Objective Congruence (IOC) by a panel of qualified experts, some ambiguity in item interpretation may have persisted. Future iterations of the instrument may benefit from the inclusion of brief captions or narrative descriptions

beneath each image to improve clarity while retaining the affective engagement that illustrations offer.

Secondly, sampling limitations must be considered. The study's participants were drawn solely from upper primary and lower secondary schools located in urban areas of Bangkok. As such, the generalizability of findings to other educational levels, rural populations, or students in different regions—such as those in private or international schools—may be limited. Further research is recommended to validate the instrument and intervention program across a broader and more diverse demographic.

Thirdly, external factors and uncontrolled variables may have influenced participants' responses. Empathy development is subject to multiple environmental and psychosocial influences, including family dynamics, peer relationships, exposure to media, and school culture. Additionally, students' momentary emotional states or motivation levels during the assessment sessions may have affected their engagement or accuracy in completing the empathy scale.

Fourthly, limitations related to data collection procedures should be noted. Although online administration of the empathy scale could have offered greater reach and efficiency, the researcher opted for in-person data collection to ensure a controlled setting. This decision aimed to minimize distractions, allow for standardized explanations, and reduce the risk of rushed or misunderstood responses. However, this approach limited the geographical scope and scalability of data collection.

In conclusion, while these limitations do not undermine the study's core findings, they offer important considerations for future replications, scale adaptations, and broader applications in diverse educational and cultural settings.

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APPENDIX A

List of Experts for Equipment Inspection

รายชื่อผู้เชี่ยวชาญในการให้ข้อมูลแบบสอบถามเชิงลึก ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้น

1. รองศาสตราจารย์ ดร.มณฑิรา จารุเพ็ง

อาจารย์ประจำ สาขาจิตวิทยาการแนะแนว

ภาควิชาการแนะแนวและจิตวิทยาการศึกษา

มหาวิทยาลัยศรีนครินทรวิโรฒ

2. รองศาสตราจารย์ ดร.สกล วรเจริญศรี

อาจารย์ประจำ สาขาจิตวิทยาการแนะแนว

ภาควิชาการแนะแนวและจิตวิทยาการศึกษา

มหาวิทยาลัยศรีนครินทรวิโรฒ

3. อาจารย์ ดร.อสมา คัมภิรานนท์

อาจารย์ประจำ สาขาจิตวิทยาการแนะแนว

ภาควิชาการแนะแนวและจิตวิทยาการศึกษา

มหาวิทยาลัยศรีนครินทรวิโรฒ



บันทึกข้อความ

ส่วนงาน งานบริหารและธุรการ บัณฑิตวิทยาลัย โทร. 12412

ที่ อว 8718.1/1282

วันที่ 16 ตุลาคม 2567

เรื่อง ขอความอนุเคราะห์เชิญบุคลากรในสังกัดเป็นผู้เชี่ยวชาญ

เรียน คณบดีคณะศึกษาศาสตร์

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยา การศึกษาและการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนา แบบวัดความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้ คำปรึกษากลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรชิต แสนอุบล เป็นอาจารย์ที่ปรึกษาปริญญานิพนธ์

ในการนี้ บัณฑิตวิทยาลัยขอเรียนเชิญ รองศาสตราจารย์ ดร.มณฑิรา จารุเพ็ง รองศาสตราจารย์ ดร.สกล วรเจริญศรี และอาจารย์ ดร.อสมา คัมภิรานนท์ เป็นผู้เชี่ยวชาญตรวจแบบสอบถาม เชิงลึก ทั้งนี้ นิสิตได้ติดต่อประสานงานเบื้องต้นกับบุคลากรของท่านแล้ว และจะประสานงานในรายละเอียด ดังกล่าวต่อไป สามารถสอบถามข้อมูลเพิ่มเติมกรุณาติดต่อนิสิต โทร. 085 914 5326

จึงเรียนมาเพื่อขอความอนุเคราะห์บุคลากรในสังกัดเป็นผู้เชี่ยวชาญ ให้ นางสาวศิระวรรณ พิชิตชัยโสภา และขอขอบพระคุณมา ณ โอกาสนี้

Hora Q.

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล)
คณบดีบัณฑิตวิทยาลัย

รายชื่อผู้เชี่ยวชาญในการตรวจแบบวัดความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้น

1. รองศาสตราจารย์ ดร.สกล วรเจริญศรี อาจารย์ประจำ สาขาจิตวิทยาการแนะแนว ภาควิชาการแนะแนวและจิตวิทยาการศึกษา

มหาวิทยาลัยศรีนครินทรวิโรฒ

2. อาจารย์ ดร. สิทธิพร ครามานนท์ อาจารย์ประจำ สถาบันวิจัยพฤติกรรมศาสตร์

ภาควิชาการ เชี่ยวชาญจิตวิทยาการปรึกษา

มหาวิทยาลัยศรีนครินทรวิโรฒ

3. รองศาสตราจารย์ สักกพัฒน์ งามเอก อาจารย์ประจำ แขนงวิชาจิตวิทยาพัฒนาการ

คณะจิตวิทยา จุฬาลงกรณ์มหาวิทยาลัย

4. อาจารย์ ดร. ณัฐกา สงวนวงษ์ อาจารย์ประจำ สาขาการแนะแนวและจิตวิทยา

การศึกษา

ภาควิชาการศึกษา คณะครุศาสตร์อุตสาหกรรม

มหาวิทยาลัยเทคโนโลยีราชมงคลธัญบุรี

5. รองศาสตราจารย์ ดร.ชุติมา สุรเศรษฐ อาจารย์ประจำ ภาควิชาวิจัยและจิตวิทยา

การศึกษา คณะครุศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย

6. ผู้ช่วยศาสตราจารย์ดร. สาธร ใจตรง อาจารย์ประจำ สาขาจิตวิทยา

คณะศึกษาศาสตร์

มหาวิทยาลัยราชภัฎจันทรเกษม



บันทึกข้อความ

ส่วนงาน งานบริหารและธุรการ บัณฑิตวิทยาลัย โทร. 12412

ที่ อว 8718.1/1154

วันที่ 23 กันยายน 2567

เรื่อง ขอความอนุเคราะห์เชิญบุคลากรในสังกัดเป็นผู้เชี่ยวชาญ

เรียน คณบดีคณะศึกษาศาสตร์

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยาการศึกษา
และการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนาแบบวัด
ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษา
กลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรชิต แสนอุบล เป็น
อาจารย์ที่ปรึกษาปริญญานิพนธ์

ในการนี้ บัณฑิตวิทยาลัยขอเรียนเชิญ รองศาสตราจารย์ ดร.สกล วรเจริญศรี เป็นผู้เชี่ยวชาญ ตรวจแบบวัดความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้น ทั้งนี้ นิสิตได้ติดต่อประสานงานเบื้องต้นกับ บุคลากรของท่านแล้ว และจะประสานงานในรายละเอียดดังกล่าวต่อไป สามารถสอบถามข้อมูลเพิ่มเติมได้ที่ โทร. 085 914 5326

จึงเรียนมาเพื่อขอความอนุเคราะห์บุคลากรในสังกัดเป็นผู้เขี่ยวชาญให้ นางสาวศิระวรรณ พิชิตชัยโสภา และขอขอบพระคุณมา ณ โอกาสนี้

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล)
คณบดีบัณฑิตวิทยาลัย

poure 2.



บันทึกข้อความ

ส่วนงาน งานบริหารและธุรการ บัณฑิตวิทยาลัย โทร. 12412

ที่ อว 8718.1/1154

วันที่ 23 กันยายน 2567

เรื่อง ขอความอนุเคราะห์เชิญบุคลากรในสังกัดเป็นผู้เชี่ยวชาญ

เรียน ผู้อำนวยการสถาบันวิจัยพฤติกรรมศาสตร์

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยาการศึกษา และการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนาแบบวัด ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษา กลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรชิต แสนอุบล เป็น อาจารย์ที่ปรึกษาปริญญานิพนธ์

ในการนี้ บัณฑิตวิทยาลัยขอเรียนเชิญ อาจารย์ ดร.สิทธิพร ครามานนท์ เป็นผู้เชี่ยวชาญตรวจ แบบวัดความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้น ทั้งนี้ นิสิตได้ติดต่อประสานงานเบื้องต้นกับบุคลากรของท่านแล้ว และจะประสานงานในรายละเอียดดังกล่าวต่อไป สามารถสอบถามข้อมูลเพิ่มเติมได้ที่ โทร. 085 914 5326

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล)
คณบดีบัณฑิตวิทยาลัย



บัณฑิตวิทยาลัย มหาวิทยาลัยศรีนครินทรวิโรฒ 114 สุขุมวิท 23 แขวงคลองเตยเหนือ เขตวัฒนา กรุงเทพฯ 10110

23 กันยายน 2567

เรื่อง ขอความอนุเคราะห์เชิญบุคลากรในสังกัดเป็นผู้เชี่ยวชาญ

เรียน คณบดีคณะจิตวิทยา จุฬาลงกรณ์มหาวิทยาลัย

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยาการศึกษา และการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนาแบบวัด ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษา กลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรชิต แสนอุบล เป็น อาจารย์ที่ปรึกษาปริญญานิพนธ์

ในการนี้ บัณฑิตวิทยาลัยขอเรียนเชิญ รองศาสตราจารย์สักกพัฒน์ งามเอก เป็นผู้เชี่ยวชาญตรวจ แบบวัดความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้น ทั้งนี้ นิสิตได้ติดต่อประสานงานเบื้องต้นกับบุคลากรของท่านแล้ว และจะประสานงานในรายละเอียดดังกล่าวต่อไป

จึงเรียนมาเพื่อขอความอนุเคราะห์บุคลากรในสังกัดเป็นผู้เชี่ยวชาญ ให้ นางสาวศิระวรรณ พิชิตชัยโสภา และขอขอบพระคุณมา ณ โอกาสนี้

ขอแสดงความนับถือ

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล) คณบดีบัณฑิตวิทยาลัย

สำนักงานคณบดีบัณฑิตวิทยาลัย

โทร. 0 2649 5064



บัณฑิตวิทยาลัย มหาวิทยาลัยศรีนครินทรวิโรฒ 114 สุขุมวิท 23 แขวงคลองเตยเหนือ เขตวัฒนา กรุงเทพฯ 10110

23 กันยายน 2567

เรื่อง ขอความอนุเคราะห์เชิญบุคลากรในสังกัดเป็นผู้เชี่ยวชาญ

เรียน คณบดีคณะอุตสาหกรรม มหาวิทยาลัยเทคโนโลยีราชมงคลธัญบุรี

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยาการศึกษา และการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนาแบบวัด ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษา กลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรชิต แสนอุบล เป็น อาจารย์ที่ปรึกษาปริญญานิพนธ์

ในการนี้ บัณฑิตวิทยาลัยขอเรียนเชิญ อาจารย์ ดร.ณัฐกา สงวนวงษ์ เป็นผู้เชี่ยวชาญตรวจแบบวัด ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้น ทั้งนี้ นิสิตได้ติดต่อประสานงานเบื้องต้นกับบุคลากรของท่านแล้ว และจะประสานงานในรายละเอียดดังกล่าวต่อไป

จึงเรียนมาเพื่อขอความอนุเคราะห์บุคลากรในสังกัดเป็นผู้เชี่ยวชาญ ให้ นางสาวศิระวรรณ พิชิตชัยโสภา และขอขอบพระคุณมา ณ โอกาสนี้

ขอแสดงความนับถือ

2000 Q.

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล)
คณบดีบัณฑิตวิทยาลัย

สำนักงานคณบดีบัณฑิตวิทยาลัย

โทร. 0 2649 5064



บัณฑิตวิทยาลัย มหาวิทยาลัยศรีนครินทรวิโรฒ 114 สุขุมวิท 23 แขวงคลองเตยเหนือ เขตวัฒนา กรุงเทพฯ 10110

23 กันยายน 2567

เรื่อง ขอความอนุเคราะห์เชิญบุคลากรในสังกัดเป็นผู้เชี่ยวชาญ

เรียน คณบดีคณะครุศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยาการศึกษา และการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนาแบบวัด ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษา กลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรชิต แสนอุบล เป็น อาจารย์ที่ปรึกษาปริญญานิพนธ์

ในการนี้ บัณฑิตวิทยาลัยขอเรียนเชิญ ผู้ช่วยศาสตราจารย์ ดร.ชุติมา สุรเศรษฐ เป็นผู้เชี่ยวชาญ ตรวจแบบวัดความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้น ทั้งนี้ นิสิตได้ติดต่อประสานงานเบื้องต้นกับบุคลากร ของท่านแล้ว และจะประสานงานในรายละเอียดดังกล่าวต่อไป

จึงเรียนมาเพื่อขอความอนุเคราะห์บุคลากรในสังกัดเป็นผู้เชี่ยวชาญ ให้ นางสาวศิระวรรณ พิชิตชัยโสภา และขอขอบพระคุณมา ณ โอกาสนี้

ขอแสดงความนับถือ

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล)

คณบดีบัณฑิตวิทยาลัย

สำนักงานคณบดีบัณฑิตวิทยาลัย

โทร. 0 2649 5064



บัณฑิตวิทยาลัย มหาวิทยาลัยศรีนครินทรวิโรฒ 114 สุขุมวิท 23 แขวงคลองเตยเหนือ เขตวัฒนา กรุงเทพฯ 10110

24 ตุลาคม 2567

เรื่อง ขอความอนุเคราะห์เชิญบุคลากรในสังกัดเป็นผู้เชี่ยวชาญ

เรียน คณบดีคณะศึกษาศาสตร์ มหาวิทยาลัยราชภัฏจันทรเกษม

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยา การศึกษาและการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนา แบบวัดความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้ คำปรึกษากลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรชิต แสนอุบล เป็นอาจารย์ที่ปรึกษาปริญญานิพนธ์ เป็นอาจารย์ที่ปรึกษาปริญญานิพนธ์

ในการนี้ บัณฑิตวิทยาลัยขอเรียนเชิญ ผู้ช่วยศาสตราจารย์ ดร.สาธร ใจตรง เป็นผู้เชี่ยวชาญ ตรวจแบบวัดความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้น ทั้งนี้ นิสิตได้ติดต่อประสานงานเบื้องต้นกับ บุคลากรของท่านแล้ว และจะประสานงานในรายละเอียดดังกล่าวต่อไป

จึงเรียนมาเพื่อขอความอนุเคราะห์เชิญบุคลากรในสังกัดเป็นผู้เชี่ยวชาญ ให้ นางสาวศิระวรรณ พิชิตชัยโสภา และขอขอบพระคุณมา ณ โอกาสนี้

ขอแสดงความนับถือ

(อาจารย์ ดร.วงศ์วิทย์ เสนะวงศ์)

รองคณบดีฝ่ายบริหารและวางแผน รักษาการแทน คณบดีบัณฑิตวิทยาลัย

สำนักงานคณบดีบัณฑิตวิทยาลัย

โทร. 0 2649 5064

รายชื่อผู้ทรงคุณวุฒิในการตรวจการให้คำปรึกษากลุ่มแบบบูรณาการ เพื่อเสริมสร้างความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้น

1. รองศาสตราจารย์ ดร.มณฑิรา จารุเพ็ง อาจารย์ประจำสาขาจิตวิทยาการแนะแนว

ภาควิชาการแนะแนวและจิตวิทยาการศึกษา

มหาวิทยาลัยศรีนครินทรวิโรฒ

2. รองศาสตราจารย์ ดร.สกล วรเจริญศรี อาจารย์ประจำสาขาจิตวิทยาการแนะแนว

ภาควิชาการแนะแนวและจิตวิทยาการศึกษา

มหาวิทยาลัยศรีนครินทรวิโรฒ

3. อาจารย์ ดร.ณัฐกา สงวนวงษ์ อาจารย์ประจำสาขาการแนะแนวและจิตวิทยา

การศึกษา ภาควิชาการศึกษา คณะครุศาสตร์

อุตสาหกรรม

มหาวิทยาลัยเทคโนโลยีราชมงคลธัญบุรี

4. อาจารย์ ดร.อสมา คัมภิรานนท์ อาจารย์ประจำสาขาจิตวิทยาการแนะแนว

ภาควิชาการแนะแนวและจิตวิทยาการศึกษา

มหาวิทยาลัยศรีนครินทรวิโรฒ

5. ผู้ช่วยศาสตรจารย์ ดร. สาธร ใจตรง อาจารย์

อาจารย์ประจำสาขาจิตวิทยา

คณะศึกษาศาสตร์

มหาวิทยาลัยราชภัฎจันทรเกษม



บันทึกข้อความ

ส่วนงาน งานบริหารและธุรการ บัณฑิตวิทยาลัย โทร. 12412

ที่ อว 8718.1/184

วันที่ 4 กุมภาพันธ์ 2568

เรื่อง ขอความอนุเคราะห์เชิญบุคลากรในสังกัดเป็นผู้เชี่ยวชาญ

เรียน คณบดีคณะศึกษาศาสตร์

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยาการศึกษา
และการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนาแบบวัด
ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษา
กลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรชิต แสนอุบล เป็น
อาจารย์ที่ปรึกษาปริญญานิพนธ์

ในการนี้ บัณฑิตวิทยาลัยขอเรียนเชิญ รองศาสตราจารย์ ดร.มณฑิรา จารุเพ็ง และ รองศาสตราจารย์ ดร.สกล วรเจริญศรี เป็นผู้เชี่ยวชาญตรวจโปรแกรมการเสริมสร้างความเห็นอกเห็นใจ โดยรูปแบบการให้คำปรึกษากลุ่มแบบบูรณาการ (สำหรับนักเรียนวัยรุ่นตอนต้น) ทั้งนี้ นิสิตได้ติดต่อประสานงาน เบื้องต้นกับบุคลากรของท่านแล้ว และจะประสานงานในรายละเอียดดังกล่าวต่อไป สามารถสอบถามข้อมูล เพิ่มเติมได้ที่โทร. 085 914 5326

จึงเรียนมาเพื่อขอความอนุเคราะห์เชิญบุคลากรในสังกัดเป็นผู้เชี่ยวชาญ ให้ นางสาวศิระวรรณ พิชิตชัยโสภา และขอขอบพระคุณมา ณ โอกาสนี้

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล)
คณบดีบัณฑิตวิทยาลัย

Love Q.



บัณฑิตวิทยาลัย มหาวิทยาลัยศรีนครินทรวิโรฒ 114 สุขุมวิท 23 แขวงคลองเตยเหนือ เขตวัฒนา กรุงเทพฯ 10110

4 กุมภาพันธ์ 2568

เรื่อง ขอความอนุเคราะห์บุคลากรในสังกัดเป็นผู้เชี่ยวชาญ

เรียน คณบดีคณะครุศาสตร์อุตสาหกรรม มหาวิทยาลัยเทคโนโลยีราชมงคลธัญบุรี

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยาการศึกษา และการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนาแบบวัด ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษา กลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรชิต แสนอุบล เป็น อาจารย์ที่ปรึกษาปริญญานิพนธ์

ในการนี้ บัณฑิตวิทยาลัยขอเรียนเชิญ อาจารย์ ดร.ณัฐกา สงวนวงษ์ เป็นผู้เชี่ยวชาญตรวจ โปรแกรมการเสริมสร้างความเห็นอกเห็นใจ โดยรูปแบบการให้คำปรึกษากลุ่มแบบบูรณาการ (สำหรับนักเรียน วัยรุ่นตอนต้น) ทั้งนี้ นิสิตได้ติดต่อประสานงานเบื้องต้นกับบุคลากรของท่านแล้ว และจะประสานงานใน รายละเอียดดังกล่าวต่อไป

จึงเรียนมาเพื่อขอความอนุเคราะห์บุคลากรในสังกัดเป็นผู้เชี่ยวชาญ ให้ นางสาวศิระวรรณ พิชิตขัยโสภา และขอขอบพระคุณมา ณ โอกาสนี้

ขอแสดงความนับถือ

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล)
คณบดีบัณฑิตวิทยาลัย

สำนักงานคณบดีบัณฑิตวิทยาลัย

โทร. 0 2649 5064



บัณฑิตวิทยาลัย มหาวิทยาลัยศรีนครินทรวิโรฒ 114 สุขุมวิท 23 แขวงคลองเตยเหนือ เขตวัฒนา กรุงเทพฯ 10110

4 กุมภาพันธ์ 2568

เรื่อง ขอความอนุเคราะห์บุคลากรในสังกัดเป็นผู้เชี่ยวชาญ

เรียน ผู้อำนวยการศูนย์เตรียมความพร้อมเพื่ออาชีพที่มหาวิทยาลัยธุรกิจบัณฑิตย์

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยาการศึกษา และการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนาแบบวัด ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษา กลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรซิต แสนอุบล เป็น อาจารย์ที่ปรึกษาปริญญานิพนธ์

ในการนี้ บัณฑิตวิทยาลัยขอเรียนเชิญ อาจารย์ ดร.อสมา คัมภิรานนท์. เป็นผู้เชี่ยวชาญตรวจ โปรแกรมการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษากลุ่มแบบบูรณาการ (สำหรับนักเรียนวัยรุ่น ตอนต้น) ทั้งนี้ นิสิตได้ติดต่อประสานงานเบื้องต้นกับบุคลากรของท่านแล้ว และจะประสานงานในรายละเอียด ดังกล่าวต่อไป

จึงเรียนมาเพื่อขอความอนุเคราะห์บุคลากรในสังกัดเป็นผู้เชี่ยวชาญ ให้ นางสาวศิระวรรณ พิชิตชัยโสภา และขอขอบพระคุณมา ณ โอกาสนี้

ขอแสดงความนับถือ

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล)
คณบดีบัณฑิตวิทยาลัย

สำนักงานคณบดีบัณฑิตวิทยาลัย

โทร. 0 2649 5064



บัณฑิตวิทยาลัย มหาวิทยาลัยศรีนครินทรวิโรฒ 114 สุขุมวิท 23 แขวงคลองเตยเหนือ เขตวัฒนา กรุงเทพฯ 10110

4 กุมภาพันธ์ 2568

เรื่อง ขอความอนุเคราะห์บุคลากรในสังกัดเป็นผู้เชี่ยวชาญ

เรียน คณบดีคณะศึกษาศาสตร์ มหาวิทยาลัยราชภัฏจันทรเกษม

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยาการศึกษา
และการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนาแบบวัด
ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษา
กลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรชิต แสนอุบล เป็น
อาจารย์ที่ปรึกษาปริญญานิพนธ์

ในการนี้ บัณฑิตวิทยาลัยขอเรียนเชิญ ผู้ช่วยศาสตราจารย์ ดร.สาธร ใจตรง เป็นผู้เชี่ยวชาญตรวจ โปรแกรมการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษากลุ่มแบบบูรณาการ (สำหรับนักเรียนวัยรุ่น ตอนต้น) ทั้งนี้ นิสิตได้ติดต่อประสานงานเบื้องต้นกับบุคลากรของท่านแล้ว และจะประสานงานในรายละเอียด ดังกล่าวต่อไป

จึงเรียนมาเพื่อขอความอนุเคราะห์บุคลากรในสังกัดเป็นผู้เชี่ยวชาญ ให้ นางสาวศิระวรรณ พิชิตชัยโสภา และขอขอบพระคุณมา ณ โอกาสนี้

ขอแสดงความนับถือ

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล)
คณบดีบัณฑิตวิทยาลัย

สำนักงานคณบดีบัณฑิตวิทยาลัย

โทร. 0 2649 5064

APPENDIX B

Index of Item-Objective Congruence (IOC) of the Empathy Scale for Early Adolescents

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Table 41 Index of Item-Objective Congruence (IOC) of the Empathy Scale for Early Adolescents

y		ы	ลพิจารณา	ของผู้เชี่ยว	ชาญ				
ข้อ	คนที่ 1	คนที่ 2	คนที่ 3	คนที่ 4	คนที่ 5	คนที่ 6	รวม	ค่า IOC	หมายเหตุ
ตอนที่ 1									
ข้อ 1									
1.1	1	1	1	1	1	1	6	1.00	ผ่านเกณฑ์
1.2	1	1	1	1	1	1	6	1.00	ผ่านเกณฑ์
1.3	0	1	1	1	1	1	5	0.83	ผ่านเกณฑ์
ข้อ 2								-	
2.1	1	0	1	0	0	1	3	0.50	ผ่านเกณฑ์
2.2	1	1	1	1	1	1	6	1.00	ผ่านเกณฑ์
2.3	0	1	1+	0	1	1	4	0.67	ผ่านเกณฑ์
ข้อ 3									
3.1	1	0	1	1	0	1	4	0.67	ผ่านเกณฑ์
3.2	-1	0	1	0	1	- /1	2	0.33	ไม่ผ่านเกณฑ์
3.3	0	0	1 +	0	1	100	3	0.50	ผ่านเกณฑ์
ข้อ 4								-	
4.1	0	1	1	0	W13	1	4	0.67	ผ่านเกณฑ์
4.2	1	1	1	e 1e	010	1	6	1.00	ผ่านเกณฑ์
4.3	-1	1	1	1	1	1	4	0.67	ผ่านเกณฑ์
ข้อ 5								-	
5.1	0	1	1	0	0	1	3	0.50	ผ่านเกณฑ์
5.2	0	1	1	0	1	1	4	0.67	ผ่านเกณฑ์
5.3	0	0	1	1	1	1	4	0.67	ผ่านเกณฑ์
ข้อ 6								-	
6.1	0	0	1	1	1	1	4	0.67	ผ่านเกณฑ์
6.2	1	0	1	1	1	1	5	0.83	ผ่านเกณฑ์
6.3	0	0	1	1	1	1	4	0.67	ผ่านเกณฑ์

Table 31 (Continued)

		N	ลพิจารณา	ของผู้เชี่ยว	ชาญ			1	
ข้อ	คนที่ 1	คนที่ 2	คนที่ 3	คนที่ 4	คนที่ 5	คนที่ 6	รวม	ค่า IOC	หมายเหตุ
• ข้อ 7								-	
7.1	0	0	1	1	0	1	3	0.50	ผ่านเกณฑ์
7.2	0	0	1	1	1	1	4	0.67	ผ่านเกณฑ์
7.3	-1	0	1	1	1	1	3	0.50	ผ่านเกณฑ์
ข้อ 8								-	
8.1	1	1	1	1	1	1	6	1.00	ผ่านเกณฑ์
8.2	1	0	1	0	1	1	4	0.67	ผ่านเกณฑ์
8.3	0	1	1	0	17	1	4	0.67	ผ่านเกณฑ์
ข้อ 9								-	
9.1	1	0	1 1	1	0	1	4	0.67	ผ่านเกณฑ์
9.2	1	: i	1	1	1	1	6	1.00	ผ่านเกณฑ์
9.3	1	1	1	1	0	1	5	0.83	ผ่านเกณฑ์
ข้อ 10								-	
10.1	0	0	1	1	1	1	4	0.67	ผ่านเกณฑ์
10.2	0	0	1	1	0	1	3	0.50	ผ่านเกณฑ์
10.3	0	0	1	0	1	1	3	0.50	ผ่านเกณฑ์
ตอนที่ 2								-	
ข้อ 1								-	
2.1.1	1	1	1	1	1	1	6	1.00	ผ่านเกณฑ์
2.1.2	1	0	1	0	1	1	4	0.67	ผ่านเกณฑ์
2.1.3	1	1	1	1	1	1	6	1.00	ผ่านเกณฑ์
ข้อ 2							-	-	
2.2.1	1	1	1	1	0	1	5	0.83	ผ่านเกณฑ์
2.2.2	1	0	1	1	1	1	5	0.83	ผ่านเกณฑ์
2.2.3	0	0	1	1	0	1	3	0.50	ผ่านเกณฑ์

Table 31 (Continued)

y		N	ลพิจารณา						
ข้อ	คนที่ 1	คนที่ 2	คนที่ 3	คนที่ 4	คนที่ 5	คนที่ 6	รวม	ค่า IOC	หมายเหตุ
ข้อ 3							-	-	
2.3.1	1	1	1	1	1	1	6	1.00	ผ่านเกณฑ์
2.3.2	1	1	1	0	1	1	5	0.83	ผ่านเกณฑ์
2.3.3	0	1	1	0	1	1	4	0.67	ผ่านเกณฑ์
ข้อ 4								-	
2.4.1	1	1	1	1	1	1	6	1.00	ผ่านเกณฑ์
2.4.2	1	1	1	0	1	1	5	0.83	ผ่านเกณฑ์
2.4.3	0	1	1	1	17	1	5	0.83	ผ่านเกณฑ์
ข้อ 5								-	
2.5.1	1	1,	1 1	1	1	1	6	1.00	ผ่านเกณฑ์
2.5.2	0	0	1	0	1	1	3	0.50	ผ่านเกณฑ์
2.5.3	0	0	1	1	1	1	4	0.67	ผ่านเกณฑ์
ข้อ 6								-	
2.6.1	0	1	1	1	1	1	5	0.83	ผ่านเกณฑ์
2.6.2	0	1	1	1	1	1	5	0.83	ผ่านเกณฑ์
2.6.3	0	0	1	116	1/1	1	4	0.67	ผ่านเกณฑ์
ข้อ 7								-	
2.7.1	1	1	1	1	1	1	6	1.00	ผ่านเกณฑ์
2.7.2	0	1	1	1	1	1	5	0.83	ผ่านเกณฑ์
2.7.3	0	0	1	1	1	1	4	0.67	ผ่านเกณฑ์
ข้อ 8								-	
2.8.1	1	1	1	1	1	1	6	1.00	ผ่านเกณฑ์
2.8.2	1	1	1	1	0	1	5	0.83	ผ่านเกณฑ์
2.8.3	0	0	1	1	1	1	4	0.67	ผ่านเกณฑ์

หมายเหตุ เกณฑ์การพิจารณาใช้ค่าดัชนีสอดคล้องตั้งแต่ 0.50 ขึ้นไป

ข้อคำถาม	จำนวน 54 ข้อ
ผ่านเกณฑ์	จำนวน 53 ข้อ
ไม่ผ่านเกณฑ์	จำนวน 1 ข้อ
รวมข้อคำถามที่ใช้ได้	จำนวน 53 ข้อ

ข้อคำถามในแต่ละข้อใหญ่มุ่งประเมินทั้ง 3 องค์ประกอบหลักของแบบวัด ซึ่งมีความสำคัญต่อการ วิเคราะห์องค์ประกอบด้วยวิธี EFA นักวิจัยจึงคงข้อคำถามย่อย จำนวน 1 ข้อไว้เพื่อรักษาโครงสร้างของแบบวัด โดย ได้ปรับปรุงตามข้อเสนอแนะของผู้เชี่ยวชาญทั้ง 6 ท่านก่อนนำไปวิเคราะห์ทางสถิติ ซึ่งจากผลการวิเคราะห์ EFA นักวิจัยจึงได้ตัดข้อคำถามใหญ่เพิ่มเติมอีกครั้ง ดังที่แสดงในรายละเอียดแสดงในบทที่ 4 และ 5



The IOC of the Integrated Group Counseling Program Designed to Assess and Enhance Empathy in Early Adolescents

Table 42 The Index of Item-Objective Congruence (IOC) of the Integrated Group Counseling Program Designed to Assess and Enhance Empathy in Early Adolescents

		ผลพิจารณาของผู้ทรงคุณวุฒิ									
ข้อ	ท่านที่	ท่านที่	ท่านที่	ท่านที่	ท่านที่	ผล	ค่า	การ			
	1	2	3	4	5	รวม	IOC	พิจารณา			
ครั้งที่ 1 ปฐมนิเทศ			••••								
1. แนวคิดสำคัญ	1	1	1/18	1	1	5	1.00	ผ่าน			
2. วัตถุประสงค์	1	1	1	1	1	5	1.00	ผ่าน			
3. ระยะเวลา	1	1	1	1	1	5	1.00	ผ่าน			
4. สื่อ/อุปกรณ์	1	1	1	1	1	5	1.00	ผ่าน			
5. วิธีการดำเนินการ	1	1	1	1	1	5	1.00	ผ่าน			
5.1 ขั้นเริ่มการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน			
5.2 ขั้นดำเนินการให้ คำปรึกษา	1	1	\$1/\ ••••	1	1	5	1.00	ผ่าน			
5.3 ขั้นสรุปการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน			
6.การประเมินผล	1	1	1	1	1	5	1.00	ผ่าน			
7.ทฤษฎีและเทคนิคที่ใช้	1	1	1	1	1	5	1.00	ผ่าน			

Table 32 (Continued)

ข้อ	ผลพิจารณาของผู้ทรงคุณวุฒิ										
	ท่านที่	ท่านที่	ท่านที่	ท่านที่	ท่านที่	ผล	ค่า	การ			
	1	2	3	4	5	รวม	IOC	พิจารณา			
ครั้งที่ 2											
1. แนวคิดสำคัญ	1	1	1	1	1	5	1.00	ผ่าน			
2. วัตถุประสงค์	1	1	1	1	1	5	1.00	ผ่าน			
3. ระยะเวลา	1	1	1	1	1	5	1.00	ผ่าน			
4. สื่อ/อุปกรณ์	1	1	1	1	1	5	1.00	ผ่าน			
5. วิธีการดำเนินการ	1	11	1	1	1	5	1.00	ผ่าน			
5.1 ขั้นเริ่มการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน			
5.2 ขั้นดำเนินการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน			
5.3 ขั้นสรุปการให้ คำปรึกษา	1	1	411	1	1	5	1.00	ผ่าน			
6. การประเมินผล	1	1	999	1	1	5	1.00	ผ่าน			
7. ทฤษฎีและเทคนิคที่ใช้	1	1	1	1	1	5	1.00	ผ่าน			
ครั้งที่ 3 ปฐมนิเทศ											
1. แนวคิดสำคัญ	1	1	1	1	1	5	1.00	ผ่าน			
2. วัตถุประสงค์	1	1	1	1	1	5	1.00	ผ่าน			
3. ระยะเวลา	1	1	1	1	1	5	1.00	ผ่าน			
4. สื่อ/อุปกรณ์	1	1	1	1	1	5	1.00	ผ่าน			
5. วิธีการดำเนินการ	1	1	1	1	1	5	1.00	ผ่าน			

Table 32 (Continued)

		ผลพิจารณาของผู้ทรงคุณวุฒิ										
ข้อ	ท่านที่	ท่านที่	ท่านที่	ท่านที่	ท่านที่	ผล	ค่า	การ				
	1	2	3	4	5	รวม	IOC	พิจารณา				
ครั้งที่ 3 ปฐมนิเทศ (ต่อ))											
5.1 ขั้นเริ่มการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน				
5.2 ขั้นดำเนินการให้ คำปรึกษา	1	1	100 101 e	1	1	5	1.00	ผ่าน				
5.3 ขั้นสรุปการให้ คำปรึกษา	13	1	1	1	1	5	1.00	ผ่าน				
6. การประเมินผล	1	1	1	1	1	5	1.00	ผ่าน				
7. ทฤษฎีและเทคนิคที่ใช้	1	1	1	1	1	5	1.00	ผ่าน				
ครั้งที่ 4	W.	П	П	$\mp I$	5							
1. แนวคิดสำคัญ	1	1	1	1	1	5	1.00	ผ่าน				
2. วัตถุประสงค์	1	1	41/	1	1	5	1.00	ผ่าน				
3. ระยะเวลา	1	1	999	1	1	5	1.00	ผ่าน				
4. สื่อ/อุปกรณ์	1	1	1	1	1	5	1.00	ผ่าน				
5. วิธีการดำเนินการ	1	1	1	1	1	5	1.00	ผ่าน				
5.1 ขั้นเริ่มการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน				
5.2 ขั้นดำเนินการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน				
5.3 ขั้นสรุปการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน				

Table 32 (Continued)

	ผลพิจารณาของผู้ทรงคุณวุฒิ										
ข้อ	ท่าน ที่ 1	ท่านที่ 2	ท่านที่ 3	ท่านที่ 4	ท่านที่ 5	ผล	ค่า IOC	การ พิจารณา			
ครั้งที่ 4 (ต่อ)											
6. การประเมินผล	1	1	1	1	1	5	1.00	ผ่าน			
7. ทฤษฎีและเทคนิคที่ใช้	1	1	1	1	1	5	1.00	ผ่าน			
ครั้งที่ 5	400		3/10								
1. แนวคิดสำคัญ	1	1	1	1	1	5	1.00	ผ่าน			
2. วัตถุประสงค์	1	+1+	1	1	1	5	1.00	ผ่าน			
3. ระยะเวลา	1	1	1	1	1	5	1.00	ผ่าน			
4. สื่อ/อุปกรณ์	1	1	1	1	1	5	1.00	ผ่าน			
5. วิธีการดำเนินการ	1	1	1	1	1	5	1.00	ผ่าน			
5.1 ขั้นเริ่มการให้ คำปรึกษา	1	1	1 2/1	1	1	5	1.00	ผ่าน			
5.2 ขั้นดำเนินการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน			
5.3 ขั้นสรุปการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน			
6. การประเมินผล	1	1	1	1	1	5	1.00	ผ่าน			
7. ทฤษฎีและเทคนิคที่ใช้	1	1	1	1	1	5	1.00	ผ่าน			
ครั้งที่ 6											
1. แนวคิดสำคัญ	1	1	1	1	1	5	1.00	ผ่าน			
2. วัตถุประสงค์	1	1	1	1	1	5	1.00	ผ่าน			

Table 32 (Continued)

	ผลพิจารณาของผู้ทรงคุณวุฒิ									
ข้อ	ท่านที่	ท่านที่	ท่านที่	ท่านที่	ท่านที่	ผล	ค่า	การ		
	1	2	3	4	5	รวม	IOC	พิจารณา		
ครั้งที่ 6 (ต่อ)										
3. ระยะเวลา	1	1	1	1	1	5	1.00	ผ่าน		
4. สื่อ/อุปกรณ์	1	1	1	1	1	5	1.00	ผ่าน		
5. วิธีการดำเนินการ	1	1	1	1	1	5	1.00	ผ่าน		
5.1 ขั้นเริ่มการให้ คำปรึกษา	1		1	1	1	5	1.00	ผ่าน		
5.2 ขั้นดำเนินการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน		
5.3 ขั้นสรุปการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน		
6. การประเมินผล	1	1	1	1	1	5	1.00	ผ่าน		
7. ทฤษฎีและเทคนิคที่ ใช้	1	1	41/	1	1	5	1.00	ผ่าน		
ครั้งที่ 7										
1. แนวคิดสำคัญ	1	1	1	1	1	5	1.00	ผ่าน		
2. วัตถุประสงค์	1	1	1	1	1	5	1.00	ผ่าน		
3. ระยะเวลา	1	1	1	1	1	5	1.00	ผ่าน		
4. สื่อ/อุปกรณ์	1	1	1	1	1	5	1.00	ผ่าน		
5. วิธีการดำเนินการ	1	1	1	1	1	5	1.00	ผ่าน		
5.1 ขั้นเริ่มการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน		

Table 32 (Continued)

	ผลพิจารณาของผู้ทรงคุณวุฒิ										
ข้อ	ท่าน ที่ 1	ท่านที่ 2	ท่านที่ 3	ท่านที่ 4	ท่านที่ 5	ผล	ค่า IOC	การ พิจารณา			
ครั้งที่ 7 (ต่อ)											
5.2 ขั้นดำเนินการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน			
5.3 ขั้นสรุปการให้ คำปรึกษา	1	1	11e	1	1	5	1.00	ผ่าน			
6. การประเมินผล	1	1	1	1	1	5	1.00	ผ่าน			
7. ทฤษฎีและเทคนิคที่ใช้	1	1	1	1	1	5	1.00	ผ่าน			
ครั้งที่ 8	1	Ħ			1						
1. แนวคิดสำาคัญ	1	1	1	1	1	5	1.00	ผ่าน			
2. วัตถุประสงค์	1	1	1	-1	1	5	1.00	ผ่าน			
3. ระยะเวลา	1	1	1999	1	1	5	1.00	ผ่าน			
4. สื่อ/อุปกรณ์	1	1	41	1	1	5	1.00	ผ่าน			
5. วิธีการดำเนินการ	1	1	1	1	1	5	1.00	ผ่าน			
5.1 ขั้นเริ่มการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน			
5.2 ขั้นดำเนินการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน			
5.3 ขั้นสรุปการให้ คำปรึกษา	1	1	1	1	1	5	1.00	ผ่าน			
6. การประเมินผล	1	1	1	1	1	5	1.00	ผ่าน			
7. ทฤษฎีและเทคนิคที่ใช้	1	1	1	1	1	5	1.00	ผ่าน			

APPENDIX C
Research Ethics Approval Letter



AF19-03-03.1 August, 2023

หนังสือรับรองจริยธรรมการวิจัยในมนุษย์

หนังสือฉบับนี้ให้ไว้เพื่อแสดงว่า

ชื่อโครงการวิจัย : การพัฒนาแบบวัดความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบ การให้คำปรึกษากลุ่มแบบบูรณาการ

ชื่อหัวหน้าโครงการวิจัย : นางสาวศิระวรรณ พิชิตชัยโสภา

หน่วยงานต้นสังกัด: คณะศึกษาศาสตร์ มหาวิทยาลัยศรีนครินทรวิโรฒ

หมายเลขรับรองโครงการวิจัย : SWUEC-672461

รายการเอกสารที่รับรอง :

แบบเสนอเพื่อขอรับการพิจารณา
 โครงการวิจัยฉบับสมบูรณ์
 เอกสารข้อมูลและขอความยินยอมสำหรับอาสาสมัคร
 เครื่องมือที่ใช้ในการวิจัย
 ฉบับที่ 2 ลงวันที่ 9 สิงหาคม 2567
 เครื่องมือที่ใช้ในการวิจัย
 ฉบับที่ 2 ลงวันที่ 9 สิงหาคม 2567

5. ประวัติผู้วิจัย

ได้ผ่านการรับรองจากคณะกรรมการจริยธรรมสำหรับพิจารณาโครงการวิจัยในมนุษย์ มหาวิทยาลัยศรีนครินทรวิโรฒ โดยยึดหลักเกณฑ์ตาม Declaration of Helsinki, Belmont Report, International Conference on Harmonization in Good Clinical Practice (ICH-GCP), International Guidelines for Human Research ตลอดจนกฎหมาย ข้อบังคับและ ข้อกำหนดภายในประเทศ จึงเห็นสมควรให้ดำเนินการวิจัยตามโครงการวิจัยนี้ได้

วันที่รับรอง: 30 สิงหาคม 2567 วันที่หมดอายุ: 29 สิงหาคม 2568

(รองศาสตราจารย์ ดร.สิทธิพงศ์ วัฒนานนท์สกุล)

ประธานคณะอนุกรรมการจริยธรรมสำหรับพิจารณาโครงการวิจัยที่ทำในมนุษย์ ชุดสังคมศาสตร์และพฤติกรรมศาสตร์ (ชุดที่ 2) มหาวิทยาลัยศรีนครินทรวิโรฒ

หน่วยจริยธรรมและมาตรฐานการวิจัย มหาวิทยาลัยศรีนครินทรวิโรฒ อาคารนวัตกรรม ศ.ตร.สาโรช บัวศรี ชั้น 17

โทร. (02) 6495000 ต่อ 17503, 17506 โทรสาร (02) 2042590



AF20-03-03.0 May, 2023

Certificate of Ethical Committee Approval

This is to certify that:

Protocol Title: THE DEVELOPMENT OF AN EMPATHY SCALE FOR EARLY ADOLESCENT STUDENTS AND

THE ENHANCEMENT OF EMPATHY THROUGH INTEGRATIVE GROUP COUNSELING MODEL.

Principal investigator: Ms.Sirawan Pichitchaisopa

Institution: Faculty of Education, Srinakharinwirot University

Protocol code: SWUEC-672461

Documents approved:

Submission form version no. 2 date 9 August 2024
 Full research proposal version no. 2 date 13 August 2024
 Participant information sheet and consent form version no. 2 date 9 August 2024
 Questionnaire/data collection form version no. 2 date 9 August 2024

5. Investigator's biography

have been reviewed and approved by the Human Research Ethics Committee of Srinakharinwirot University based on Declaration of Helsinki, Belmont Report, International Conference on Harmonization in Good Clinical Practice (ICH-GCP), International Guidelines for Human Research, along with laws and regulations of Thailand. Thus, the approval for conducting the study is granted.

Date of approval: 30/08/2024 Date of expiration: 29/08/2025

(Associate Professor Sittipong Wattananonsakul, Ph.D.)

Chairman, Social Science and Behavioral Science Research Sub-Committee of Srinakharinwirot University (Panel 2)

APPENDIX D

Letter of Request for Data Collection Permission



บัณฑิตวิทยาลัย มหาวิทยาลัยศรีนครินทรวิโรฒ 114 สุขุมวิท 23 แขวงคลองเตยเหนือ เขตวัฒนา กรุงเทพฯ 10110

16 ตุลาคม 2567

เรื่อง ขอความอนุเคราะห์เก็บข้อมูลเพื่อการวิจัย

เรียน ผู้อำนวยการโรงเรียนกอบวิทยา

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยาการศึกษา และการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนาแบบวัด ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษา กลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรชิต แสนอุบล เป็น อาจารย์ที่ปรึกษาปริญญานิพนธ์ และได้ผ่านการรับรองจากคณะกรรมการจริยธรรมสำหรับพิจารณาโครงการวิจัยที่ ทำในมนุษย์ มหาวิทยาลัยศรีนครินทรวิโรฒ หมายเลขรับรอง : SWUEC-672461

ในการนี้ นิสิตขอความอนุเคราะห์เก็บข้อมูล โดยใช้ 1) ข้อคำถามในการสัมภาษณ์พูดคุย ในวงสนทนา Focus Group และ2) รูปภาพสถานการณ์ต่าง ๆ และสีหน้าท่าทางที่เกี่ยวข้องกับความเห็นอกเห็นใจ กับ นักเรียนระดับประถมศึกษา ขั้นปีที่ 5-6 จำนวน 8 คน เพื่อเป็นข้อมูลในการวิจัย ทั้งนี้ นิสิตจะเป็นผู้ ประสานงานในรายละเอียดดังกล่าวต่อไป

จึงเรียนมาเพื่อโปรดพิจารณาขอความอนุเคราะห์ และขอขอบพระคุณมา ณ โอกาสนี้

ขอแสดงความนับถือ

Dove 2.

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล) คณบดีบัณฑิตวิทยาลัย

สำนักงานคณบดีบัณฑิตวิทยาลัย

โทร. 0 2649 5064



บัณฑิตวิทยาลัย มหาวิทยาลัยศรีนครินทรวิโรฒ 114 สุขุมวิท 23 แขวงคลองเตยเหนือ เขตวัฒนา กรุงเทพฯ 10110

16 ตุลาคม 2567

เรื่อง ขอความอนุเคราะห์เก็บข้อมูลเพื่อการวิจัย เรียน ผู้อำนวยการโรงเรียนสามเสนวิทยาลัย

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยาการศึกษา และการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนาแบบวัด ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษา กลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรซิต แสนอุบล เป็น อาจารย์ที่ปรึกษาปริญญานิพนธ์ และได้ผ่านการรับรองจากคณะกรรมการจริยธรรมสำหรับพิจารณาโครงการวิจัยที่ ทำในมนุษย์ มหาวิทยาลัยศรีนครินทรวิโรฒ หมายเลขรับรอง : SWUEC-672461

ในการนี้ นิสิตขอความอนุเคราะห์เก็บข้อมูล โดยใช้ 1) ข้อคำถามในการสัมภาษณ์พูดคุย ในวงสนทนา Focus Group และ2) รูปภาพสถานการณ์ต่าง ๆ และสีหน้าท่าทางที่เกี่ยวข้องกับความเห็นอกเห็นใจ กับ นักเรียนระดับมัธยมศึกษา ชั้นปีที่ 1-3 จำนวน 13 คน เพื่อเป็นข้อมูลในการวิจัย ทั้งนี้ นิสิตจะเป็นผู้ ประสานงานในรายละเอียดดังกล่าวต่อไป

จึงเรียนมาเพื่อโปรดพิจารณาขอความอนุเคราะห์ และขอขอบพระคุณมา ณ โอกาสนี้

ขอแสดงความนับถือ

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล) คณบดีบัณฑิตวิทยาลัย

สำนักงานคณบดีบัณฑิตวิทยาลัย

โทร. 0 2649 5064



บัณฑิตวิทยาลัย มหาวิทยาลัยศรีนครินทรวิโรฒ 114 สุขุมวิท 23 แขวงคลองเตยเหนือ เขตวัฒนา กรุงเทพฯ 10110

16 ตุลาคม 2567

เรื่อง ขอความอนุเคราะห์เก็บข้อมูลเพื่อการวิจัย

เรียน ผู้อำนวยการโรงเรียนศรีอยุธยาในพระอุปถัมภ์ฯ

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยาการศึกษา และการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนาแบบวัด ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษา กลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรชิต แสนอุบล เป็น อาจารย์ที่ปรึกษาปริญญานิพนธ์ และได้ผ่านการรับรองจากคณะกรรมการจริยธรรมสำหรับพิจารณาโครงการวิจัยที่ ทำในมนุษย์ มหาวิทยาลัยศรีนครินทรวิโรฒ หมายเลขรับรอง : SWUEC-672461

ในการนี้ นิสิตขอความอนุเคราะห์เก็บข้อมูล โดยใช้ 1) ข้อคำถามในการสัมภาษณ์พูดคุย ในวงสนทนา Focus Group และ2) รูปภาพสถานการณ์ต่าง ๆ และสีหน้าท่าทางที่เกี่ยวข้องกับความเห็นอกเห็นใจ กับ นักเรียนระดับมัธยมศึกษา ชั้นปีที่ 1-3 จำนวน 8 คน เพื่อเป็นข้อมูลในการวิจัย ทั้งนี้ นิสิตจะเป็นผู้ประสานงาน ในรายละเอียดดังกล่าวต่อไป

จึงเรียนมาเพื่อโปรดพิจารณาขอความอนุเคราะห์ และขอขอบพระคุณมา ณ โอกาสนี้

ขอแสดงความนับถือ

Horsk D.

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล)

คณบดีบัณฑิตวิทยาลัย

สำนักงานคณบดีบัณฑิตวิทยาลัย

โทร. 0 2649 5064



บัณฑิตวิทยาลัย มหาวิทยาลัยศรีนครินทรวิโรฒ 114 สุขุมวิท 23 แขวงคลองเตยเหนือ เขตวัฒนา กรุงเทพฯ 10110

25 กันยายน 2567

เรื่อง ขอความอนุเคราะห์เก็บข้อมูลเพื่อการวิจัย

เรียน ผู้อำนวยการโรงเรียนศรีอยุธยาในพระอุปถัมภ์ฯ

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยาการศึกษา และการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนาแบบวัด ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษา กลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรชิต แสนอุบล เป็น อาจารย์ที่ปรึกษาปริญญานิพนธ์ และได้ผ่านการรับรองจากคณะกรรมการจริยธรรมสำหรับพิจารณาโครงการวิจัยที่ ทำในมนุษย์ มหาวิทยาลัยศรีนครินทรวิโรฒ หมายเลขรับรอง : SWUEC-672461

ในการนี้ นิสิตขอความอนุเคราะห์เก็บข้อมูล โดยใช้ 1) แบบวัดความเห็นอกเห็นใจสำหรับนักเรียน วัยรุ่นตอนต้น (ระยะที่ 1) และ2) รูปแบบการให้คำปรึกษากลุ่มแบบแบบบูรณาการเพื่อเสริมสร้างความเห็นอก เห็นใจของนักเรียนวัยรุ่นตอนต้น (ระยะที่ 2) กับ นักเรียนระดับมัธยมศึกษา ชั้นปีที่ 1-3 จำนวน 360 คน เพื่อเป็น ข้อมูลในการวิจัย และขอใช้สถานที่โรงเรียนของท่าน ระหว่างเดือนตุลาคม 2567 ถึงเดือนมีนาคม 2568 ทั้งนี้ นิสิต จะเป็นผู้ประสานงานในรายละเอียดดังกล่าวต่อไป

จึงเรียนมาเพื่อโปรดพิจารณาขอความอนุเคราะห์ และขอขอบพระคุณมา ณ โอกาสนี้

ขอแสดงความนับถือ

Doube ?

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล)
คณบดีบัณฑิตวิทยาลัย

สำนักงานคณบดีบัณฑิตวิทยาลัย

โทร. 0 2649 5064



บัณฑิตวิทยาลัย มหาวิทยาลัยศรีนครินทรวิโรฒ 114 สุขุมวิท 23 แขวงคลองเตยเหนือ เขตวัฒนา กรุงเทพฯ 10110

25 กันยายน 2567

เรื่อง ขอความอนุเคราะห์เก็บข้อมูลเพื่อการวิจัย

เรียน ผู้อำนวยการโรงเรียนสามเสนนอก (ประชาราษฎร์อนุกูล)

เนื่องด้วย นางสาวศิระวรรณ พิชิตชัยโสภา นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยาการศึกษา และการแนะแนว มหาวิทยาลัยศรีนครินทรวิโรฒ ได้รับอนุมัติให้ทำปริญญานิพนธ์ เรื่อง "การพัฒนาแบบวัด ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้นและการเสริมสร้างความเห็นอกเห็นใจโดยรูปแบบการให้คำปรึกษา กลุ่มแบบบูรณาการ" โดยมี รองศาสตราจารย์ ดร.พัชราภรณ์ ศรีสวัสดิ์ และอาจารย์ ดร.ครรซิต แสนอุบล เป็น อาจารย์ที่ปรึกษาปริญญานิพนธ์ และได้ผ่านการรับรองจากคณะกรรมการจริยธรรมสำหรับพิจารณาโครงการวิจัยที่ ทำในมนุษย์ มหาวิทยาลัยศรีนครินทรวิโรฒ หมายเลขรับรอง : SWUEC-672461

ในการนี้ นิสิตขอความอนุเคราะห์เก็บข้อมูล โดยใช้แบบวัดความเห็นอกเห็นใจสำหรับนักเรียน วัยรุ่นตอนต้น กับ นักเรียนระดับประถมศึกษา ชั้นปีที่ 5-6 จำนวน 300 คน เพื่อเป็นข้อมูลในการวิจัย และขอใช้ สถานที่โรงเรียนของท่าน ระหว่างเดือนตุลาคม 2567 ถึงเดือนธันวาคม 2567 ทั้งนี้ นิสิตจะเป็นผู้ประสานงานใน รายละเลียดดังกล่าวต่อไป

จึงเรียนมาเพื่อโปรดพิจารณาขอความอนุเคราะห์ และขอขอบพระคุณมา ณ โอกาสนี้

ขอแสดงความนับถือ

Loode 2.

(รองศาสตราจารย์ นายแพทย์ฉัตรชัย เอกปัญญาสกุล)

คณบดีบัณฑิตวิทยาลัย

สำนักงานคณบดีบัณฑิตวิทยาลัย

โทร. 0 2649 5064

APPENDIX E

Research Instruments

(สำหรับผู้เชี่ยวชาญ)
แบบสอบถามเชิงลึกด้านความเห็นอกเห็นใจ
วัตถุประสงค์ : เพื่อต้องการยืนยันองค์ประกอบหลักของความเห็นอกเห็นใจ ระบุเป็น 3 ส่วนประกอบหลัก ด้านสติปัญญา ด้านอารมณ์ และทางด้านการกระทำ
ข้อมูลทั่วไป
ชื่อรหัส (Code name)
:
<u>ความเข้าใจเกี่ยวกับความเห็นอกเห็นใจต่อผู้อื่น</u> (Understanding of empathy)
1.ความหมายของความเห็นอกเห็นใจในมุมมองของท่าน
ความเห็นอกเห็นใจทางด้านสติปัญญา Cognitive empathy(องค์ประกอบที่ 1)
1.ท่านสามารถระบุได้อย่างไรว่าความเห็นอกเห็นใจที่เกิดขึ้นมาจากทางด้านสติปัญญา (cognitive of empathy)
ไร้เรียนท _{ี่}
2.ในความคิดเห็นของท่าน กระบวนการทางด้านสติปัญญาเกี่ยวข้องกับความเข้าใจต่อความเห็นอกเห็นใจ
ı y v
3. จงยกตัวอย่างเหตุการณ์ความเห็นอกเห็นใจทางด้านสติปัญญาที่เกิดขึ้นกับท่านเร็วๆนี้

ความเห็นอกเห็นใจทางด้านอารมณ์ Emotional Empathy (องค์ประกอบที่2)
1.จงบอกลักษณะของมุมมองความเห็นอกเห็นใจต่อผู้อื่นทางด้านอารมณ์ (ความรู้สึกร่วมต่อผู้อื่น)
2. อารมณ์แบบใดที่ท่านเชื่อว่าเป็นประสบการณ์ทั่วไปในช่วงระหว่างการตอบสนองต่อความเห็นอกเห็นใจต่ ผู้อื่น
3. ท่านสามารถแแบ่งปันความรู้สึกที่คุณรู้สึกมีอารมณ์ร่วมต่อประสบการณ์ของผู้อื่น
V:3\HHH/g:/
ความเห็นอกเห็นใจทางด้านการกระทำ Compassionate empathy (องค์ประกอบที่3)
1. จงระบุความเห็นอกเห็นใจที่ความเกี่ยวข้องต่อความเห็นอกเห็นใจต่อผู้อื่น
2. ความเห็นอกเห็นใจต่อผู้อื่นที่มาในลักษณะการกระทำ

3. ท่านจงเล่าเหตุการณ์ที่ท่านแสดงความเห็นอกเห็นใจและความเมตตาต่อผู้ที่ต้องการความช่วยเหลือ
การเปรียบเทียบและการบูรณาการ
1. แนวคิดของคุณระหว่าง ความเห็นอกเห็นใจต่อผู้อื่นทั้ง 3 ด้าน ทางด้านสติปัญญา ทางด้านอารมณ์ และ ความเห็นอกเห็นใจต่อผู้อื่นเป็นอย่างไร
2.ท่านคิดว่าองค์ประกอบใดที่มีผลต่อการเสริมสร้างความเห็นอกเห็นใจต่อผู้อื่น
3. จงบอกสถานการณ์ที่มีองค์ประกอบเดียวปรากฏโดยไม่มีองค์ประกอบอื่น ๆ
ความน่าเชื่อถือและความถูกต้อง
 ตามความเข้าใจท่าน ท่านคิดว่าความเห็นอกเห็นใจต่อผู้อื่นครอบคลุมทั้ง 3 ด้านหรือไม่ (ด้านสติปัญญา ด้า อารมณ์ และด้านการกระทำ)

2.ท่านคิดว่า มีด้านในความเห็นอกเห็นใจต่อผู้อื่นควรเพิ่มเติมมากกว่า 3 องค์ประกอบนี้หรือไม่	(ถ้ามีโปรด
วะปุ่)	
ความคิดเห็นอื่นๆ (เพิ่มเติม) :	

ขอบพระคุณเป็นอย่างสูงในการตอบแบบสอบถามเชิงลึกสำหรับผู้เชี่ยวชาญ แบบสัมภาษณ์เชิงลึก สำหรับกลุ่ม Focus group

คำอธิบาย

ข้อคำถามที่ใช้ในการทำการสัมภาษณ์เชิงลึก (in-depth interview) สำหรับกลุ่มโฟกัส (focus group) ที่เน้นการ ยืนยันองค์ประกอบของเครื่องมือประเมินความเห็นอกเห็นใจ (empathy) และดูภาพ 18 ภาพ จากแบบวัด ความเห็นอกเห็นใจของนักเรียนวัยรุ่นตอนต้น เพื่อประเมินการรับรู้ความรู้สึกและท่าทางใบหน้า

จุดประสงค์

- 1. เพื่อวัดความเข้าใจด้านความรู้สึกและการตอบสนองทางอารมณ์
- 2. เพื่อวัดด้านความเข้าใจในสถานการณ์และความคิดทางสังคม
- 3. เพื่อวัดด้านการแสดงออกของความเมตตาและการช่วยเหลือ
- 4. เพื่อเจาะลึกประสบการณ์ส่วนตัวที่เชื่อมโยงกับความเห็นอกเห็นใจ
- 5. เพื่อสำรวจทัศนคติที่มีต่อความเห็นอกเห็นใจในสังคม

การดูรูปภาพสถานการณ์แต่ละรูปภาพเพื่อสอบถาม

<u>ตอนที่ 1</u> การสำรวจองค์ประกอบความเห็นอกเห็นใจ

<u>คำถาม</u>

- 1. นักเรียนรู้สึกอย่างไรเมื่อเห็นคนอื่นรู้สึกเศร้าหรือทุกข์ใจ?
- 2. นักเรียนคิดว่าอะไรที่ทำให้คุณสามารถเข้าใจความรู้สึกของผู้อื่นได้?
- 3. นักเรียนมีวิธีการใดบ้างในการช่วยเหลือเพื่อนเมื่อเขาประสบปัญหาทางอารมณ์?
- 4. นักเรียนเคยมีเหตุการณ์ที่ทำให้คุณรู้สึกเห็นใจคนอื่นมาก ๆ ไหม? บอกเล่าเหตุการณ์นั้นให้ฟังหน่อย
- 5. นักเรียนคิดว่าการเข้าใจความรู้สึกของผู้อื่นสำคัญอย่างไรในชีวิตประจำวัน?



<u>จุดประสงค์</u>

- 1.ประเมินความสามารถในการระบุอารมณ์ผ่านการแสดงออกทางใบหน้า
- 2.วิเคราะห์เหตุผลที่สนับสนุนการตีความอารมณ์
- 3.วัดการคาดการณ์พฤติกรรมที่เชื่อมโยงกับอารมณ์
- 4.สำรวจการเชื่อมโยงระหว่างการแสดงออกทางใบหน้าและบริบททางสังคม

<u>ตอนที่ 2</u> การดูภาพเพื่อประเมินความเข้าใจทางใบหน้า

<u>คำถาม</u>

- 1. เมื่อคุณดูภาพนี้คุณคิดว่าบุคคลในภาพรู้สึกอย่างไร?
- 2. คุณสามารถอธิบายได้ไหมว่าทำไมคุณถึงคิดว่าบุคคลในภาพนี้รู้สึกแบบนั้น?
- 3. ถ้าคุณเป็นคนในภาพนั้น คุณจะทำอะไรต่อไป?
- 4. คุณคิดว่าการแสดงออกทางใบหน้าแบบนี้บ่งบอกถึงสถานการณ์อะไรในชีวิตจริง?

<u>จุดประสงค์</u>

- 1.สำรวจประสิทธิภาพและความชัดเจนของแบบประเมิน
- 2. รับข้อเสนอแนะในการปรับปรุง

ตอนที่ 3 ปรับปรุงเครื่องมือประเมิน

คำถาม

- 1. คุณคิดว่าแบบประเมินนี้ช่วยให้คุณเข้าใจความรู้สึกของผู้อื่นดีขึ้นไหม?
- 2. มีอะไรที่คุณอยากเพิ่มเติมหรือลดลงในแบบประเมินนี้ไหม?

ตัวอย่างของรูปภาพที่ใช้ประกอบในการสัมภาษณ์เชิงลึกสำหรับกลุ่มโฟกัส 2 ตอน ตอนที่ 1 ภาพสถานการณ์



<u>ฉบับเต็ม</u>

แบบวัดความเห็นอกเห็นใจต่อผู้อื่นของนักเรียนวัยรุ่นตอนต้น Empathy scale of Early adolescence (ESEA)

จัดทำโดย นางสาว ศิระวรรณ พิชิตชัยโสภา

ชื่อรหัส (code name) RA RA
 คำชี้แจงการเขียน Code Name 1. ตำแหน่งที่ 1 ใส่เลขชั้นปีของตนเอง เช่น หากอยู่ ม.1 ให้ใส่เลข 1 ที่หน้าตัว RA 2. ตำแหน่งที่ 2 ใส่เลขห้องเรียนของตนเอง เช่น หากอยู่ ม.1/4 ให้ใส่เลข 4 ในตำแหน่งที่ 2 3. ตำแหน่งที่ 3 และ 4 ใส่เลขที่ในห้อง เช่น หากเป็นเลขที่ 8 ให้ใส่ 08
ตัวอย่าง Code Name : 5 RA 4 0 8
ข้อสำคัญ : กรุณาเขียนชื่อ-นามสกุลของตนเองด้วยดินสอด้านหลังกระดาษหน้าสุดท้าย
หากทำเสร็จก่อนเวลา นักเรียนสามารถวาดรูปในหน้าสุดท้ายได้
แบบวัดความเห็นอกเห็นใจต่อผู้อื่นของนักเรียนวัยรุ่นตอนต้นประกอบด้วย 2 ตอน ตอนที่ 1 จำนวน 8 ข้อใหญ่ (1 ข้อใหญ่ - 3 คำถาม) รวม 24 ข้อ ตอนที่ 2 จำนวน 3 ข้อใหญ่ (1 ข้อใหญ่ - 3 คำถาม) รวม 9 ข้อ รวมทั้งหมด 2 ตอน รวมทั้งหมด 33 ข้อ
 ตอนที่ 1: ภาพสถานการณ์ต่าง ๆ วัตถุประสงค์: เพื่อประเมินความสามารถของนักเรียนในการเข้าใจและแสดงความเห็นอกเห็นใจต่ะ สถานการณ์ทางอารมณ์ต่าง ๆ คำชี้แจง: 1. ดูภาพในแต่ละข้ออย่างละเอียด ภาพจะแสดงสถานการณ์ต่าง ๆ 2. ตอบคำถามตามความคิดและความรู้สึกของนักเรียนเมื่อเห็นภาพนั้น ๆ 3. เลือกคำตอบที่ตรงกับความเข้าใจและความรู้สึกของนักเรียนมากที่สุด โดยวงกลม

ภาพที่ 1



จงเลือกคำตอบที่ตรงกับความคิดและความรู้สึกของนักเรียนมากที่สุด

- 1. นักเรียน<u>คิด</u>ว่า เด็กในภาพ <u>มีความรู้สึก</u>อย่างไร
 - a) รู้สึกกดดัน
 - b) รู้สึกเศร้าหมอง
 - c) รู้สึกสงบ
 - d) รู้สึกกังวล
 - e) รู้สึกไม่ใส่ใจอะไร
- 2. เมื่อเห็นเด็กในภาพ <u>นักเรียนมีความรู้สึกต่อเด็ก</u>ในภาพอย่างไร
 - a) รู้สึกเฉย ๆ
 - b) รู้สึกเศร้าไปด้วย
 - c) รู้สึกเห็นใจ
 - d) รู้สึกกังวลใจ
 - e) รู้สึกไม่หนักใจ
- 3. เมื่อเห็นเหตุการณ์นี้ **นักเรียนจะทำต่อเด็กคนนี้อย่างไร**
 - a) ยืนมองสักครู่แล้วเดินจากไป
 - b) ถามเขาว่าต้องการให้ช่วยอะไรไหม
 - c) ไปขอความช่วยเหลือจากผู้ใหญ่
 - d) นั่งข้าง ๆ โอบไหล่อย่างเดียว
 - e) รีบวิ่งหนีไป

ตอนที่ 2

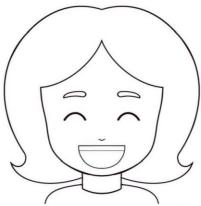
ตอนที่ 2: ภาพแสดงสีหน้าและการแสดงออกทางอารมณ์

วัตถุประสงค์ : เพื่อประเมินความสามารถของนักเรียนวัยรุ่นตอนต้นในการเข้าใจและแสดงความเห็นอกเห็นใจ ผ่านการสังเกตสีหน้าและการแสดงออกทางอารมณ์ของผู้อื่น

คำชื้แจง

- 1. โปรดพิจารณารูปภาพในแต่ละข้อที่แสดงสีหน้าและการแสดงออกทางอารมณ์อย่างละเอียด
- 2. ตอบคำถามที่เกี่ยวข้องกับแต่ละรูปภาพตามสิ่งที่นักเรียนคิดและรู้สึก

ภาพที่ 1



จงเลือกคำตอบที่ตรงกับความคิดและความรู้สึกของนักเรียนมากที่สุด

- นักเรียนคิดว่า เด็กในภาพมีความรู้สึกอย่างไร?
 - a) รู้สึกไม่ตื่นเต้น
 - b) รู้สึกสบายใจ
 - c) รู้สึกเครียด
 - d) รู้สึกตื่นเต้น
 - e) รู้สึกดีใจ
- 2. เมื่อเห็นสีหน้าของเด็กในภาพ **นักเรียนมีความรู้<u>สึก</u>ต่อเด็กคนนี้**อย่างไร?
 - a) รู้สึกเฉย ๆ
 - b) รู้สึกอิจฉา
 - c) รู้สึกสบายใจ
 - d) รู้สึกหดหู่
 - e) รู้สึกดีใจด้วย
- 3. ถ้านักเรียนเห็นสีหน้าเด็กในภาพ **นักเรียนจะทำต่อเด็กคนนี้**อย่างไร?
 - a) ยิ้มให้เขา
 - b) พูดแสดงความยินดีกับเขา
 - c) บอกเพื่อนเป็นเรื่องธรรมดา
 - d) ไม่สนใจเขา เดินจากไป
 - e) แสดงหน้าตาไม่พอใจ

โปรแกรมการให้คำปรึกษากลุ่มแบบบูรณาการเพื่อเสริมสร้างความเห็นอกเห็นใจสำหรับนักเรียนวัยรุ่นตอนต้น

ครั้งที่	เรื่อง	วัตถุประสงค์	ทฤษฎี / ทักษะ / เทคนิค
1	การปฐมนิเทศ การรู้จักและ สร้างความไว้วางใจในกลุ่ม	1.เพื่อให้นักเรียนได้รู้จักสมาชิก ในกลุ่มทั้งในเชิงบุคคลและสิ่งที่ เกี่ยวข้องกับตัวเอง 2.เพื่อชี้แจ้งวัตถุประสงค์และ ร่วมกันสร้างของตกลงร่วมกันใน การให้คำปรึกษา 3.เพื่อสร้างบรรยากาศของ ความไว้วางใจและความ ปลอดภัยทางอารมณ์ในกลุ่ม	ทฤษฎีการให้คำปรึกษา ทฤษฎีการให้คำปรึกษาแบบเน้นบุคคลเป็น ศูนย์กลาง (Person-centered Therapy) - ซึ่งมุ่งเน้นให้ความสำคัญกับ ตัวบุคคล เป็น สำคัญ เทคนิคการให้คำปรึกษา เทคนิคการยอมรับอย่างไม่มีเงื่อนไข (Unconditional positive Regard) เทคนิคการแสดงความเข้าใจแบบร่วมรู้สึก (Empathic Understanding) ทักษะพื้นฐาน - ทักษะการฟังอย่างตั้งใจ (Active Listening) - ทักษะการให้กำลังใจ (Encouraging Skills)
2	การรู้จักอารมณ์ของตนเอง และผู้อื่นในอารมณ์ต่างๆ (Cognitive Empathy - Understanding Others and self)	1.เพื่อเสริมสร้างการพังอย่างไม่ ตัดสินและพังด้วยความเห็นอก เห็นใจผู้อื่น 2.เพื่อพัฒนาความเข้าใจต่อ ความเห็นอกเห็นใจทางด้าน สติปัญญา (Cognitive empathy)	ทฤษฎีการให้คำปรึกษา ทฤษฎีการบำบัดพฤติกรรมทางปัญญา (Cognitive Behaviour Therapy - CBT) - ช่วยนักเรียนระบุความคิดที่กระตุ้นอารมณ์ และเปลี่ยนแปลงความคิดเชิงลบ เทคนิคการให้คำปรึกษา เทคนิคกระบวนการบำบัดทางปัญญา(The Cognitive Therapy Process)

การให้คำปรึกษากลุ่มแบบบูรณาการเพื่อเสริมสร้างความเห็นอกเห็นใจสำหรับวัยรุ่นตอนต้น (ครั้งที่ 1)

เรื่อง การปฐมนิเทศ การรู้จักและสร้างความไว้วางใจในกลุ่ม

แนวคิด

กิจกรรมการรู้จักและสร้างความไว้วางใจในกลุ่มเป็นขั้นตอนสำคัญในการเสริมสร้างบรรยากาศที่เอื้อต่อการเปิดใจ และการมีส่วนร่วมในกลุ่มวัยรุ่นตอนต้น ซึ่งการปฐมนิเทศและการสร้างความไว้วางใจในกลุ่มเป็นกระบวนการสำคัญในการให้ คำปรึกษากลุ่ม โดยมีเป้าหมายหลักเพื่อให้นักเรียนได้ทำความรู้จักซึ่งกันและกัน เข้าใจตนเองและผู้อื่น รวมถึงการสร้าง สภาพแวดล้อมที่ปลอดภัยทางอารมณ์ ซึ่งช่วยส่งเสริมให้เกิดความไว้วางใจระหว่างสมาชิกในกลุ่ม กระบวนการนี้สอดคล้องกับ ทฤษฎีการให้คำปรึกษาแบบเน้นบุคคลเป็นศูนย์กลาง (Person-centered Therapy) ของ Carl Rogers (1951) ซึ่งเน้นให้ ความสำคัญกับตัวบุคคลเป็นศูนย์กลางของกระบวนการ โดยเชื่อว่าผู้รับคำปรึกษามีศักยภาพในการเติบโตและแก้ไขปัญหาของ ตนเอง หากได้รับการสนับสนุนผ่านสภาพแวดล้อมที่เต็มไปด้วยความเข้าใจ การยอมรับ และการฟังอย่างลึกซึ้ง (Rogers, 1957) ทั้งนี้ การกำหนดข้อตกลงร่วมกันและพื้แจงวัตถุประสงค์ของกลุ่มถือเป็นองค์ประกอบสำคัญที่ช่วยให้สมาชิกเกิด ความรู้สึกปลอดภัยและมั่นใจในการแบ่งปันความคิดเห็น โดยมีงานวิจัยซี้ให้เห็นว่า การสร้างบรรยากาศที่ไว้วางใจตั้งแต่เริ่มต้น มีผลต่อความสำเร็จของกลุ่มอย่างมีนัยสำคัญ (Corey, 2016; Yalom & Leszcz, 2020)

ในการดำเนินกิจกรรมการปฐมนิเทศ เทคนิคสำคัญที่ถูกนำมาใช้ ได้แก่ เทคนิคการยอมรับอย่างไม่มีเงื่อนไข (Unconditional Positive Regard) ซึ่งช่วยให้ผู้เข้าร่วมรู้สึกได้รับการยอมรับและเคารพในความเป็นตัวเอง โดยไม่มีเงื่อนไข หรืออคติ (Mearns & Thorne, 2013) และ เทคนิคการแสดงความเข้าใจแบบร่วมรู้สึก (Empathic Understanding) ที่ช่วย ให้ผู้นำกลุ่มสามารถสะท้อนความรู้สึกและประสบการณ์ของสมาชิกในกลุ่มได้อย่างลึกซึ้ง (Elliott et al., 2011) นอกจากนี้ ทักษะการฟังอย่างตั้งใจ (Active Listening) ซึ่งหมายถึงการให้ความสนใจและสะท้อนกลับเนื้อหาที่ผู้พูดสื่อสาร ช่วยให้เกิด ความเข้าใจและเชื่อมโยงระหว่างสมาชิก (Ivey, Ivey, & Zalaquett, 2018) และ ทักษะการให้กำลังใจ (Encouraging Skills) ซึ่งช่วยสร้างความมั่นใจให้สมาชิกกลุ่มรู้สึกว่าสามารถแสดงออกได้อย่างปลอดภัย (Hackney & Cormier, 2013) การใช้ เทคนิคและทักษะเหล่านี้ช่วยเสริมสร้างบรรยากาศของกลุ่มให้มีความไว้วางใจ อันเป็นปัจจัยสำคัญในการสร้างเสริม กระบวนการให้คำปรึกษาที่มีประสิทธิภาพ (Corey, 2016; Yalom & Leszcz, 2020)

วัตถุประสงค์

- 1.เพื่อให้นักเรียนได้รู้จักสมาชิกในกลุ่มทั้งในเชิงบุคคลและสิ่งที่เกี่ยวข้องกับตัวเอง
- 2.เพื่อขึ้แจ้งวัตถุประสงค์และร่วมกันสร้างของตกลงร่วมกันในการให้คำปรึกษา
- 3.เพื่อสร้างบรรยากาศของความไว้วางใจและความปลอดภัยทางอารมณ์ในกลุ่ม

ระยะเวลา

60 นาที

สื่อและอุปกรณ์

- 1. ป้ายชื่อสมาชิกในกลุ่ม จำนวนเท่ากับสมาชิกในกลุ่ม
- 2. การ์ดคำถามเกี่ยวกับตัวเอง เช่น "งานอดิเรกที่คุณชอบคืออะไร?" หรือ "ความฝันในอนาคตของคุณคืออะไร?"
- กระดาษและปากกา

ขั้นตอนการดำเนินการให้คำปรึกษา

1. ขั้นเริ่มต้น

- 1.1 ผู้นำกลุ่มกล่าวต้อนรับสมาชิกทุกคนด้วยท่าทีที่เป็นกันเองและแสดงความยินดีที่สมาชิกเข้าร่วมกิจกรรม
- 1.2 แนะนำตัวเองโดยบอกข้อมูลพื้นฐาน เช่น ชื่อ ประสบการณ์เกี่ยวกับการให้คำปรึกษา และความคาดหวังจาก กิจกรรม เพื่อสร้างความเชื่อมั่นและสร้างบรรยากาศที่อบอุ่น
 - 1.3 แจกป้ายชื่อให้สมาชิกเขียนชื่อและถือไว้ตลอดกิจกรรม เพื่อช่วยให้สมาชิกจดจำชื่อกันได้ง่าย
- 1.4 แจกการ์ดคำถามให้สมาชิกเลือกตอบ 2-3 ข้อที่สะท้อนตัวตน เช่น "งานอดิเรกที่คุณซอบ?" หรือ "เรื่องราวที่ คุณภูมิใจที่สุดในชีวิตคืออะไร?"
- 1.5 ให้สมาชิกแต่ละคนแนะนำตัวเองและเล่าเรื่องราวเพิ่มเติมหากต้องการ โดยผู้นำกลุ่มอาจแนะนำให้สมาชิกพูดถึง สิ่งที่ทำให้ตนเองมีความสุข ความท้าทายที่เผชิญ หรือแรงบันดาลใจในชีวิต
- 1.6 ผู้นำกลุ่มส่งเสริมการรับฟังด้วยท่าทีที่ให้ความสนใจ เช่น การพยักหน้าหรือการถาม คำถามเสริม เช่น "คุณมี เคล็ดลับอะไรในการทำสิ่งที่คุณภูมิใจที่สุดนั้น?"

2. ขั้นดำเนินการ

- 2.1 ผู้นำกลุ่มดำเนินการจัดกิจกรรม "กิจกรรมสร้างความไว้วางใจ (Trust-building Activity)" ซึ่งแซร์สิ่งที่ทำให้ คุณมีความสุขในสัปดาห์ที่ผ่านมา (Weekly Joy Sharine) ให้สมาชิกเล่าเรื่องราวหรือประสบการณ์ที่ทำให้รู้สึกดี
- 2.2 ผู้นำกลุ่มส่งเสริมความมีส่วนร่วมด้วยการแสดงความคิดเห็นในเชิงบวก เช่น "ฟังดูเหมือนคุณสนุกกับกิจกรรมนี้ มาก" หรือ "สิ่งที่คุณเล่าแสดงถึงความพยายามและความตั้งใจของคุณ"
- 2.3 ผู้นำกลุ่มสะท้อนความรู้สึก(Emotional Reflection) และความคิดเห็นจากสิ่งที่สมาชิกแบ่งปัน เช่น "ฟังดูเหมือนคุณรู้สึกภูมิใจมากกับเรื่องนี้" หรือ "สิ่งนี้แสดงให้เห็นว่าคุณเป็นคนที่ใส่ใจคนรอบข้างมาก"
- 2.4 เปิดโอกาสให้สมาชิกแบ่งปันความรู้สึกต่อสิ่งที่ได้เรียนรู้จากเพื่อนร่วมกลุ่ม เพื่อเสริมสร้างความเข้าใจและการ ยอมรับซึ่งกันและกัน
- 2.5 ผู้นำกลุ่มซ่วยเชื่อมโยงและเน้นความสำคัญของกลุ่ม (Group Connection and Integration) สิ่งที่สมาชิกแต่ ละคนแบ่งปัน เพื่อสร้างความรู้สึกเป็นส่วนหนึ่งของกลุ่ม เช่น "สิ่งที่ทุกคนเล่าแสดงให้เห็นว่าเราแต่ละคนมีประสบการณ์ที่ หลากหลาย แต่ก็มีความคล้ายคลึงกันในความมุ่งมั่นและความตั้งใจ"

2.6 สนับสนุนให้สมาชิกแสดงความขอบคุณต่อกัน เช่น "ฉันดีใจที่ได้ยินเรื่องราวของคุณ เพราะมันทำให้ฉันรู้สึกว่า เราเข้าใจกันมากขึ้น"

3. ขั้นสรุป

- 3.1 ผู้นำกลุ่มสรุปประเด็นสำคัญที่ได้จากกิจกรรม (Activity Reflection and Benefits) เช่น การรู้จักกันมากขึ้น การสร้างความไว้วางใจ และความรู้สึกเป็นทีม
- 3.2 เน้นถึงข้อดีของการเปิดใจและการมีส่วนร่วมในกิจกรรมกลุ่ม เช่น การพัฒนาทักษะการฟังและการเชื่อมโยง ความสัมพันธ์ในกลุ่ม
- 3.3 เปิดโอกาสให้สมาชิกแสดงความคิดเห็น (Feedback Sharing) เกี่ยวกับกิจกรรม เช่น "วันนี้คุณได้เรียนรู้อะไร ใหม่เกี่ยวกับเพื่อนในกลุ่ม?" หรือ "คุณรู้สึกอย่างไรกับการมีส่วนร่วมในวันนี้?"
- 3.4 ผู้นำกลุ่มกระตุ้นให้สมาชิกแบ่งปันความคิดเห็นที่เป็นข้อเสนอแนะในการปรับปรุงกิจกรรม เช่น "มีอะไรที่เรา สามารถทำให้กิจกรรมครั้งหน้าดีขึ้นได้?"
- 3.5 ผู้นำกลุ่มขอบคุณการแสดงความขอบคุณ (Expressing Gratitude)สมาชิกสำหรับการมีส่วนร่วมและความตั้งใจ ในการทำกิจกรรม
 - 3.6 สนับสนุนให้สมาชิกมองเห็นความสำคัญของการเปิดใจและความร่วมมือในการพบปะครั้งถัดไป
- 3.7 ส่งเสริมให้สมาชิกแสดงความขอบคุณซึ่งกันและกัน เช่น "มีใครที่คุณอยากขอบคุณสำหรับสิ่งดี ๆ ที่ได้รับในวันนี้ บ้าง?"
- 3.8 ผู้นำกลุ่มแจ้งแนวทางหรือหัวข้อของกิจกรรมครั้งถัดไป (Closing and Preparation for Next Session) เพื่อให้ สมาชิกเตรียมตัว ตลอดจนสร้างความคาดหวังเชิงบวก เช่น "ครั้งหน้าดิฉันหวังว่าเราจะได้พูดคุยและเรียนรู้อะไรใหม่ ๆ จากกัน อีก และสร้างบรรยากาศที่ดีในการจากลา โดยอาจมีคำอวยพรหรือการจับมือเพื่อเสริมสร้างความสัมพันธ์ในกลุ่ม

การประเมินผล

- 1. สังเกตการมีส่วนร่วมของสมาชิกในกิจกรรม เช่น การพูดคุย การรับฟัง และการแสดงออกทางอารมณ์ โดย ประเมินว่ากลุ่มสามารถสร้างบรรยากาศที่ไว้วางใจได้มากน้อยเพียงใด
 - 2. สังเกตจากการปฏิบัติตามข้อตกลงข้อกลุ่ม

การ์ดคำถามเกี่ยวกับตัวเอง เช่น "งานอดิเรกที่คุณชอบคืออะไร?" หรือ "ความฝันในอนาคตของคุณคืออะไร?"



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ใบแสดงความคิดเห็นหลังการให้คำปรึกษากลุ่ม ครั้งที่ 1 (สำหรับผู้ได้รับคำปรึกษา)

1.สิ่งที่คุณได้เรียนรู้อะไรหลังจากกิจกรรมนี้เกี่ยวกับตัวคุณเองหรือผู้อื่น?
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2. ในการจัดกิจกรรมให้คำปรึกษากลุ่มครั้งต่อไป คุณอยากให้มีอะไรเพิ่มเติมหรือปรับปรุงหรือไม่?
3. คุณอยากบอกอะไรกับพี่ที่ให้คำปรึกษา (หรือผู้นำกิจกรรม) บ้างไหม?
F. Sung.

แบบบันทึกหลังการให้คำปรึกษากลุ่ม ครั้งที่ 1 (สำหรับผู้ให้คำปรึกษา)

1.บรรยากาศในกลุ่มเป็นอย่างไร? สมาชิกมีส่วนร่วมอย่างไรบ้าง?
(สังเกตพฤติกรรม เช่น ความกล้าแสดงออก การสื่อสาร ความไว้วางใจ)
2. มีสิ่งใดที่เกิดขึ้นแตกต่างจากที่คุณคาดการณ์ไว้หรือไม่? และคุณจัดการกับสถานการณ์นั้นอย่างไร?
3. จากการดำเนินกิจกรรมวันนี้ คุณได้เรียนรู้อะไรเกี่ยวกับตนเองในฐานะผู้ให้คำปรึกษา?
T. S. I I I I I I I I I I I I I I I I I I
N: 98
4. สิ่งที่คุณตั้งใจจะปรับปรุงหรือพัฒนาในการดำเนินกิจกรรมครั้งถัดไปคืออะไร?

หมายเหตุ : หากต้องการโปรแกรมการให้คำปรึกษากลุ่มแบบบูรณาการเพื่อเสริมสร้างความเห็นอก เห็นใจของนักเรียนวัยรุ่นตอนต้น ฉบับเต็ม

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VITA

NAME

SIRAWAN PICHITCHAISOPA

