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ADOLESCENTS' SOCIAL EMOTIONAL HEALTH AND EMPATHY IN LITHUANIAN SAMPLE

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Abstract. ***Background.*** Non-decreasing extent of bullying, increasing rates of various dependencies and suicides, high level of adolescents' behavioural and emotional problems are observed in Lithuanian schools at present. Academic literature sources have revealed that adolescents' mental health is mainly researched from the deficit-oriented perspective, i.e. factors under research are related to various impairments, encountered difficulties or their risk. It is particularly important to conduct research on the positive adolescent development, its strengths, emotional and social areas of health that can be developed. The present research emphasizes a positive development of youth and social emotional aspects of such development. ***Aim.*** To investigate differences in adolescents' social and emotional health and empathy by age and gender in the Lithuanian sample. ***Method.*** Social and Emotional Health Survey (Furlong et al., 2014) and Interpersonal Reactivity Index (*IRI*) (Davis, 1980). The sample: 600 adolescents (12–18 year olds) from various Lithuanian schools. ***Research results and conclusions***. The scores of SEHS–S scales of *belief-in-self* and *engaged living* are statistically significantly higher in the group of junior adolescents (12–15 year olds) and those of *empathy* (IRI) are higher among senior adolescents (16–18 year olds); significantly higher scores of *empathy* scales are observed in the group of girls compared to boys. The results of the conducted research contribute to the development of expression of school learners' social and emotional health and empathy.

Keywords: social and emotional health; empathy; sample of Lithuanian adolescents; differences by age and gender.

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INTRODUCTION

Mental health is one of the more significant aspects of adolescents' health in Lithuanian schools. According to the opinion of the majority of authors, non-decreasing extent of bullying, increasing rates of various dependencies and suicides, high level of adolescents' behavioural and emotional problems are observed in Lithuanian schools (Burkauskienė et al., 2008; Civinskas, Levickaitė, & Tamulienė, 2006; Ignatavičienė, 2008; Gintalaitė, Vaitkevičius, & Pilkauskienė, 2013; Nauckūnaitė, Stonkuvienė, Česnavičienė, & Venslovienė, 2010; Mikėnienė, Polukordienė, Skruibis, & Trofimova, 2012; Petrulytė & Guogienė, 2017; Petruškevičiūtė, 2007; Polukordienė, Skruibis, & Bagdonienė, 2010; Targamadzė, 2010; Šutinienė, 2011; Šukytė, 2014).

The World Health Organisation defines the concept of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1948). However, mental health of adolescents is mainly researched from the *deficit-oriented* perspective, i.e. factors under research are linked to various impairments, encountered problems or related risks (Kalpokienė, 2005; Ramanauskienė, Matulionienė, & Martinkienė, 2002; Petrulytė & Lazdauskas, 2015 and others). C. Keyes (2006) claims that health and well-being equate with the absence of disease, illness, disability, and malfunctioning. The absence of mental illness does not necessarily imply the presence of mental health. The Mental Health Foundation (Wells, Barlow, & Stewart-Brown, 2003) expanded the definition of mental health and defined it as a combination of emotional well-being, social functioning, and a big number of competences that can be developed and improved. The present research is based on the holistic approach to mental health emphasizing the positive development of young people, its social emotional aspects and the relation of adolescents' psychological factors with social environments – the family, the school, and the peers. It should be pointed out that the research was conducted in cooperation with the psychologists working in the system of education.

BACKGROUND

Adolescents' social and emotional health and empathy constructs. The variety of concepts of *mental health* (psychological well-being, psychological or subjective well-being, psychological resilience, and others) and research on them are available in today's science, its emotional and social domains have also received more and more attention of researchers (Valantinas, 2009; Bowers et al., 2010; Furlong, 2014; 2015). It is particularly relevant to investigate the positive development of adolescents especially emphasising their ability to cope with the crisis of psychosocial development in adolescence. The more strengths are gained by an adolescent, the more positive his or her development is. The strengths of adolescents lead to an increased sense of happiness and relate to their academic achievements (Park & Peterson, 2008). Heated discussions occur in research studies on which strengths and competences of an individual are more significant and to what extent they link with the positive development of adolescents and adults.

The presented research refers to the adolescents' emotional and social health as to a multi-dimensional construct, which encompasses a combination of a person's psychological strengths, i.e. his or her positive dispositions. This would include fundamental personal strengths: belief-in-self, belief-in-others, emotional competence, and engaged living (You, Furlong et al., 2015). The main contexts of this concept of adolescent social and emotional health consist of family, school, peer group, and identity under formation together with belief-in-self and self-respect as well as their interaction and synergy. The key advantages of this model are grounded on perceiving the health of a child/an adolescent as a multi-dimensional and dynamic construct of emotional and social health as well as on consistency of model conceptualisation with operationalisation.

A broad spectrum of possibilities for conducting the research on the trajectories of child/adolescent development in various educational and socio-cultural contexts can be identified. The model of social and emotional health has been successfully tested and now has been implemented through scientific research in the USA, Australia, Japan, Korea, and Turkey (Furlong et al., 2014; You et al., 2015 and others). The

conducted surveys have shown that the construct of emotional and social health and strengths is related to a high level of mental health, psychological resilience, and well-being.

The value of fostering the psychological health of children and adolescents is recognized worldwide as a priority topic, i.e. the one that is referred to as a fundamental human right by UNESCO (Furlong, Gilman, & Huebner, 2014). In accordance with the common priority aims of World Health Organisation (WHO) and American Psychology Association (APA) towards monitoring the social and psychological health of the young generation (Furlong, 2015), over the past 10 years M. J. Furlong has been leading theoretical and practical research studies at the University of California (Santa Barbara) striving to create and implement the usage of a universal and convenient psychometric tool for predicting the social and emotional health of adolescents. M. J. Furlong has been showing an interest in piloting and practically using the methodology "Social Emotional Health Survey - Secondary" (SEHS-S) in Lithuania.

Empathy is perceived as a particularly significant aspect of adolescents' social and emotional health. This aspect is included into the model of emotional social health introduced by M.J. Furlong as one of its sub-scales. However, this dimension is of complex nature and possesses specific aspects of its structure and manifestation. The available research in the field is discussed further. Empathy is understood as a reaction of an individual to another person's inner state, and as an emotional response to the experience of another individual (Wied, Goudena, & Matthys, 2005). Empathy is also an ability to show own feelings and understanding to others (Pukinskaitė, 2006), which can manifest itself as a constant inclination of an individual to respond to emotional state of others (dispositional empathy) or as an evolving affective reaction to a specific situation (situational empathy). This study approaches empathy as a multi-dimensional construct, which embraces emotional and cognitive processes (Davis, 1980; Batson, 2009; Decety & Cowell, 2014). Various studies on empathy define it as one of the most significant factors of individual's prosocial behaviour and psychosocial development and as a prerequisite for successful communication (Strayer & Roberts, 2004; Denham, 1998; Eisenberg, Fabes, & Spinrad, 2006; Hoffman, 2000). Empathy is understood as getting into the inner world of another person

or as capacity to imagine oneself going through another person's emotions, putting oneself into another's place, responsiveness and concern (Mehrabian & Epstein, 1972; Davis, 1983; Cohen & Strayer, 1996; Hoffman, 2000), as a sensual response to other people's experiences. The cognitive element of empathy refers to intellectual and analytical ability to identify oneself with others, and to understand feelings of other people on the basis of simple associations (White, 1997). This component also includes more complex cognitive processes such as understanding of the perspective of thoughts, intentions, and behaviour of another person (Cliffordson, 2002; Wied et al., 2005) and allows to understand the attitude of others, their internal experiences, and emotional reactions to this process (Davis, 1983). Empathy also embraces the ability to show (pass over) own feelings and understanding to others and it is one of the factors that encourages support to each other (Davis, 1983; Cliffordson, 2002; White, 1997).

Expression of adolescents' empathy is of particular significance. The higher level of adolescents' empathy creates favourable conditions for adolescents to experience and express positive emotions, contributes to control of anger and other negative feelings, and is a signal of prosocial behaviour (Roberts & Strayer, 1996; Pukinskaitė & Guogienė, 2010). Introducing social competences and teaching empathy to adolescents enable them to learn to manage own anger (O'Neil, 1996; Suslavičius, 2000).

Differences in adolescents' social emotional health and empathy by age and gender. Scholarly literature sources broadly discuss adolescents' *empathy* in the context of psychosocial functioning of the individual (Hoffman, 2000; Reynolds & Scott, 1999; Kradin, 2005; Carr & Lutjemeier, 2005; Pukinskaitė, 2006; Van Noorden, Haselager, Cillessen, & Bukowski, 2015). Researchers have been further discussing the dimensions of individual's empathy (Van der Graaff et al., 2016) as well as the development of expression of empathy. It has been identified that boys' empathy is lower compared to that of girls (Carr & Lutjemeier, 2005; Harrod & Scheer, 2000; Eisenberg, Fabes, & Spinrad, 2006; Karkauskaitė, 2013). The conducted research studies reveal that more expressed empathic abilities and abilities to identify emotions (Schulte-Rüther et al., 2008), perception and awareness of emotions (Katyal &

Awasthi, 2005), and higher scores of emotional intellect indicators (Žukauskienė, Malinauskienė, & Erentaitė, 2011) are characteristic of female adolescents compared to male adolescents. The research carried out by A. Balundė and D. Grakauskaitė-Karkockienė (2015) allows to conclude that higher levels of personal distress and empathic concern among senior adolescents are identified in the group of young women. However, according to other authors, no differences in expression of certain aspects of empathy have been identified (Mestre et al., 2004; Garaigordobil, 2009). It can be assumed that empathy is one of the integral components of emotional health, and differences in its development as well as levels of expression of its components are likely to be predetermined by age, gender, and other sociodemographic aspects.

M. J. Furlong's studies reveal that girls show higher rates of emotional competence and confidence than boys, but boys have higher rates of confidence about themselves (Furlong, et al., 2014). The study with a non-western sample of Korean adolescents on the SEHS–S for males and females shows that females more strongly endorse items of *belief-in-others* compared to males (Furlong et al., 2016). Significant differences by gender were found among Turkish adolescents in the SEHS-S scores of *engaged living* and *general index*, and no significant differences by gender were detected in the areas of *belief-in-self, belief-in-others,* and *emotional competence*. Thus, some cross-national differences in the SEHS-S profiles between males and females can be observed in general, but differences occur in the small effect-size range (You et al., 2015; Ito et al., 2015; Lee et al., 2016). Generalising, it can be stated that the research studies on development of adolescents' social emotional health and empathy dimensions as well as on socio-demographic characteristics are still scarce.

The aim of the research was to conduct research on adolescents' social emotional health and empathy dispositions in the Lithuanian sample. *The objectives of the research* were to evaluate the expression of adolescents' social emotional health and empathy dispositions, and to compare them by age (junior or senior adolescents) and gender.

The following empirical questions are highlighted within the research: What are the indicators of the social emotional health research

tool *Social Emotional Health Survey - Secondary (SEHS-S)* and *Empathy (Interpersonal Reactivity Index, IRI)* in the sample of Lithuanian adolescents? Is there a significant statistical difference among demographical groups of adolescents by age and gender?

METHOD

Sample

Justifying the choice of the respondents by age and gender, it is important to point out that the main focus is laid on conducting research in dispositions of junior and senior adolescents' social emotional health. Choosing the age limits of the sample in the present research, the age group that M. J. Forlung's methodology SEHS-S targeted at was considered (12–18 years old adolescents); the participants of the research were the learners from schools of general education in different regions and towns of the country. The following age groups were chosen: 300 junior adolescents (12–15 year olds) and 300 senior adolescents (16–18 year olds). The proportion between the boys and the girls was approximately equal: 320 boys and 280 girls. The research was conducted in nine schools of Lithuania (Vilnius, Anykščiai, Joniškis, Palanga, Šalčininkai, Šakiai, and Švenčionys). The research sample included 600 adolescents. The distribution of the respondents by age was as follows: 15.2% – 12 year olds, 16.7% –13 year olds, 10% – 14 year olds, 8.8% – 15 year olds, 16% – 16 year olds; 16.5% – 17 year olds, and 16.8 % – 18 year olds. It is important to point out that the participants in this research were from different towns and schools compared with the previously conducted research (Petrulytė & Guogienė, 2017).

Assessment instruments

Social Emotional Health Survey – Secondary (SEHS-S), Furlong et al. (2014). The questionnaire survey includes a wide range of social emotional psychological dispositions associated with positive development of young people. The constructive validity of this questionnaire was confirmed after the factor analysis of its invariance in groups formed on the base of sociocultural and gender principles (You, Furlong et al., 2015).

The permission to use the questionnaire was granted to A. Petrulytė and V. Guogienė. The double translation was done by A. Petrulytė and J. Bagdonavičiūtė. The questionnaire consists of four dispositions/scales: Belief-in-self, Belief-in-others. Emotional competence, and Engaged living. Each disposition embraces three unique sub-scales of mental health. The first disposition, *belief-in-self*, consists of three sub-scales: *self-efficacy, self-awareness,* and *persistence*. The second disposition, *belief-in-others*, comprises three sub-scales: *school support, peer support,* and *family support*. The third disposition, *emotional competence*, consists of three sub-scales: *emotion regulation, empathy,* and *behavioural self-control*. *Engaged living* embraces three sub-scales: *gratitude, zest,* and *optimism*. The SHES-S questionnaire includes 12 sub-scales. This instrument (SEHS-S) was validated using samples of students from California (Furlong et al., 2014; You et al., 2014; You, Furlong, Felix, & O'Malley, 2015), Korea (Lee, You, & Furlong, 2015), and Japan (Ito, Smith, You, Shimoda, & Furlong 2015). M. J. Furlong emphasizes that this research is directed to optimal exploration of human functions on the basis of the hypothesis that the combination of the first-order positive psychological dispositions (*belief-in-self, belief-in-others, emotional competence, and engaged living*) builds the second-order synergic metaconstruct of covitality, which is a good tool for understanding of the quality level of teenagers' and youth's life as well as forecasting success and well-being in present and later life (Furlong et al., 2014). The internal compatibility of Lithuanian adolescent group (Cronbach's alpha) is as follows (see: *Table 1 and Table 2*):

Table 1. *Cronbach's alphas indicators of SEHS-S constructs in the Lithuanian adolescent group.*

SHES-S constructs	*Cronbach's alpha*
Belief-in-self	.68
Belief-in-others	.75
Emotional competence	.76
Engaged living	.86
General index	.80

Table 2. *Cronbach's alphas indicators of SEHS-S sub-scales in the Lithuanian adolescent group.*

SHES-S sub-scales	*Cronbach's alpha*
Self-efficacy	.60
Self-awareness	.60
Persistence	.66
School support	.74
Family coherence	.88
Peer support	.85
Emotion regulation	.62
Empathy	.77
Self-control	.60
Optimism	.84
Gratitude	.77
Zest	.86

Interpersonal Reactivity Index (IRI), (Davis, 1980). The scale investigates various aspects of empathy and evaluates emotional reactions to negative experiences of other people. The scale consists of 28 items. The respondents were asked to rate every item on a 4-point scale (from 0 to 4) considering their suitability for characterisation of own attitude and feelings. The respondents evaluated statements while the supervisor was reading additional instructions. The scores of sub-scales were calculated summing up the evaluations of all the 7 items. The scale of *Interpersonal Reactivity Index* (IRI) consists of 4 sub-scales that aim to evaluate different aspects of empathy:

1. *Empathic concern scale*. The sub-scale assesses emotional empathy, i.e. the ability to feel compassion for others or tenderness to take care of them;
2. *Perspective-taking scale*. The sub-scale establishes the cognitive aspect of empathy, i.e. the ability to understand and adopt the attitude of other people;
3. *Personal distress scale*. The sub-scale evaluates the ability to experience distress and discomfort reacting to the distress of others;

4. *Fantasy scale*. The sub-scale evaluates the ability of respondents to transpose themselves imaginatively into the feelings.

The sum of the sub-scales of perspective-taking and empathic concern makes up the index of empathy. The author M. H. Davis granted the permission to use the Scale of Empathy to V. Guogienė. The double translation of the scale of *Interpersonal Reactivity Index* was done by R. Pukinskaitė. The evaluation of the internal compatibility of the Lithuanian version showed sufficient reliability of sub-scales and their appropriateness for evaluation of adolescents' empathy (*see*: *Table 3*).

Table 3. *Cronbach's alphas indicators of empathy (IRI) in the Lithuanian adolescent group.*

IRI constructs	*Cronbach's alpha*
Empathic concern	.61
Perspective-taking	.67
Personal distress	.56
Fantasy	.66
Empathy index	.72

The obtained data were processed using Microsoft Excel 2003, SPSS (Version 17 for Windows). The descriptive statistics was applied. Since the variables were not distributed according to normal distribution (checked by the test of Kolmagorov–Smirnov), statistical methods for non-parameter (rank) criteria were used in the calculations. The Mann-Whitney U test was used for the comparison of means of indicators of social and emotional health (SEHS-S) and empathy (IRI) scales of the respondents by gender and age group.

RESULTS

The following psychometric properties of scales of methodologies applied in the presented research according to the data on the respondents were identified: Cronbach alpha of the scales of SEHS-S was .80, and that of IRI equalled to .72.

The analysis of the scales of adolescents' social and emotional health and dimensions of empathy was conducted in terms of socio-demographic indicators. Firstly, the dispositions of social and emotional health (SEHS-S) questionnaire of junior (12–15 year olds) and senior (16–18 year olds) adolescents were compared by age *(see: Table 4*).

Table 4. *Comparison of dispositions/scales of social and emotional health (SEHS-S) of junior (12–15 year olds) and senior (16–18 year olds) adolescents (Mann-Whitney U test was applied*)

SEHS-S main scales	*Age*	*N*	*Mean Rank*	*Z*	*P*
Belief-in-self	12-15 years	300	337.91	-5.30	.000
	16-18 years	300	263.09		
Belief-in-others	12-15 years	300	305.82	-.75	.451
	16-18 years	300	295.18		
Emotional competence	12-15 years	300	300.56	-.01	.993
	16-18 years	300	300.44		
Engaged living	12-15 years	300	323.21	-3.21	.001
	16-18 years	300	277.79		
General index	12-15 years	300	324.50	-3.39	.001
	16-18 years	300	276.50		

The comparative analysis of the values of social and emotional health (SEHS-S) of junior (12–15 year olds) and senior (16–18 year olds) adolescents revealed statistically significant differences in the dispositions of *belief-in-self* ($p \leq .01$), *engaged living* ($p \leq 0.02$), and general index ($p \leq .01$), i.e. larger values were characteristic of junior adolescents. The scores of SEHS-S sub-scales were also compared in terms of age (*see*: *Table 5*).

The comparative analysis of SEHS-S sub-scales of junior (12–15 year olds) and senior (16–18 year olds) adolescents disclosed that junior adolescents (12–15 year olds) are distinguished by *self-awareness, persistence, school support, gratitude,* and *zest*, whereas the scores of *peer support*, *emotion regulation* are significantly higher among senior adolescents (16–18 year olds).

Table 5. *Comparison of social and emotional health (SEHS-S) sub-scales of junior (12–15 year olds) and senior (16–18 year olds) adolescents (Mann-Whitney U test was applied*)

SEHS-S sub-scales	*Age*	*N*	*Mean Rank*	*Z*	*P*
Self-efficacy	12–15 years	300	304.80	-.62	.535
	16–18 years	300	296.21		
Self-awareness	12–15 years	300	329.56	-4.16	.000
	16–18 years	300	271.44		
Persistence	12–15 years	300	343.20	-6.10	.000
	16–18 years	300	257.81		
School support	12–15 years	300	335.59	-5.00	.000
	16–18 years	300	265.41		
Family coherence	12–15 years	300	313.03	-1.84	.066
	16–18 years	300	287.07		
Peer support	12–15 years	300	267.32	-4.75	.000
	16–18 years	300	333.68		
Emotion regulation	12–15 years	300	285.87	-2.11	.035
	16–18 years	300	315.14		
Empathy	12–15 years	300	297.14	-.48	.631
	16–18 years	300	303.86		
Self-control	12–15 years	300	312.52	-1.72	.085
	16–18 years	300	288.48		
Optimism	12–15 years	300	308.84	-1.19	.232
	16–18 years	300	292.16		
Gratitude	12–15 years	300	315.80	-2.18	.029
	16–18 years	300	285.20		
Zest	12–15 years	300	328.47	-3.98	.000
	16–18 years	300	272.53		

Seeking to compare the means of empathy (IRI) scales of junior (12–15 year olds) and senior (16–18 years old) adolescents, the comparative analysis was carried out. Significantly higher scores of *personal distress* ($p \leq .01$) and *fantasy* ($p \leq .03$) were identified among 16–18 year

old adolescents after the analysis of *empathy* (IRI) scales of junior (12–15 year olds) and senior (16–18 year olds) adolescents (*see: Table 6*).

Table 6. *Comparison of empathy (IRI) scales of junior (12–15 year olds) and senior (16–18 year olds) adolescents (Mann-Whitney U test was applied)*

IRI scales	*Age*	*N*	*Mean Rank*	*Z*	*P*
Empathic concern	12–15 years	300	292.42	-1.145	.252
	16–18 years	300	308.58		
Perspective-taking	12–15 years	300	292.24	-1.172	.241
	16–18 years	300	308.77		
Fantasy	12–15 years	300	277.83	-3.209	.001
	16–18 years	300	323.17		
Personal distress	12–15 years	300	273.54	-3.823	.000
	16–18 years	300	327.46		

The indicators of *empathy index* of junior (12–15 year olds) and senior (16–18 year olds) adolescents were also compared but no statistically significant differences were identified.

Generalising, the obtained results partially confirm the research assumption that the values of the dispositions of *belief-in-self* and *engaged living* of social and emotional health (SEHS-S) of 12–15 year old adolescents are statistically higher than those of 16–18 year old ones. The comparison of separate SEHS-S sub-scales confirmed the results of scale dispositions that *self-awareness, persistence, school support, gratitude, and zest* are more expressed in junior adolescents (12–15 year olds), whereas the indicators of *peer support* and *emotion regulation* among 16–18 year old adolescents are higher compared to their junior counterparts. Senior adolescents (16–18 year olds) are more emphatic and larger values of *personal distress* and *fantasy* are more common of 16–18 year old adolescents in comparison with junior adolescents (12–15 year olds).

The aspect of gender was also considered comparing adolescents' emotional and social health (SEHS-S) (*see: Table 7)*. Girls are distinguished by higher means of sub-scales *peer support, empathy* ($p \leq .01$), and *self-control* ($p \leq .05$) compared to boys.

Table 7. *Comparison of social and emotional health (SEHS-S) sub-scales in groups of girls and boys (Mann-Whitney U test was applied*)

SEHS-S sub-scales	*Gender*	*N*	*Mean Rank*	*Z*	*P*
Self-efficacy	boys	320	300.73	-.04	.972
	girls	280	300.24		
Self-awareness	boys	320	304.04	-.54	.588
	girls	280	296.46		
Persistence	boys	320	288.55	-1.83	.068
	girls	280	314.16		
School support	boys	320	304.00	-.53	.593
	girls	280	296.49		
Family coherence	boys	320	297.78	-.43	.670
	girls	280	303.61		
Peer support	boys	320	244.03	-8.64	.000
	girls	280	365.04		
Emotion regulation	boys	320	297.59	-.45	.653
	girls	280	303.83		
Empathy	boys	320	241.81	-8.98	.000
	girls	280	367.57		
Self-control	boys	320	287.21	-2.04	.042
	girls	280	315.69		
Optimism	boys	320	304.75	-.65	.515
	girls	280	295.64		
Gratitude	boys	320	291.25	-1.41	.159
	girls	280	311.07		
Zest	boys	320	313.20	-1.93	.053
	girls	280	285.98		

Analysing the differences in the main dispositions of adolescents' SEHS-S from the perspective of gender, it can be concluded that the values of girls' *belief-in-others* and *emotional competence* and *empathy index* are statistically significantly larger ($p \leq 0.01$) than those of boys (*see: Table 8*).

Table 8. *Comparison of main scales of social and emotional health (SEHS-S) in groups of girls and boys (Mann-Whitney U test was applied)*

SEHS-S main scales	*Gender*	*N*	*Mean Rank*	*Z*	*P*
Belief-in-self	boys	320	293.56	-1.053	.293
	girls	280	308.44		
Belief-in-others	boys	320	270.70	-4.540	.000
	girls	280	334.55		
Emotional competence	boys	320	265.67	-5.277	.000
	girls	280	340.31		
Engaged living	boys	320	305.24	-.717	.473
	girls	280	295.09		
General index	boys	320	281.98	-2.798	.005
	girls	280	321.66		

The research also aimed to evaluate the differences in main scales of adolescents' empathy (IRI) with respect to gender (*see: Table 9*). The comparison of empathy (IRI) main scales of boys and girls allowed to conclude that all the means of sub-scales (*empathic concern, perspective-taking, perspective-taking* scale *fantasy, personal distress)* and *empathy index* are statistically significantly higher in the group of girls (p≤0.01).

Table 9. *Comparison of empathy (IRI) scales in groups of girls and boys (Mann-Whitney U test was applied)*

	Gender	*N*	*Mean Rank*	*Z*	*P*
Empathic concern scale	boys	320	234.24	-10.043	.000
	girls	280	376.22		
Perspective-taking scale	boys	320	267.68	-4.975	.000
	girls	280	338.01		
Fantasy scale	boys	320	238.99	-9.309	.000
	girls	280	370.80		
Personal distress	boys	320	239.84	-9.194	.000
	girls	280	369.83		
Empathy index	boys	320	222.66	-11.764	.000
	girls	280	389.46		

However, it is important to note that further interpretation of the data will not be elaborated on as gender-based norms provided by the authors of original methodologies are not available.

Summing up, the set assumption about probable differences in the aspects of social and emotional health between girls and boys was partially confirmed: higher values of the main dispositions of social and emotional health (SEHS-S) (*belief-in-others* and *emotional competence)* were identified among girls compared to boys. Similar tendencies were observed in its separate sub-scales: *peer support, empathy* and *self-control*. The values of empathy scale (IRI) *empathic concern, perspective-taking, fantasy* and *personal distress,* and *empathy index* are statistically significantly higher in the group of girls compared to boys. Thus, empathy is more expressed in girls.

DISCUSSION

The *Cronbach's alpha* in the SEHS-S *and Empathy (IRI)* is sufficient in the Lithuanian sample *(see: Table 1, 2, and 3)*. In addition, the previous research (Petrulytė & Guogienė, 2017) showed a higher value of SEHS-S *Cronbach's* alpha, i.e. *.90, but the sample was significantly larger (over 1600)*. The data of SEHS-S in the group of 12–18 year old Lithuanian adolescents presented in this article coincide with the sample of white Americans in the research conducted by M. J. Furlong et al. (2014; 2015). Comparing the results of the present research with those of the previously conducted one (Petrulytė & Guogienė, 2017), which embraced more than 1600 school learners in Lithuania, reveal similar results. The analysis of adolescents' social and emotional health (SEHS-S) according to *age* showed that the dispositions of *belief-in-self* and *engaged living* are better expressed among junior adolescents (12–15 year olds) compared to senior adolescents (16–18 year olds) and the data fully coincide with the results of the previous research (Petrulytė & Guogienė, 2017). The values of such sub-scales of SEHS-S as *self-awareness, persistence, school support, gratitude,* and *zest* are statistically significantly higher among junior adolescents (12–15 year olds). In the meantime, a statistically significant difference in *peer support* and *emotion regulation* is observed in the group of senior adolescents

(16 – 18 year olds). This partially complies with the data of the previous research (Petrulytė & Guogienė, 2017), larger values of *peer support* and *self-efficacy* but the values of *self-efficacy, family coherence, empathy, self-control, optimism* did not reveal any significant differences. The age-related differences obtained in our research comply with the objectives of the development in senior adolescence: the need to adapt to peer groups and an increasing trajectory of the need for peer support and independence (Cheng &Chan, 2004).

The comparison of the expression of adolescents' empathy (IRI) in terms of *age* showed that the *index* of empathy did not demonstrate any statistically significant differences comparing the data of junior (12–15 year old) and senior (16–8 year old) adolescents, which coincides with the observations of R. Pukinskaitė (2006) and V. Mestre, D. Frías and P. Samper (2004). However, higher indicators of *fantasy* and *personal distress* were established among 16–18 year old adolescents. Similarly, higher scores of *personal distress* were received in the research conducted by R. Karkauskaitė (2013). It can be assumed that the ability to transpose themselves imaginatively into experienced feelings through thoughts and feelings and to react to distress of another person is better expressed in senior adolescents and complies with the consistent patterns of their cognitive function formation.

The results of comparing the dispositions of adolescents' social and emotional health (SEHS-S) in terms of *gender* coincide with the data obtained in the previous research (Petrulytė & Guogienė, 2017), where significantly higher indicators of *belief-in-others, emotional competence, peer support,* and *empathy* were identified among girls compared to those of boys. The previously conducted research revealed significantly higher values of *engaged liv*ing among boys compared to girls. No significant difference was identified in the present research within a smaller sample.

The acquired research data are in line with the results presented by M. J. Furlong et al. (2014) and S. Lee et al. (2015): the scores of *belief-in-self* among girls are higher than those among boys, and partially comply with the data presented by T. Timofejeva et.al. (2016). The acquired data correspond with consistent patterns of adolescent development: the trajectory of emotional competence and social relations is stronger

among girls, whereas that of activity and social skills is better expressed among boys (Way & Greene, 2006; Pukinskaitė, 2006; Petrulytė, 2016).

Higher values on *empathy* scales and *empathy index* were identified in the group of girls after the comparison of adolescents' empathy (IRI) in terms of *gender*. The obtained research data that general empathy index of boys is significantly lower than that of girls are in line with those accumulated in the research carried out by R. Pukinskaitė (2006). This fully complies with the results obtained during the research conducted by A. Balundė and D. Grakauskaitė–Karkockienė (2015). The results of the present research coincide with the research conclusions of a big number of other researchers regarding higher expression of emotional intelligence and emotional competence of women compared to that of men (Mayer, Salovey, Caruso, & Sitarenios, 2001; Petrides, Frederickson, Sangareau, & Furnham, 2006; Petrides, Frederickson, & Furnham, 2004; Žukauskienė et al., 2011); girls' better understanding of own feelings, their being playful and able to easier establish conversation and communicate with surrounding people more frequently (Strayer & Roberts, 2004; Katyal et al., 2005, Schulte-Rüther et al., 2008). The acquired results also concur with the valuable results of longitudinal research conducted by other researchers in the context of adolescent development: the growth of girls' empathy is more considerable compared to the one of boys. All the above mentioned allows assuming that girls compared to the boys attach more importance to interpersonal relations, sensitivity, emotions in the process of socialisation.

The forecasting links between development of adolescent empathy and social competence in adulthood (Steiger et al., 2014; Crocetti et al., 2016). Thus, long-term social consequences of empathy in adolescence and importance of its development are emphasised. It should be noticed that even though empathy has been the focus of scientific research lately, its expression in the context of development of junior and senior adolescents and gender differences has been still under-researched. Therefore, this research is an attempt to contribute to such studies. As the research is still undergoing the process of approbation, the authors tend to refrain from final generalisation.

Discussing the research perspectives, such factors as family composition, socio-economic status of family, cultural-value aspect, the role of empathy in the person's moral development and in the context of

parents' upbringing and relations with children could be analysed. For example, future research could focus on how parents' behaviour can elicit different effects for their children depending on the level of their empathy expression, how parents should communicate with children, who possess high level of empathy. It would be important to conduct research on how positive dispositions of adolescents are formed and how they relate to their successful adult life.

The given research has some limitations**:** the sample size of the respondents is smaller because the authors of the methodology conducted their survey with much larger respondent groups (an average of 4000–6000 of the respondents) (Furlong, 2014); the study involved only adolescents with the Lithuanian language as a mother tongue; their age norms for SEHS-S survey have not been established in Lithuania yet, and this research is considered to be the initial stage of SEHS-S survey adaptation procedures in Lithuania. More precise approbation of the methodology would require a much wider survey of the respondents from Lithuanian cities and regions, including not only general education schools, but also other types of educational institutions. In our opinion, after all approbation and adaptation processes of SEHS-S as a tool in Lithuania, the risk group of respondents (with low SEHS factor) could be detected just as the group with potentially excellent characteristics (with high SEHS factor). This could help school counsellors to develop specific measures to help the group with low SEHS factors and give more opportunities for the development for the group with high SEHS factors. This particular research is to be considered as a part of internationally wide cooperation on SEHS. Also, procedures of adaptation and validation of SEHS-S in Lithuania has a potential lasting value. School psychologists will be able to use the version adapted for Lithuania and monitor adolescent psychological health. Finally, the results of the conducted research can be significant in the context of the development of learners' social and emotional health and empathy.

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PAAUGLIŲ SOCIALINĖ EMOCINĖ SVEIKATA IR EMPATIJA LIETUVOS IMTYJE

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Santrauka. ***Problema.*** Lietuvos mokyklose nemažėja patyčių, savižudybių atvejų, vis dar stebime paauglių įvairių priklausomybių, elgesio ir emocinių sunkumų augimą. Paauglių psichologinė sveikata daugiau tyrinėjama iš trūkumų perspektyvos, t. y. tiriami veiksniai, susiję pirmiausia su įvairiais sutrikimais, sunkumais ar jų rizika. Itin svarbu tyrinėti paauglio pozityviąją raidą, jos stiprybes ir sveikatos emocinę bei socialinę sritis, kurios gali būti ugdomos. Mūsų tyrime pabrėžiami pozityvios jaunuolių raidos emocinis ir socialinis aspektai. ***Tyrimo tikslas:*** ištirti socialinę ir emocinę sveikatą ir empatiją Lietuvos paauglių imtyje bei palyginti pagal paauglių amžių ir lytį. ***Tyrimo metodai:*** socialinės ir emocinės sveikatos klausimynas, (You, Furlong et al., 2015) ir Tarpasmeninio reaktyvumo indekso (IRI) skalė (Davis, 1980). Tiriamieji: 600 įvairių Lietuvos mokyklų 12–18 metų amžiaus paaugliai. ***Tyrimo rezultatai ir išvados.*** SEHS-S *pasitikėjimo* savimi, bei *įsitraukimo ir susidomėjimo gyvenimu* labiau išreikšti jaunesniųjų paauglių (12–15 metų), o *empatija (IRI)* – vyresniųjų paauglių (16–18 metų), bei mergaičių visų empatijos skalių išreikštumas didesnis nei berniukų (skirtumai statistiškai reikšmingi). Atlikto tyrimo rezultatai yra reikšmingi paauglio pozityviosios raidos kontekste, prisideda prie mokinių socialinės ir emocinės sveikatos ugdymo(si).

Reikšminiai žodžiai: socialinė ir emocinė sveikata; empatija; lietuvių paauglių imtis.

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