

Family Support on Self-Compassion Development: A Case Study of Thai Lesbians

Joemtawan Khemmongkhon, Chiang Mai University, Thailand
Tanaphong Uthayaratana, Chiang Mai University, Thailand
Teerawan Teerapong, Chiang Mai University, Thailand

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Abstract

The family has played a crucial role in psychological development, especially for Asians. This qualitative study aims to explore the ways in which family support could assist Thai lesbians to develop self-compassion. This study employed purposive sampling to examine how 6 participants perceived what and how their family could foster their self-compassion. The data were collected through in-depth interviews and analyzed using content analysis. The emerging themes included: 1) self-compassion and self-acceptance of being lesbian, 2) a supportive family, which consisted of 2.1) respect and freedom, 2.2) warmth, 2.3) open mind for their child being lesbian, and 3) a family model of being compassion, which consisted of 3.1) a model of forgiveness, 3.2) a model of being mindful, and 3.3) a model of a decent living and insight. Findings highlight that family supports and family members who could be models for mindfulness and compassion are helpful to participants' self-compassion development and mental health.

Keywords: Self-Compassion, Family, Lesbian, Mental Health

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Introduction

Lesbian refers to a woman who is primarily or exclusively attracted to other women, both emotionally and sexually. Research has shown that the lesbian and LGBT population faces more diverse mental health issues which relate to lower self-acceptance (Camp et al., 2020). In order to promote their mental health, academics emphasize factors such as a greater understanding of their nature (Rees et al., 2021), self-acceptance (Zimlich, 2019), and family support (Roberts & Christens, 2021). Together with self-compassion, a psychological construct and meta-analysis study has suggested its significant association with mental health. Carvalho and Guiomar (2022) suggest that affirmative mental health care may benefit from promoting self-compassion.

Self-compassion (Neff, 2023) has been found to be a critical factor in promoting mental health and well-being. It involves treating oneself with kindness, understanding and acceptance in times of difficulty, rather than self-criticism and judgment. Self-compassion is comprised of self-kindness, common humanity and mindfulness, which also share some similarities with self-awareness and self-acceptance. Today research has shown that self-compassion and family support have a positive effect on LGBT mental health. However, little is known about how family support can promote self-compassion that improves mental health for lesbians.

Family support is related to mental health and well-being (Schnettler et al., 2015). Sui and Phillips (2002) mentioned that family quality could predict both positive and negative affect on older women in Hong Kong. Additionally, findings from Camp and Rimes (2020) mentioned that a lack of acceptance from one's family is a stressor for the LGBT population. These findings suggest that family support may play a critical role in promoting mental health among Asian and LGBT individuals. More research is needed to better understand the mechanisms through which family support can promote mental health among Asian populations, especially regarding self-compassion.

In conclusion, this study seeks to contribute to our understanding of the role of family support in promoting self-compassion among LGBT individuals, particularly within a Thai lesbian context. By examining their experience of what and how their family could foster their self-compassion, the findings could lead to more understanding of their nature, and factors that could help promote their mental health.

Self-Compassion

Neff (2023) mentioned that self-compassion is a construct that was originally based on the Buddhist perspective of compassion. To understand self-compassion, an understanding of compassionate experience is required. Compassion is an intention and action to relieve suffering (Payutto, 2008). This also includes oneself. Neff added that in order to do so, one needs to turn toward suffering, and indeed it also requires mindfulness towards awareness, instead of avoiding or rejecting it.

Self-compassion is comprised of 3 elements. As Neff (2023) explained, 1) self-kindness vs. self-judgment; self-kindness is to be kind and supportive toward ourselves, to take a benevolent and supportive attitude toward ourselves instead of condemning ourselves, and to acknowledge our shortcomings and care for ourselves regardless. This self-acceptance decreases the sense of unworthiness. 2) Common humanity vs. isolation; this is a capacity

and understanding that life’s challenges are part of being human and an experience we all share, instead of irrationally feeling like everyone else is just fine and we are the only ones who are in difficulty. This helps one to feel connected instead of isolated. 3) Mindfulness vs. overidentification; we need to be able to turn our awareness toward our own pain, instead of avoiding or exaggerating the discomfort of our present-moment experience, in order to be compassionate to ourselves.

Germer (2009) explained that self-compassion is a form of acceptance. Self-compassion is accepting ourselves while we’re in pain, which includes giving the same kindness to ourselves that we would give to others. Germer also portrayed stages of acceptance as: 1) aversion, which is resistance, avoidance and rumination to our suffering; 2) curiosity, which is turning toward discomfort with interest; 3) tolerance, which is safely enduring suffering; 4) allowing, which is letting feeling come and go; and 5) friendship, which is embracing suffering and seeing a hidden value beneath it.

Elements of self-compassion and stages of acceptance within a framework of self-compassion could give us a general understanding of self-compassion and possible processes toward self-compassion from an inner perspective. While there is little knowledge on how other factors could foster self-compassion, this study aims to explore how family support could help promote self-compassion, especially in cases where the literature has suggested promoting self-compassion, such as in the LGBT population.

Method

This study took a qualitative approach. The data were collected through in-depth interviews and analyzed using content analysis. Data triangulation methods were utilized to ensure trustworthiness in this study. The data collection process began after ethics clearance by the Chiang Mai University research ethics committee (COA No. 039/62).

Participants

Key informants were 6 Thai lesbians that could accept their gender identity. The key informants were selected through purposive sampling for in-depth interviews via gatekeepers. The inclusion criteria were as follows: 1) Thai women who identify themselves as lesbians, 2) aged over 18 years old, 3) rated themselves as having medium or high self-compassion on the self-compassion scale in the Thai version by Boonsrangsom (2013), 4) can communicate their in-depth experiences, and 5) are willing to participate the study. Exclusion criteria included anyone reporting themselves with having psychiatric symptoms or were currently in psychiatric treatment.

Table 1: Demographic data of key informants.

Alias	Age at interview	Occupation	Period of gender identity acceptance	SCS score
ID1	29	Pharmacist	High school	21.9
ID2	24	Architecture	Late elementary school	22.05
ID3	26	Psychologist	Undergraduate	23.33
ID4	28	Psychologist	Junior high school	21.4
ID5	30	Researcher	Junior high school	22.15
ID6	25	Personal business	Elementary school	21.85

Instrument

The self-compassion scale (SCS) is a 26-item scale, responses were measured on a 5 points Likert scale, and topics consisted of six factors: self-kindness, common humanity, mindfulness, self-judgment, isolation, and overidentification. The SCS reflected self-compassion by using a cumulative average score of all 6 factors (score range was from 6-30). SCS defines a score as: 6.00-14.00 is low self-compassion; 14.01-22.00 is medium self-compassion; 22.01-30.00 is high self-compassion. The Thai version of the SCS scale was developed by Boonsrangsom (2013), which had a Cronbach's reliability coefficient of .836. SCS was used as an instrument for inclusion criteria in which respondents rated themselves as having medium or high self-compassion at a score of 14.01 or above.

Procedure

Content analysis was used to analyze the data. Firstly, the first researcher transcribed the voice recordings verbatim, together with an observation note on how key informants reacted and expressed themselves. Then, the researcher read the transcripts to understand the participants' experiences and identify the primary common and emerging themes. The researcher finally coded and categorized them into themes and subthemes.

Results

The emerging themes included: 1) self-compassion and self-acceptance of being lesbian, 2) a supportive family, which consisted of 2.1) respect and freedom, 2.2) warmth, 2.3) open mind for their child being lesbian, and 3) a family model of being compassion, which consisted of 3.1) a model of forgiveness, 3.2) a model of being mindful, and 3.3) a model of a decent living and insight.

Theme 1: Self-Compassion and Self-Acceptance of Being Lesbian

Key informants mentioned their self-compassion and self-acceptance of being lesbian as they could accept who they were and what their gender preferences and identity were. They felt at ease with what they were and what they chose to be. As ID2 shared:

I didn't hate or feel bad about myself. Just felt like Yeah! That's work. When I dated a woman, I felt that it was "myself". I didn't feel any struggle. Honestly, I felt good. I didn't have to conceal myself, just be frank that I like a woman. And that made me feel chill. I wasn't like at a stage that I feared or had to conceal. Just felt fine. (ID2, 341-345)

On the same pages, ID3 assured her feeling as:

I knew that loving a woman wasn't a bad thing. It just has its own way. The longer I was in a relationship with my girlfriend, I realized that this is me. Even her feeling that she could accept this relationship told me that I had gained more than I had lost. There was a time when I feared how others would look at me which made me not accept that I loved her. But I realized that it was just a feeling. So, I accept it! (ID3, 233-239)

Theme 2: A Supportive Family

A supportive family was a comparable factor that key informants mention in their experience of self-compassion. As it helped support key informants to grow in the emotional aspect with a safe space that is as fundamental as their family. A supportive family showed a respectful and accepting attitude toward their process of coming out as lesbian, together, with love and a warm atmosphere throughout their growing-up process. A supportive family consists of 3 aspects: 1) respect and freedom, 2) warmth, and 3) open mind for their child being lesbian.

Theme 2.1: Respect and Freedom

Key informants mentioned how they perceived that their family was supporting of them with respect and freedom in whatever choices they made in their life, especially the choice of becoming lesbian. This quality has shown that it helped them to have the courage to choose their life and become more independent. And it also helped them in the process of self-compassion. As ID1 stated:

My family gave me the freedom to be anything. Yes. They gave me the courage to be whatever I chose to be. I knew that I was different but they were ok. They were fine. They hadn't judged me or anything. That's how my family helped. (ID1, 820-822)

ID5 mentioned how she perceived respect and freedom from her dad and how it helped her grow:

About how to think or how they taught me how to live, they weren't bad; their attitude was open. But, if it came to preference, taste, or my liking, Dad would just be like... He was the type that was open to whatever his daughter liked. He's fine. Just so that his daughter was a good person, and wasn't harmful to anybody. And let me be independent of myself. (ID5, 171-174)

Theme 2.2: Warmth

The common atmosphere of the family that key informants shared was warmth. A warm relationship based on love was the relationship that was their emotional support and a resource for their further experience. As ID4 shared how she was loved and supported by her family:

When I was a kid, my parents raised me in such a loving way. I could really feel their love. Dad was a funny person, really funny. He was also like an artist. He had his art of living and his aesthetic way of his life. Mom was a social worker. She raised me in a very psychological way. It was warmth; a warm way. I could feel it a lot when I was young. And they really supported me emotionally, during my childhood. (ID4, 57-62)

ID6 shared how she perceived her mom's love through her action:

Mom would go with me everywhere, even to school events that other parents didn't go to. Sometimes I thought "Why did she have to come?" As a teenager, by that time, I wanted to spend time with friends and be cool. But Mom cared, so she came along. When I grew up, I understood that I was lucky that my mom could manage to go everywhere with me while others might never have had this chance. (ID6, 104-108)

Theme 2.3: Open Mind for Their Child Being Lesbian

Key informants reported an open attitude of their family about their being lesbian. This open attitude had become one of their family supports. As ID6 mentioned how her dad expressed that he could accept her choice on her coming out:

My dad told me that it was totally fine. We even have sperm bank today. I was like shoot! I cried so hard. I'd never thought that Dad would... He could understand this modern world so well. I was so grateful. I was like a moment of coming out. (ID6, 315-318)

It was not just a direct parent that mattered, ID5 also shared how her aunt showed her supportive attitude toward being lesbian:

My aunt said that it was nothing about being lesbian. There were many people that date a girl and it was fine. Nothing bad about it. Their daughter wasn't a bad person. She still studied hard. And everything is still the same. That was just it. (ID5, 189-191)

Theme 3: A Family Model of Being Compassion

A family model of being compassionate had installed a feeling of self-compassion. Key informants learned to forgive, to be mindful, and the way to live their life from their family, which was a resource for their self-compassion development. A family model of being compassion consists of: 1) a model of forgiveness, 2) a model of being mindful, and 3) a model of a decent living and insight.

Theme 3.1: A Model of Forgiveness

Key informants mentioned how they learned to forgive and to be compassionate from their parents. Their parents were living models of forgiveness and compassion. They showed how to forgive the key informants in their process of learning, making mistakes, and growing up. And, they also showed how they could be compassionate toward others. As ID3 mentioned:

I'd never been scolded. Well, since I was a child, I wasn't a bad one. But, in case I failed an exam or I could not achieve something, I still had never been scolded. My parents had never blamed me, scolded me, or been harsh with me, or even on themselves. Or, when I was younger, and I did something wrong, they would teach me reasonably, such as I wasn't supposed to do that. It was how they taught. They had never made me feel like what I did was bad or unacceptable. They would just forgive. I failed an exam. OK, give it another try next time. There were always words like 'never mind', 'let's try again next time', 'it's ok, next time', or 'after this, you could do that'. I always got chances from my family. They had never blamed, judged, or thought of me as a bad person. If there was something wrong, it was still wrong, then made up. (ID3, 1172-1179)

ID4 also learned how forgiveness and compassion could be performed by her mom:

I would have seen it from my mom. Mom was a soft-hearted person. She is the type of, no matter how much she hated someone, eventually she would be kind to them. This was her compassion toward others. No matter how much someone had been bad to us, eventually at some point, we would feel that that person was so pitiful. We

should... like...we should forgive them. Or forgive anyone that had been bad to us. (ID4, 974-978)

Theme 3.2: A Model of Being Mindful

When a family member(s) was the one who could be a model of being mindful, key informants mentioned that they learned to be mindful from their family. And mindfulness became a resource for their self-acceptance, compassion and mental health. As ID3 shared:

Dad was the one who taught me. He was more on suggesting and guiding our way of life. When I was a kid, he taught me meditation, yoga, and (Buddhist) Dhamma. Since he lived his life according to Dhamma, so he taught me since I was young. He taught me to do things slowly, just like practicing mindfulness. And he also taught us to see what was right or wrong. He was a guide in my life. So that the mindset had imprinted into me. For example, when I was moody, I knew that I was not supposed to accuse others. Or, when I was dissatisfied, I didn't have to hurt others. So, there were things that I knew since I was a kid that I should or should not do. Since he taught me to be slow, mindful, and do yoga, it helped me to aware and to pause myself at the time when I got emotionally overwhelmed with either stress, anger, or irritation. So that I could deal with myself. Or, at least, I knew what I should not do, so I didn't do it since the beginning. What my dad taught me, helped me to be more logical, and workable, and also help me to accept myself. (ID3, 1150-1161)

Being mindful also included an ability to be aware of their feelings. As ID4 mentioned that she learned this from her parents:

Dad and Mom were the types that can talk about their feelings. For example, Mom would say that she felt sorry, and Dad was sorry. There was so much feeling. So, there was nothing left unfinished. My family, we were not a logic type, we were more the emotional type. (ID4, 440-443)

Theme 3.3: A Model of a Decent Living and Insight

The family wasn't just a model for forgiveness and mindfulness. The key informants mentioned that they were also a model of how to live a decent life and also insight as a resource for their psychological development. A decent life has encouraged them to live a graceful life. Insight, or understanding of life, has brought them through their suffering. As ID1 mentioned regarding her model of decent living:

I grew up in a good environment. Even though I wasn't really close with my mom, dad, or brother, for me they were good people from a social standard. They didn't drink, smoke, nor do any violence. They provided love and warm feeling for me. Even my friends were good people. They had human-hood. They weren't a virtue, but they didn't do anything bad that I could not endure. These environments shaped my mindset. They faced huge problems, but they weren't pessimists, they were resilient. That made me see beauty in humanity. (ID1, 787-795)

ID6 also mentioned how she had obtained her insight and understanding of life, that nothing can be held as 'ours', from her father at a time that she was heartbroken:

There was a time that my dad told me that he had to die too. He wasn't mine and wasn't his. Shoot! My heart was broken that day. And that made me realize that that

person who broke my heart wasn't mine either. The thing that made me approach her, and the thing that made me suffer, was because I thought that she was mine. (ID6, 329-331)

Discussion

The family is a crucial factor in a person's mental health. The findings also reflect a contradiction to what Camp and Rimes (2020) mentioned, that a lack of acceptance from the family is a stressor for the LGBT, since the key informants mentioned their self-acceptance and well-being alongside their supportive family which genuinely accepted them. Furthermore, the family that supports their child emotionally together with warmth, respect and acceptance is congruent with Rogers (1961), who mentioned the factors that therapists could use to help their client grow psychologically, which included 1) being genuine and congruent in their relationship, 2) a warm, positive and accepting attitude toward the client, and 3) empathetic understanding. As the key informants mentioned how their families genuinely accepted them on the gender preference that they made, and forgave them for whatever mistakes they made in the process of growing up, along with positive communication to help them learn how to live, this reflects how their families had been genuine in their relationship and provided them with a warm, positive and accepting atmosphere in their relationship. The key informants also reported how they had been treated with empathetic understanding, as they felt that their families had supported them emotionally, with an understanding of their feelings. Academics and researchers agree that these psychological qualities of the parent provide a great support for their child's mental health (English, 2013; Farrant et al., 2012; Korelitz, Garber, 2016; Psychogiou et al., 2008; Roth et al., 2016). This family vibe has become the resource on how the key informants had grown their self-awareness and self-acceptance, which is at the root of mental health and healthy self-compassion.

Learning from a model is a powerful way for a child to learn behavior (Bandura, 1965). Accordingly, the findings showed that key informants reported that their parent was a model of their self-compassion development, especially in two main aspects of self-compassion (Neff, 2023), self-kindness and mindfulness. Forgiveness is compassion (Boonyarit, 2012), and compassion is kindness. The key informants learned directly from their experience on how they had been forgiven by their parents, and they observed how their parents forgave others. Their parents' compassionate attitude and behavior had been imprinted on their learning, together with their direct experience, and were at the root of their self-compassion, while learning to be mindful of the model of their parent also enhanced their basic sense of self-compassion. As the key informants mentioned, they learned to be mindful of their feeling and their life from their parents. This finding is congruent with Han et al. (2021), who mentioned that mindful parents could be related to a child's behavior.

The difference is that the key informants did not mention the model of common humanity. To look more deeply into the common humanity, common humanity is an understanding that helps people feel connected in times of difficulty. It is an understanding or insight that has deepened its root in Thai culture from Theravada Buddhism (Tuicomepee, 2012). An insight of a decent living and how things cannot stay the same also led key informants to a feeling of connectedness. As ID6 mentioned, her realization was that everybody is facing the same phenomenon and that no one belongs to anyone else. Or ID1, who could see beauty in humanity because of a decent living model from her family and the people surrounding her. As Neff (2023) mentioned, the self-compassion construct was originally based on the

Buddhist perspective, this phenomenon could also extend the perspective on how different understandings could foster a sense of connectedness, which is the root of common humanity.

The findings also extend a perspective to the mental health professional, on how to help people cultivate self-compassion. This could imply that promoting compassion and self-compassion to parents could also be helpful to their child's self-compassion, which is congruent with a holistic perspective (McKee, 1988) that people could grow their well-being together as a system. When one learns to have self-compassion and have better mental health, they could be a factor that helps the people surrounding them to also grow better mental health and self-compassion.

Conclusion

The emerging themes of this study are: 1) self-compassion and self-acceptance of being lesbian, 2) a supportive family, which consists of 2.1) respect and freedom, 2.2) warmth, 2.3) open mind for their child being lesbian, and 3) a family model of being compassion, which consists of 3.1) a model of forgiveness, 3.2) a model of being mindful, and 3.3) a model of a decent living and insight. The findings have shown that a supportive family and a family model of compassion could help assist Thai lesbians in cultivating their self-compassion. The findings could lead to an implication of self-compassion parenting, which could help families holistically grow in their mental health. This study has the limitation of a restricted number of participants, as the nature of a qualitative study, please apply the findings to your setting with care.

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Contact email: tanaphong.u@cmu.ac.th