

Disclosure of Sexual Orientation and Family Acceptance: The Effects on the Psychological
Well-being of Lesbian, Gay, and Bisexual Young Adults in Thailand

Kamonwan Kim (5537551538)

Peeranee Suparak (5537570438)

Bora Lee (5537581338)

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Authors	1. Kamonwan Kim 2. Peeranee Suparak 3. Bora Lee
Field of Study	Psychological Science
Senior Project Advisor	Dr. Somboon Jarukasemthawee

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.....
Dean of the Faculty of Psychology

(Assistant Professor Dr. Kakanang Maneesri)

Senior Project Committee

..... Chairperson
(Assistant Professor Dr. Kannikar Nolrajsuwat)

..... Advisor
(Dr. Somboon Jarukasemthawee)

..... Committee
(Assistant Professor Dr. Kullaya Pisitsungkagarn)

5537551538, 5537570438, 5537581338 : Bachelor of Science

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(KAMONWAN KIM) : (PEERANEE SUPARAK) : (BORA LEE): DISCLOSURE
OF SEXUAL ORIENTATION AND FAMILY ACCEPTANCE: THE EFFECTS ON
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YOUNG ADULTS IN THAILAND

ADVISOR: SOMBOON JARUKAEMTHAWEE, ##42.

Abstract

In the present study, we explored the moderating effects of perceived family acceptance on the relationship between disclosure of sexual orientation and the psychological well-being in Thai lesbian, gay, and bisexual (LGB) young adults. A total of 676 LGB participants (age 18-25 years) participated in this study by completing an online questionnaire. Collected data was analysed using descriptive statistics and Moderated Multiple Regression. The results of this research are as follows:

1. Disclosure of sexual orientation significantly and positively predicted higher psychological well-being. ($\beta = .11, p = .008$)
2. Perceived family acceptance significantly and positively predicted higher psychological well-being. ($\beta = .25, p < .001$)
3. Perceived family acceptance did not moderate the association between disclosure and psychological well-being. ($\beta = -.01, p < .819$)

Our findings suggest the important role of family in the lives of Thai LGB young adults.

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Student's Signature:

Advisor's Signature:

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Chapter 1

Introduction

Rationale

Lesbian, gay, and bisexual (LGB) youths are more likely to experience low psychological well-being and poor mental health compared to their heterosexual counterparts (Meyer, 2003). Past research indicated that sexual minorities are at higher risks of depression, anxiety disorder, and substance dependence (King, Semlyen, Tai, Killaspy, Osborn, Popelyuk, & Nazareth, 2008). For instance, in a national data of adolescents in the United States, LGB-identified youths scored significantly higher on critical suicide risk factors and reported higher suicide attempts, depression, and alcohol abuse (Russell & Joyner, 2001). It is important to note that it is not the sexual orientation per se that determines the health outcomes, rather the stigmatisation and discrimination that contribute to the negative life experiences (Schmitt, Postmes, Branscombe, & Garcia, 2014). Nonetheless, there are a number of protective factors that can play a role in maintaining LGB youths' well-being, including disclosure of one's own sexual orientation and family acceptance.

Although many of LGB individuals discover their sexual orientation during adolescence, the disclosure of one's sexuality to others can occur at any point of their life (D'Augelli & Hershberger, 1993). Research has found that disclosure is correlated with positive mental health, while concealing has negative impacts on well-being. By disclosing one's sexual orientation, LGB individuals are able to gain more support from significant people in their lives and other minorities like themselves. General social support was found to be a factor that maintains LGBs' psychological well-being (Elizur & Ziv, 2001). Additionally, research points to family support and acceptance, as a more crucial determinant that contributes to the development a positive sexual identity (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). On the other hand, family rejection results in higher suicide attempts,

depression, and illegal drug use (Ryan, Huebner, Diaz, & Sanchez, 2009). As research evidence show that disclosure of one's sexual orientation and family acceptance act as a buffer for LGB individual's negative health outcomes, we aim to investigate further on the interaction of these factors in Thai LGB youth samples. Investigation on the relationship of these factors may facilitate our understanding on the protective roles of disclosure and family acceptance.

Background

In Thailand, it may appear to both locals and foreigners that the society fully welcomes diversity of gender and sexual orientation as Thai government has advertised the country as a haven and ideal tourist destination for lesbian, gay, bisexual, and transgender (LGBT) people (UNESCO, 2014). However, the situation of Thai sexual and gender minorities is subject to controversy. Jackson (1999) stated that Thai culture is merely tolerating and shows unaccepting attitudes towards such sexual and gender minorities. This statement is reflected in several aspects of the society. Although there is no active law against homosexuality, LGBT individuals are not protected under the law. Without a legal acknowledgement for sexual and gender minorities, LGBT individuals face several issues such as being denied the right to adopt children or being denied the rights to inherit a partner's wealth that was created together as a couple (Ojanen, 2009). In the Thai educational system, non-heterosexual orientation is either disregarded or viewed as an abnormality or disorder (UNDP, USAID, 2014). As a result, Thai LGBT individuals continue to face widespread discrimination and victimisation in various places including but not limited to educational settings and workplaces (UNDP, USAID, 2014; Ojanen, 2009).

With low acceptance from the general society, acceptance from their own family can be an essential protective factor in the lives of LGBT individuals. However, it is reported that one of the main struggles that LGBTs go through in life is gaining acceptance from family

(UNDP, USAID, 2014). A national survey also showed that there is a decrease in acceptance for LGBTs if they are one of the family members (National Institution of Development Agency, 2013). Because gender norms, such as the concept that masculinity is exclusively for men and femininity is for women, are highly maintained in conservative Thai families, having non-heterosexual orientation may be inconsistent with the family's idealisation (Ojanen, 2009). It is also common that parents expect their son or daughter to eventually marry and produce offspring, which is highly unlikely to be fulfilled by LGBT people under the current situation in Thailand. Consequently, if parents suspect that their child may not be heterosexual, many choose to repress their child's expression of sexuality and reinforce traditional gender norms (Ojanen, 2009). Such behaviours can create conflict within family and hinder the process of youths' disclosure of their sexual orientation. Research shows that many LGBTs in Thailand choose to conceal their sexuality when they are home and only express themselves elsewhere (UNDP, USAID, 2014). This process can be detrimental to their psychological well-being as they have to be vigilant of their own behaviour (Hatzenbuehler, 2009). Additionally, non-disclosed LGB youths are unlikely to receive the support they need from family to face discrimination in the society (Hatzenbuehler, 2009).

The lack of acceptance from family can have negative impacts on several aspects of LGBT youths. Some family forces the child to enter psychological treatment while some withdraws financial support from youth's education (Suriyasarn, 2014). There is also evidence of physical and verbal abuse in families of LGBT, not only does the abuse come from parents, but it can also occur between siblings (Ojanen, 2009). With these findings, it is important for parents to be aware of the impact of their reactions towards youths' sexuality. Past research highlights that adolescents who feel accepted have higher self-esteem, function more effectively in the work, and are generally more protected against psychological distress (Barber, Maughan, & Olsen, 20005). Additionally, family acceptance was found to be highly

correlated with self-esteem, social support, and general health outcomes (Ryan et al., 2010). The same study also found that family acceptance protects youths against depression, substance abuse, and suicidal ideation and behaviours. With these findings, much research has concluded the importance of family acceptance in the lives of LGB youths. Due to the limited research on similar topics in Thailand, our study aims to explore the protective roles of family acceptance and disclosure of sexual orientation on LGB youths' psychological well-being.

Definition of Terms

Bisexual: A person who is attracted to women as well as to men (Rust, 2000)

Gay: A person, especially a man, who is sexually attracted to the people of the same sex and not to people of the opposite sex (Weinberg, 1979)

Lesbian: A woman who is sexually attracted to other women (Galupo, Mitchell, & Davis, 2015)

Sexual Orientation: The sex of those to whom one is sexually and romantically attracted. Categories of sexual orientation typically include attraction to members of one's own sex, the other sex, or both sexes. Although research has suggested that sexual orientation occurs on a continuum, for the convenience of our self-report measure, we have categorised them into lesbian, gay, and bisexual. (American Psychological Association, 2011)

Note: In our study, we exclusively focus on LGB samples without the inclusion of transgenders. The rationale for exempting transgenders is because our research topic is more concerned with people who identify as non-heterosexual orientations (i.e., lesbian, gay, or bisexual). Being a transgender is independent of sexual orientation, which is in fact, related to gender identity. Due to our scope of focus on sexual orientation minorities rather than gender identity minorities, we aim to study only LGB samples in Thailand.

Literature Review

The literature review below will discuss three main factors of interest in the present study: psychological well-being, disclosure of sexual orientation, and family acceptance.

Each factor will be discussed in detail under its headings.

Psychological Well-being

Theoretical Background. Well-being, in general, refers to an ideal psychological functioning and experience (Ryan & Deci, 2001). Well-being, which is a component of a good life, can be induced when our physiological or psychological needs are fulfilled (Deci & Ryan, 2000). According to Deci and Ryan (2000), psychological well-being can be categorised into two distinct, yet overlapping, paradigms: hedonic approach and eudaimonic approach. Broadly, the hedonic approach focuses on the degree of one's happiness, whereas the eudaimonic approach focuses on the degree of meaningfulness in life (Yoon et al., 2014).

The Hedonic View. Hedonic well-being is traditionally termed as 'subjective well-being'. As these two terms -- hedonic and subjective well-being -- are synonymous, hedonia can be described as the subjective evaluation of the degree to which one experiences a sense of wellness (Deci & Ryan, 2008). Specifically, the hedonic view on well-being focuses on happiness, experience of pleasant experiences or the balance of positive and negative affects (Ryan & Deci, 2001). Also, hedonia is viewed as a result of the pursuit of happiness or the goal being sought. However, the sources of happiness and pleasure are disregarded in the hedonic view on well-being (Waterman et al., 2010).

The Eudaimonic View. Eudaimonic well-being (EWB) or psychological well-being revolves around the concept of living well or self-actualisation of one's human potential (Deci & Ryan, 2008). Contrasting to hedonia, eudaimonia does not refer to happiness itself, rather it is concerned with the process of realising or living in accordance with their

“*daimon*”, which means true self (Ryan & Deci, 2001). Hence, eudaimonia focuses on choosing the goal that provides purpose and meaning of life (Waterman et al., 2010).

The eudaimonic view on well-being stems mainly from Aristotle’s writings, which stated that virtue and the actualisation of one’s potentials contribute to a good life. From this philosophical perspective, many fields of psychology employ the concept of eudaimonia to well-being such as humanistic psychology and positive psychology. Currently, there are two main models of eudaimonic approach. The first model belongs to Ryff, which includes six core dimensions: autonomy, personal growth, self-acceptance, purpose in life, environmental mastery, and positive relations with others. The second measure of psychological well-being was constructed by Waterman et al. (2010), which will be utilised for our research. In this model, the six components of psychological well-being are as follows:

1. *Self-discovery*: One recognises and decides the type of person one is in order to strive toward living in accordance with one’s daimon. This also includes the process of identity formation.
2. *Perceived development of one’s best potentials*: One learns about their own unique potentials that represent the best a person is able to become.
3. *A sense of purpose and meaning in life*: One seeks ways for unitising their skills and talents in order to pursue personally meaningful objectives.
4. *Investment of significant effort in pursuit of excellence*: One invests in exceptional effort in the pursuit of personally meaningful activities. These efforts are significantly greater than those invested when one engages in other activities.
5. *Intense involvement in activities*: One’s engagement in personally meaningful activities is considerably more intense than when engaging in other, more routine activities. With intense involvement, one’s balance of challenges and skills during the performance also increases.

6. *Enjoyment of activities as personally expressive*: One finds happiness and enjoyment in their activities. One also finds that what they are doing in their life personally expresses who they are.

In our study, we aim to utilise Waterman et al.'s (2010) eudaimonic model because the model has incorporated both subjective (i.e., subjective experiences of eudaimonia, such as feelings that one is engaged in activities that are personally expressive) and objective elements (i.e. qualities associated with eudaimonic functioning, such as the pursuit of excellence and self-realisation) of eudaimonic well-being. In general, the rationale for assessing EWB is because the self-actualisation component of eudaimonia corresponds well with the psychological processes that sexual minority goes through such as self-actualisation of one's own sexual orientation, self-acceptance, and disclosure of sexual orientation.

Sexual Minority and Psychological Vulnerabilities. LGB individuals face stigmatisation because of their sexual orientation (Conron, Mimiaga, & Landers, 2010). With this stigma, LGB individuals are likely to have relatively poorer psychological and physical health outcomes. There are several factors that contribute to the reduced well-being such as perceived discrimination (Riggle, Rostosky, & Danner, 2009; Schmitt et al., 2014), low social support from family and friends (Schmitt et al, 2014; Elizur & Ziv, 2001), or concealing stigma (Pachankis, 2007; Schmitt et al, 2014).

It is likely that LGB individuals face different stressors than other minority groups such as race and gender. Meyer (2003) proposed a minority stress model, which suggests that sexual minority group faces both distal and proximal stressors that contribute to poorer psychological health. The distal stressors are the events that stem from prejudice, which include discrimination, violence and victimisation. Moreover, those in sexual minority groups receive proximal stressors due to the negative societal views of homosexuality that has been incorporated into their self-concept. This self-stigmatisation, which is termed *internalised*

homophobia, contribute to poor mental health in LGBs (Williamson, 2000). In addition, sexual minorities also face other proximal stressors, including expectations of rejection and concealment of the sexual orientation.

In an area of mental health, past research has shown that LBG populations are at higher risks compared to their heterosexual peers. In a systematic review of sexual minorities in North America, it was reported that the prevalence of depression and anxiety disorders was at least 1.5 times higher in LGB people (King et al., 2008). A study on high school students also reported that LGB youths were 24% more likely than heterosexual students to report suicide ideation ($p < .001$) (Almeida, Johnson, Corliss, Molnar, & Azrael 2009). Furthermore, LGB people are at higher risks for substance dependence and deliberate self-harm (King et al., 2008; Almeida et al., 2009). These findings are consistent in other regions as well, such as England (Chakraborty, McManus, Brugha, Bebbington, & King, 2011) and New Zealand (Meyer, 2003). In a meta-analysis of Marshal et al. (2008), substance use of LGB adolescents were also found to be 190% higher than heterosexual youth. These alarming results revealed that sexual minorities are vulnerable for problems related to mental health.

The majority of the research on mental health among LGB people were conducted in Western countries and there is limited research in such field in Thailand. Van Griensven et al. (2004) explored health risks among LGB adolescents in Northern Thailand. Gay and bisexual males were reported to have significantly less social support and higher level of depression than their heterosexual peers ($p < .05$). While 80.4% of heterosexual males reported to have a supportive family member, only 60.5% of homosexual or bisexual males responded the same ($p < .001$). Although there were no significant differences among female participants, the results still suggest higher mental risks for LGB individuals.

Extensive research shows that sexual minorities are significantly at risk of mental health due to several factors including stigmatisation and discrimination. It is important to look for protective factors to prevent LGB people from the prevalence of mental illnesses. Understanding a factor of disclosure and its impact on mental health may shed light on other factors that can contribute to maintaining psychological well-being.

Disclosure of Sexual Orientation

Unlike other racial and gender minorities, sexual minorities can be concealable through certain behaviours. In society, individuals of all race and gender are usually expected to be heterosexuals as a default. According to Strommen (1989), an expected “heterosexual assumption” is attached to everyone unless otherwise told. Additionally, it requires self actualization, which is becoming aware of one’s own sexuality, and sharing the minority status to others. Due to such pressure, LGBs are forced to confront a minority classification with disclosure.

Self-acceptance of sexual orientation among LGB people lies on several significant factors, including society’s expectation, family acceptance, and the self. These factors when not met with an accepting reaction may induce negative implications to LGB youths, such as internal homonegativity, when youth blame their sexual minorities to be the cause of undesirable occurrences (Page, Lindahal, & Malik, 2013). According to Newcomb & Mustanski (2010), a theory based on internal homonegativity stated that LGB youths internalize negative experiences in the environment to their sexuality. A meta-analysis suggested that increase in internal homonegativity is found to promote depression and anxiety ($R^2 = .093, p < .05$) (Newcomb & Mustanski, 2010). A LGB identity development model was proposed to look into processes LGB youths experience as they learn to accept their sexual orientation and counter the minority label with identifying as LGB.

Disclosure and Sexual Identity Formation. The LGB identity acceptance leading to

the point of “coming out” (i.e., disclosure of their sexual orientation) has been described as a developmental stage process (Fassinger, 1991). According to Cass (1979), LGB youths begin their developmental stages with concealment and ignoring their homosexual feelings (Troiden 1979; Savin-Williams, 1990). This strategy is utilized to dismiss their non-heterosexual urges and hide their same-gender attractions. Moreover, ignoring one’s feeling requires a lot of energy and may induce negative emotions and mental health risks. However, once they are able to come to terms with their sexual orientation by self-identification LGB youths enter the next stage, which is disclosing their sexual identity to another person, typically their partner as the LGB youth begins to experiment with their sexual orientation. The duration of each LGB youths spending time in each stage is individually unique, however, the LGB person naturally recognizes their attraction and sexual identity after some time (Cass, 1979; Troiden, 1979; Savin-Williams, 1990). Eventually, disclosing to others is an indication of self-acceptance (Cass, 1979; Rosario, Hunter, Maguen, Gwadz, & Smith, 2001) and numerous studies have hypothesized disclosure to associate with higher self-esteem and social support (D’ Augelli, Hershberger, & Pilkington, 1998).

Elizur and Mintzer (2001) presented a three identity formation stages for LGB youths: self-definition, self-acceptance, and disclosure to others. In the self-definition stage, the LGB youths identify and define themselves accordingly as an LGB member. This stage does not require the individual to have prior same-sex experiences. Self-acceptance occurs when the individual recognizes and synthesizes with their identity in order to accept themselves. In contrast to Cass’s model, Elizur and Mintzer (2001) identity formation emphasizes disclosure to others. Disclosure to others is the last stage that requires the individual to either verbally or non-verbally inform others about their sexual orientation. Mohr and Fassinger (2003) stated a problem with LGB individuals struggling with their identity process is due to difficulty in ‘self-acceptance’ stage. Such individuals have higher rates of avoidance and anxiety; they are

more prone to psychological threats and also negatively impacts self-disclosure and disclosure to others (Mohr & Fassinger, 2003; Page, Lindahal, & Malik, 2013; Savin-Williams & Ream, 2003).

Moreover, disclosure of sexual orientation and concealment has been conceptualized as strategies that LGB individuals use to maintain their identities in society and organizational stigma against homosexuality (Fassinger, 1996; Croteau et al., 2000). Previous studies suggest that disclosure promotes positive personal and job-related outcomes; however, sexual identity concealment endorses the contrary, where a negative relation (-.04) was found with task completion through social cohesion ($z = -3.19, p < .01$) (Moradi, 2009). Furthermore, several other studies have found greater concealment and lower disclosure are thought to be stressful for the well-being and work of LGB individuals, in part because it promotes social isolation, which reduces work commitment and performance (Irwin, 2002; Fassinger, 1996).

Disclosure and Acceptance. Following self-acceptance and self-identification is the disclosure of sexual orientation to others. There are several inconsistent results on whether disclosure of sexual orientation promotes better well-being. Rosario, Schrimshaw, & Hunter, suggests that disclosure results being inconsistent is due to the factor including two reactions: accepting or rejecting (2009). Specifically, their study found that rather than disclosure the number rejecting reactions were significantly associated with substance use or abuse, which leads to lower psychological well-being (Rosario, Schrimshaw, & Hunter, 2009). Moreover, research has found that LGB individuals are more likely to “come out” to certain people who they anticipate will respond in a neutral or accepting reactions (Savin-Williams, 2001).

Despite the movement towards a more accepting culture and society on unconventional sexual orientation, heterosexual relationships are still largely preferred in most families (Moradi, 2009). In fact, disclosure of sexual orientation to families has been

repeatedly found to be a risk factor for LGB youth (Savin-Williams, 1998). Those who had disclosed reported verbal and physical abuse by family members, and acknowledged more suicidality than those who had not ‘come out’ to their families (D’Augelli, Hershberger, & Pilkington, 1998). Therefore, it is not surprising that many youths tend to hide their sexual orientation. When LGB youths do decide to come out, it is likely that they will first disclose to their peers and only later to siblings, mothers, and fathers, respectively (Savin-Williams, 1998). A study found that LGB individuals choose to disclose to people who are lower significant first since less is at risk if the person they disclose to does not react in an accepting manner (D’ Augelli & Patterson, 2001). Anecdotal reports of disclosure of sexual orientation have been proven by many individuals that a large parents’ reactions towards their sexual orientation may induce initial shock and surprise responses which are typical and is often followed by psychological distress (D’ Augelli, Hershberger, & Pilkington, 1998). These previous studies suggests the anticipated reactions of the family to influence the disclosure model and that a negative response leads to lower psychological well-being.

However, looking into Thai society a study found that disclosure to family is largely still considered as uncommon and untypical behavior (Ojanen, 2009). A study on homosexual men in Thai society have found that most participants had indirectly disclosed their sexuality to their family since childhood followed by verbal communication at a later age (Ojanen, 2009). Another study examined the disclosure psychological significance among Thai male homosexuals using the Symptom Checklist-90 (Thai version) they found that individuals who are more open about their sexuality reported less distress in comparison to their covert counterparts (Depression and Hostility subscales) (Ojanen, 2009).

Family Acceptance of Sexual Orientation

For LGB youths, family reactions to their “coming out” can be an important factor which may affect their homosexual identity development and psychological adjustment. Sixty

five percent of lesbian and gay individuals in Bringaze and White's (2001) study reported that receiving favourable reactions from their family members was critical to them. However, reactions from each family member differ in varying degrees of acceptance. While some parents may integrate rapidly and show acceptance to their child's sexual orientation, others may show intolerance or rejection (Ben-Ari, 1995; Saltzburg, 2004).

Family acceptance typically refers to the expression of affection, warmth, approval, support and other forms of positive involvement by parents or other attachment figures (e.g., siblings, grandparents; Gray & Steingberg, 1999; Khaleque & Rohner, 2002). In contrast, rejection refers to the absence of these positive feelings and behaviours, and is characterised by a display of physically and psychologically hurtful behaviours, words, and affects (Rohner, 2008).

Association between Family Acceptance and Sexual Identity Formation.

According to Savin-Williams and Diamond's (1999) Sexual Identity Development model, valence of reactions regarding their sexuality -- positive or negative -- affects youths' sexual identity development and adjustment. Positive reactions from significant people, such as parents and siblings, allow young individuals to put a name to and normalise what they are experiencing. In this regard, family acceptance is a critical foundation for promoting LGB youths' positive self-concept (Beaty, 1999; Svab & Kuhar, 2014). Research suggests that family acceptance may also aid the LGB youth's development of a positive homosexual identity (Cass, 1979; 1996). Moreover, perceived or actual family acceptance is found to be an even stronger predictor of positive identity development than general social support (Elizur & Ziv, 2001).

In contrast, negative reactions from significant people intensify the questioning and anxiety experienced by young individuals (Savin-Williams & Diamond, 1999). Ultimately, for LGB youths, the rejection or the lack of acceptance may add to the sexual-minority stress

(Meyer, 2003) and negatively impact the homosexual identity formation of LGB youths. For example, youths may develop an internalized homophobia as they tie the stigmatisation received from family to their self-concept, which is eventually related to their identity formation (Williamson, 2000). It is through this dialectic relationship between disclosure and gauging significant others' responses to the disclosure that LGB youths internalise those reactions, define, and consolidate their own sexual identity (Cass, 1979; 1996). This highlights the importance of family support and acceptance for LGB youths and the impact it has on their identity development and adjustment.

Association between Family Acceptance and Physiological and Psychological Well-being. According to Rohner's (2008) Parental Acceptance-Rejection Theory (PAR Theory), parental reactions have major impact on the psychological outcomes of their sexual-minority children. PAR theory assumes that accepting parents have positive influence on the affective, behavioural, and cognitive functioning of children and adults universally. Research suggests that family member's acceptance for the youth's sexual orientation predicts higher self-esteem, social support, and general health (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

On the contrary, rejecting parents are hypothesised to have detrimental effects on the overall well-being of children (Rohner, 2008). Research shows that LGB children who do not receive supportive reactions from their parents experience low self-esteem, and high-risk sexual behaviours (Ryan, Huebner, Diaz, & Sanchez, 2009). They also appear to be more vulnerable to externalizing and internalizing symptoms, including depressive symptoms and suicidal ideation (Baumrind, 1991; Fergusson et al., 2000; Finkenauer et al., 2005). According to Ryan, Huebner, Diaz, and Sanchez (2009), higher levels of family rejection during adolescence were 3.4 times more likely to report unprotected sexual intercourse, 5.9 times more likely to report high levels of depression, and 8.4 items more likely to report

having attempted suicide compared with peers from families reported no or low levels of family rejection.

Research Hypotheses

Hypothesis 1: Higher level of disclosure of sexual orientation predicts higher levels of psychological well-being.

Hypothesis 2: Higher level of family acceptance predicts higher levels of psychological well-being.

Hypothesis 3: Family acceptance moderates the relationship between disclosure of sexual orientation on psychological well-being. That is, for high disclosure group, the parental acceptance will have greater effects on the level of psychological well-being than those in low disclosure group.

The Current Study

Contrasting to the common focus on the adverse outcomes among LGB young adults, our study uniquely aimed to investigate protective factors, which are acceptance and disclosure. There has been limited research in such positive outcomes and our findings are critical in identifying the important role of family in the lives of Thai LGBs. Our current study aimed to investigate the direct effects of disclosure of sexual orientation to family members and perceived family acceptance regarding sexual orientation on LGBs' psychological well-being. Moreover, the moderating effects of perceived family acceptance on the association of disclosure and well-being was also examined.

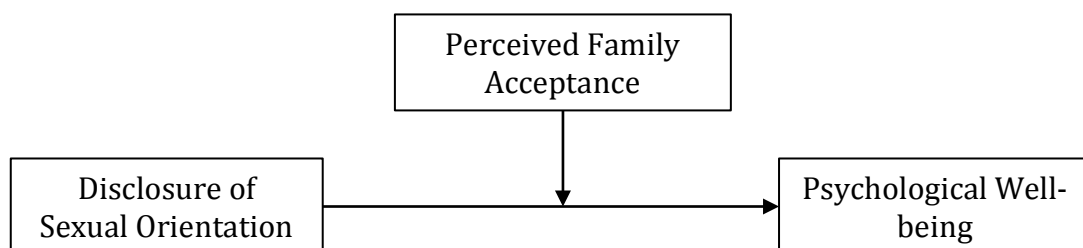


Figure 1. Current research framework

Chapter 2

Method

Participants and Recruitment

A sample of 726 Thai lesbians, gays, and bisexuals completed the online questionnaire that was made available through social media platforms. The inclusion criteria of our study include being in an age range of 18 to 25 and self-identify as gay, lesbian, or bisexual. The nature of the participation in this study was entirely voluntary and self-selected. As a compensation for completing our online questionnaire, we offered self-improvement books to seventeen participants who were chosen at random.

Following data collection, we excluded participants who provided inapplicable responses to the item that asked, “For the following questions, we would like you to think of your closest sibling when answering. If you do not have any sibling, we would like you to think of your closest relative other than mother or father. Please specify the person that you will think of (for example, sister, brother, grandmother, uncle, aunt, etc.).” Fifty responses were disregarded as their responses to this item include ‘mother’, ‘father’, ‘none’, or ‘friend.’ A total of 676 participants were used for analyses in this report. From this sample, there are 173 males and 503 females, with the age range from 18 to 25 years old ($M_{age} = 21.28$, $SD = 2.57$). Specifically, there are a total of 146 gays (21.6%), 383 lesbians (56.7%), and 147 bisexuals (21.7%).

Measures

Two questionnaires in our study (i.e., Disclosure of Sexual Orientation Scale and Perceived Acceptance Scale) were translated from English to Thai using Brislin’s classic back-translation method (Cha, Kim, & Erlen, 2007). Two bilingual translators independently translated the English versions to Thai, and then two other bilingual translators independently translated the Thai versions back into English. These translated English versions were then

compared with the original English versions for concept equivalence. From a single iteration, translators selected the most equivalent translations and reached a consensus on the wording of all items.

Disclosure of Sexual Orientation Scale. Beals and Peplau (2001)'s Disclosure of Sexual Orientation Scale is a 4-point Likert scale containing the following question: "Does your (family member) know of your sexual orientation?" This item is stated 3 times in the questionnaire, for each family member: mother, father, and the closest sibling (or other closest relative, if closest sibling is not applicable). A sample item would be "Does your closest sibling know of your sexual orientation? (Note: If you do not have a sibling, consider your other closest relative)" Item responses range from 1 to 4: 1 (*Does not know or suspect*), 2 (*May know or suspect*), 3 (*Definitely knows but we have not talked about it*), and 4 (*Definitely knows and we have talked about it*).

For data analysis, responses from 1 to 4, were recoded into either disclosure or nondisclosure. As a conservative measure, only responses of 4 (*Definitely knows and we have talked about it*) were scored as '1' and coded as disclosure, while all responses from 2 through 4 were scored as '0' and coded as nondisclosure. The three scores obtained from each family members were then summed to create a disclosure scale ranging from 0 to 3. Lastly, based on this scale score, each participant's level of disclosure was coded as either '*low disclosure*' or '*high disclosure*'. Participants whose scale score ranged from 0 to 1 were coded as 'low disclosure', whereas those with a scale score from 2 to 3 were coded as 'high disclosure'. This scale was reported to have a Cronbach alpha of .74 (Beals & Peplau, 2001).

Family Acceptance Scale. The Perceived Acceptance Scale comprises of an additional set of 31 items that focuses on overall acceptance from family with a 5-point Likert-type scales, responses ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*)' (Brock, Sarason, Sanghvi, & Gurung, 1998). There are a total of 4 subscales, which are

mother subscale (9 items), father subscale (9 items), sibling subscale (8 items), and family subscale (7 items). The items of this scale were adapted and changed to match the context of LGB; however, the scope of the scale remains unchanged and it examines family acceptance in LGB young adults. An example item of the scale is “My mother loves and cares for me no matter what I might do or say, regarding my sexuality”. A 5-point Likert scale was used to assess the responses, ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Higher scores on the Perceived Acceptance Scale indicates higher overall family acceptance. This scale was reported to have a Cronbach alpha of .82 for mother’s acceptance and .87 for father’s acceptance (Brock et al., 1998). The overall Cronbach’s alpha for the current study was .96 (.93 for mother’s acceptance, .93 for father’s acceptance, .90 for sibling’s acceptance, and .87 for subscale family acceptance).

Eudaimonic Psychological Well-being. Waterman et al. (2010)’s Questionnaire for Eudaimonic Well-being (QEWB) was utilised to assess the participants’ psychological well-being. The questionnaire consists of 21 item statements covering the six dimensions of eudaimonic well-being (i.e., self-discovery, perceived development of one’s best potentials, a sense of purpose and meaning in life, investment of significant effort in pursuit of excellence, intense involvement in activities, enjoyment of activities as personally expressive). A 5-point Likert scale was used to assess the responses, ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Examples of item statements include “I find I get intensely involved in many of the things I do each day.” and “I believe I have discovered who I really am.” Fourteen items are worded in a positive direction, indicating EWB, and 7 items are worded in a negative direction, implying a lack of EWB. In data analysis, the negatively worded statements were reverse scored.

In our study, Jarukasemthawee’s (2015) Thai version of the QEWB was utilized to assess the psychological well-being of our Thai sample group. The Thai version of QEWB

has been back-translated by bilingual translators and was used on Thai samples. This Thai version of the scale was reported to have a good internal reliability with a Cronbach alpha of .85 (Jarukasemthawee, 2015). In the current study, the overall Cronbach's alpha was .85.

Demographics. Participants were asked to identify their age, gender, sexual orientation, and the genders they have had sexual experience with. In regards to sexual orientation, participants were asked to choose from one of three pre-selected self-identifications (gay, lesbian, or bisexual). Additionally, demographical items included the duration since participants' first disclosure of sexual orientation to their family member (options ranged from not yet disclosed to first disclosed 2 years ago) as well as the number of people participants can openly talk to about their sexual orientation (options ranged from none to more than 15 people).

Design

In our study, we conducted a between-group moderated multiple regression design. Psychological well-being of participants was measured as a dependent variable. The hypothesised predictors of well-being are perceived family acceptance and disclosure of sexual orientation. Participants were grouped into low and high disclosure groups according to their score on Disclosure scale. Specifically, participants who scored 0 to 1 (have disclosed their sexual orientation to one or none of the family members) were categorised as low disclosure, whereas those who scored 2 to 3 (have disclosed their sexual orientation to 2 or 3 family members) was categorised as high disclosure. After categorizing, there were 464 participants in the Low Disclosure group and 212 participants in the High Disclosure group.

Data Collection

For data collection, an online questionnaire was created on Google Form, which provided a unique web address that directed participants to the online questionnaire. The hyperlink to this unique web address was shared on several social media platforms including

Facebook, Pantip, and Line chat. Within Facebook, the hyperlink was posted on numerous Thai LGBT-related pages (e.g., Anjaree Organisation, Rainbow Sky Association, and Togetherness for Equality and Action (TEA) group) as well as on popular pages that are unrelated to LGBT (e.g., Dek-D.com, GMM TV, and CU Cute Boy). The hyperlink was also shared numerous times onto personal pages by those who had seen the solicitation.

Data Analysis

The Statistical Package for Social Sciences (SPSS Version 23.0) was used to analyse all data from this study. Firstly, SPSS was used to produce descriptive data for the demographic factors as well to find the distribution mean and standard deviation of scores for all the variables examined in our study. Histograms and scatter plots was produced to aid examination of the data and to indicate the normality of the distribution and identify any outliers.

Prior to testing the study's hypotheses, the scores from Disclosure scale were coded into two groups: low and high groups. For Disclosure scale scores, those who scored from 0 to 2 were regarded as a low disclosure group, whereas those who scored 3 were regarded as a high disclosure group. The family acceptance scores were grouped into subcategories of each recipient: father, mother, and closest sibling.

Hypotheses were tested with a Moderated Multiple Regression analysis, which was conducted to investigate the moderating effects of perceived family acceptance. At Step 1 of the model, we examined the direct effects of disclosure and perceived acceptance on psychological well-being. At Step 2, we added the interaction term to examine the moderating effect of perceive acceptance.

Furthermore, additional analyses were conducted using one-way ANOVA analyses to inspect the associations between demographic variables and the study's three main variables (i.e., disclosure of sexual orientation, perceived family acceptance, and psychological well-

being). Analyses were conducted to explore the following associations: (1) sexual orientation and level of disclosure, (2) sexual orientation and level of perceived family acceptance, (3) sexual orientation and level of psychological well-being, (4) number of people to openly talk about sexual orientation and level of psychological well-being, (5) duration since first disclosure and perceived family acceptance, and (6) duration since first disclosure and level of psychological well-being

Chapter 3

Results

Principal Findings

Descriptive statistics and zero-order correlations for the study are presented in Table 1 below. Eudaimonic well-being was significantly associated with disclosure of sexual orientation ($r = .21, p < .001$) and perceived family acceptance ($r = .29, p < .001$). Also, there was an intercorrelation between predictor variables. Disclosure of sexual orientation was significantly correlated with perceived family acceptance ($r = .42, p < .001$). Regardless, there was no evidence of multicollinearity.

Table 1

Means, Standard Deviations and Bivariate Correlations for Psychological Well-being, Disclosure of Sexual Orientation, and Family Acceptance

Variables	M (SD)	Disclosure of Sexual Orientation	Family Acceptance
Disclosure of Sexual Orientation	.31 (.46)	-	
Family Acceptance	3.52 (0.94)	.42***	-
Psychological Well-being	3.73 (0.51)	.21***	.29***

Note: Disclosure of Sexual Orientation was dichotomously-coded (low = 0, high = 1).
*** $p < .001$

A moderated multiple regression analysis was conducted to examine the interaction between disclosure of sexual orientation and perceived family acceptance on psychological well-being. Predictors were disclosure of sexual orientation, perceived family acceptance, and the interaction term, while criterion was psychological well-being. Disclosure of sexual orientation and perceived family acceptance were entered at Step 1. Here, perceived acceptance was mean-centred to avoid the phenomenon of multicollinearity. The interaction

term, which was the product of disclosure level and perceived acceptance, was entered at Step 2 to determine if it explained additional variance in psychological well-being over and above the direct effects of the individual predictors. The direct effects of disclosure of sexual orientation and family acceptance as well as the interaction on psychological well-being can be seen in Table 2.

Table 2

Direct Effects and Interaction of Disclosure of Sexual Orientation and Family Acceptance on Psychological Well-being (N = 676)

	β	b	se	t	p
Step 1					
Constant		77.59	.49	157.66	.000
Disclosure of Sexual Orientation	.11	2.47	.94	2.64	.008
Family Acceptance	.25	.09	.01	6.14	.000
Step 2					
Constant		77.56	.50	155.92	.000
Disclosure of Sexual Orientation	.11	2.56	1.01	2.53	.012
Family Acceptance	.25	.09	.02	5.40	.000
Family Acceptance x Disclosure of Sexual Orientation	-.01	-.01	.03	-.23	.819

At Step 1, the combined effects of disclosure of sexual orientation and perceived family acceptance accounted for 9% of the variance in psychological well-being, $F_{ch.}(2, 673) = 35.09, p < .001$. . Disclosure of sexual orientation uniquely accounted for 1% of the variance in psychological well-being, and it was a significant positive predictor of psychological well-being, $\beta = .11, p = .008$. Also, perceived family acceptance uniquely accounted for 5% of the variance in psychological well-being, and it was a significant

positive predictor of psychological well-being, $\beta = .25, p < .001$. At Step 1, the proportion of shared variance was 3%.

At Step 2, inclusion of the interaction did not account for the variance in psychological well-being ($R^2 = .00$), which was statistically non-significant, $F(1, 672) = 0.05, p = .819$. This indicated that there was no significant interaction between disclosure of sexual orientation and perceived family acceptance on psychological well-being, $\beta = -.01, p = .819$. The overall model containing the two predictors and interaction accounted for a significant 9% of the variance in psychological well-being, $F(3, 672) = 23.38, p < .001$

Additional Analyses

In order to examine the sexual orientation differences on our focal variables (i.e., psychological well-being, perceived acceptance, and disclosure of sexual orientation), we conducted an additional analysis using a one-way analysis of variance (ANOVA) (see Table 3).

Table 3

Means (and Standard Deviations) for Studied Variables across Different Sexual Orientations

Variables	Gays ($n = 146$)	Lesbians ($n = 383$)	Bisexuals ($n = 147$)
Disclosure of Sexual Orientation	1.02 (1.04)	1.17 (1.04)	.67 (.93)**
Family Acceptance	116.65 (32.1)	118.60 (31.38)*	109.69 (27.13)*
Psychological Well-being	78.64 (11.25)	79.57 (10.40)	74.86 (10.58)**

Note. Means marked with one asterisk are significantly different from one another at $p < .05$. Means marked with two asterisks are significantly different from the corresponding means of other two sexual orientations at $p < .001$.

With regard to LGB participants' psychological well-being shown in Table 3, results showed that there was a significant main effect of sexual orientation, $F(2, 673) = 10.51, p < .001$. Bisexuals ($M = 3.56, SD = .50$), were reported to have significantly lower psychological well-being than gays ($M = 3.74, SD = .54$) and lesbians ($M = 3.79, SD = .50$). Moreover,

perceived acceptance was reported significantly lower from bisexual participants ($M = 3.32$, $SD = .82$) compared to lesbian participants ($M = 3.59$, $SD = .95$), $F(2, 673) = 4.47$, $p = .012$. For the disclosure variable, it was found that bisexuals ($M = .67$, $SD = .93$) reported significantly lower level of disclosure than did gays ($M = 1.02$, $SD = 1.04$) and lesbians ($M = 1.17$, $SD = 1.04$), $F(2, 673) = 13.30$, $p < .001$.

Furthermore, as shown in Table 4, we compared the effects of the demographical items with the three variables of interest. A one-way ANOVA analysis indicated that a number of people whom participants were able to talk to openly about their sexual orientation demonstrated a significant main effect on psychological well-being, $F(4, 671) = 14.10$, $p < .001$. Those who reported to be able to talk openly to more than 15 people showed significantly higher well-being than those who reported having a lower number of support (i.e. having none, less than 5 people, and 5-10 people). Additionally, there was also a significant main effect of the duration since when participants first disclosed their sexual orientation to their family member on psychological well-being, $F(5, 670) = 6.46$, $p < .001$, and perceived acceptance, $F(5, 670) = 23.70$, $p < .001$. Specifically, participants who have not yet disclosed their sexual orientation to family member reported significantly lower well-being than those who disclosed more than 2 years ago. Moreover, those who have not yet disclosed perceived family acceptance significantly lower than those who disclosed less than 1 month ago, 1-2 years ago, and more than 2 years ago.

Table 4

Means and Standard Deviations of Psychological Well-being Across the Number of People that Participants are able to Openly Discuss Their Sexual Orientation

Variable	<i>n</i> (%)	<i>M</i>	<i>SD</i>
Number of People to Openly Discuss Their Sexual Orientation			
None	31 (4.6)	3.39	.52
Less than 5 people	233 (34.5)	3.61	.50
5-10 people	180 (26.6)	3.73	.50
11-15 people	27 (3.9)	3.74	.57
More than 15 people	205 (30.3)	3.91	.46

Chapter 4

Discussion

Principal Findings

The aim of this study was to explore the moderating effects of perceived family acceptance on the association between disclosure of sexual orientation and psychological well-being of Thai lesbian, gay, and bisexual young adults. According to our results, the first hypothesis was supported; we found that disclosure of sexual orientation predicted LGB individuals' psychological well-being, such that those who disclosed to more family members about their sexual orientation tended to have higher levels of psychological well-being in comparison to those who disclosed to a lower number of family members. This result is in congruence with previous research, which stated that non-disclosed individuals had lower psychological well-being (Durso & Meyer, 2013). Previous research also revealed that non-disclosed individuals tend to acquire more stress from having to hide their true self (D' Amico & Julien, 2012). Additionally, LGB youths begin their identity formation with concealment and suppression of homosexual feelings, which leads to lower psychological well-being (Cass, 1979; Savin-Williams, 1990). Rosario and colleagues (2001) stated that disclosure of sexual orientation is an indication of self-acceptance, which may be well reflected in a dimension of eudaimonic well-being (Ryan & Deci, 2001). Previous studies have found that non-disclosed individuals are surrounded by stress of being unable to reveal their sexual orientation, and disclosure itself is a result of self-acceptance which is strongly associated with well-being. Thus, our finding suggests that disclosure of sexual orientation may contribute to enhanced psychological well-being of Thai LGBs.

Furthermore, our second hypothesis was supported; we found that family acceptance regarding sexual orientation predicted LGB individuals' psychological well-being, such that those who perceived high acceptance from family tended to have higher levels of

psychological well-being in comparison to those who perceived lower acceptance from family. This result provides a strong support for Parental Acceptance-Rejection (PAR) theory, which indicated that the acceptance from parents predict a child's positive outcomes universally (D'Amico & Julien, 2012). This finding is also in congruence with Ryan et al. (2010)'s study on 245 LGBT young adults, which indicated that acceptance from family predict greater positive health outcomes (self-esteem, social support, and general health). The same study also reported that family acceptance regarding youths' sexual orientation acted as a protective factor against negative health outcomes, including depression, substance abuse, and suicidal ideation and attempts. Furthermore, previous literature shows that family acceptance not only plays an important role in accepting oneself as a sexual minority, but can also reduce the impact of verbal victimisation on LGB's mental health problems (Elizur & Ziv, 2001), which can ultimately affect psychological well-being. Similar to past research, our finding also highlighted the importance of family acceptance in Thai LGB young adults.

However, the interaction between disclosure and family acceptance on psychological well-being was not significant and a moderation effect was not present. This indicated that family acceptance might produce the same effect on LGBs' psychological well-being, regardless of their level of disclosure. Previous literature suggests disclosure and family acceptance to independently affect psychological well-being; however, there is limited support for the interaction between disclosure and family acceptance on well-being. One possible explanation to this lack of significance in the moderation effect is the weakness in measure, which is discussed in-depth in the limitation section. Another plausible reason is that there might be a stronger moderating variable than perceived family acceptance. For example, family support might reveal a moderating effect as it was reported to be the strongest predictor of LGB youth's well-being and distress among the variables of family acceptance, friend acceptance, and friend support (Shilo & Savaya, 2011). Thus, from our

data, we could infer that perceived family acceptance might hold equal importance regardless of whether LGB individuals have disclosed to family members at a low or high level.

Additional Analyses

Additional analyses were conducted on demographical data, which generated interesting findings. Firstly, results indicated that bisexuals reported significantly lower psychological well-being and disclosure level compared to lesbians and gays. This finding is congruent with previous research, which stated that bisexuals might face more disadvantages in social status than lesbians and gays (Shilo & Savaya, 2012). This phenomenon can be explained by the multilevel stigma that bisexuals face both from the society at large and the LGBT community (Molina, Marquez, Logan, Leeson, Balsam, & Kaysen, 2015). Bisexuality challenges the cultural norm that one is expected to be attracted to only one gender, hence, bisexuality is often seen as merely a transitory identity (Scherrer, Kazyak, & Schmitz, 2015). Sheets and Mohr (2009) further suggest that lesbians and gays may hold stereotypes against bisexuality, which portray bisexual people as immature or essentially polygamous. In Thai's social context, bisexuality is also associated with promiscuity (Ojanen, 2009). With fear for such stigma, it is possible that bisexuals are likely to conceal their sexual orientation from others, including those who may share similar social status of sexual minorities. Thus, bisexuals have reduced opportunities in gaining support from both LGBT community and others by hiding their sexual orientation.

Secondly, it was revealed that participants who reported having a higher number of people whom they can openly discuss about their sexual orientation with had higher psychological well-being than those who reported having a lower number of people. This is justifiable as having sexuality-specific support can assist sexual minorities in coping with possible stigma and additionally boost psychological well-being (Sheets & Mohr, 2009). Furthermore, we found that those who had a longer duration since their first disclosure of

their sexual orientation to a family member perceived greater family acceptance than those who had a shorter duration and those who have not disclosed. This finding supports the data from a short-term longitudinal study on LGB youths, which stated that parents' acceptance of the youths' sexual orientation changed positively over time (Vincke & van Heeringen, 2002).

Our confidence in these findings is buoyed by a number of methodological strengths of the study. First, our sample size was substantial for this type of study, especially within a limited amount of time for data collection. This could have contributed to our confidence in the external validity of the findings. However, we have to be cautious of making inferences from our findings because the significance of our findings may be partly accounted for by the sample size rather than the effect size of the examined variables themselves. Nonetheless, with a sample size of 676 participants in our current study, we were able to reflect a more accurate representation of the Thai LGB young adult's population and found results in accordance with previous studies. Notably, it would be worth investigating in the future whether similar findings can be observed from a smaller sample size.

Secondly, we used online-based recruitment and data collection strategy. Previous research on LGB adolescent and adult samples has been criticized for utilizing convenience samples which may not be representative of the LGB population. Even though our sample was not population-based, it was also not confined to a particular LGBT agency, organization, or community. By recruiting participants through the internet, we were able to include young adults who were not members of any organized LGB group or community, as well as those who were. It also enabled us to recruit young adults from a wider geographical area within Thailand, and not limited to those residing in Bangkok metropolitan area, where the researchers were residing at. Importantly, the online-based recruiting method allowed the participation of those still "in the closet". In that sense, our sample was likely to be more representative than many other samples recruited from a single agency or organization, or via

a “snowball” sampling method. Moreover, participants’ anonymity and confidentiality were ensured, thus likely to have diminished potential response biases due to demand characteristics. A final methodological strength was the use of the EWB and the PAS scale, which have an established reliability, including in our study.

Limitations and Future Research

Although the results of the current investigation are robust and generally consistent with previous research findings, several limitations in this study need to be addressed for further research. Firstly, our measure of disclosure may have been inadequate and only partly informative. As a part of our method to classify participants as either low or high disclosure group, four categories of disclosure status to each family member was initially dichotomized into two groups (i.e., disclosed and non-disclosed). Specifically, three subgroups of disclosure status (i.e., those whose parents “do not know and do not suspect,” “do not know but suspect,” and “know but have not discussed” about their children’s sexual orientation) were altogether categorized as non-disclosed group, whereas only “known and have discussed” status was categorized as disclosed group. By combining the three disclosure statuses into a single group, our study was not able to account for significant differences in psychological well-being across different disclosure statuses. According to our investigation, the psychological well-being of “know but have not discussed” were significantly different from the other two subgroups, whose parents did not know of their children’s sexual orientation. This suggests that the responses could have been separated into different groups, rather than being grouped altogether as a ‘non-disclosed group’. This severely limits the interpretability of our findings regarding the main effect of disclosure due to our low disclosure group containing data from three subgroups. In spite of this limitation, however, the overall pattern of results provide a reliable estimates of the effects of disclosure, such that low disclosers are generally more prone to having lower well-being than high disclosers. In

order for future study to improve the interpretability of the findings, researchers could group the disclosure responses into three levels of disclosure rather than into two.

Secondly, measures related to disclosure of sexual orientation in our study could have been more comprehensive and informative of LGB individuals' disclosure method and process. In our current study, we have only asked participants about their disclosure status with each family member and how long it has been since their first disclosure to a family member. However, additional questions about disclosure procedures such as method of disclosure (e.g., verbal disclosure, nonverbal disclosure, "outed" by others, etc.), recipient and age of first disclosure, and level of sexual orientation concealment are also equally informative and insightful of the LGB young adult's general disclosure pattern. Thus, they may be included in future studies that look into disclosure of sexual orientation as focal variables.

Lastly, we recruited a convenience sample of self-identified lesbians, gays, and bisexuals, resulting in the exclusion of individuals who identify as pansexual, asexual, queer, or another minority sexual orientation. It will be important for future studies to replicate these findings in more diverse and inclusive samples. In addition, due to the nature of our online recruitment and data collection, LGB individuals without computer and internet access were not able to participate in the current study. The prerequisite of having access to the internet may have resulted in limited socioeconomic diversity in our studied samples, and thus not being able to generalize our findings to a wider LGB population. However, online data collection methods facilitate access to less visible populations such as sexual minorities, including "closeted" LGB individuals (Riggle, Rostosky, & Reedy, 2005).

Implications

From this study, family seems to be important people whom LGB young adults turn to seek warmth, support, and acceptance regarding their non-heterosexual status; such

positive reactions and acceptance positively contribute to LGBs' mental health. To allow for a more LGB-accepting environment in Thai family systems, it is crucial that the Thai government provide education and accurate information about LGBs to the public, targeting all age groups. For example, educational programs, public campaigns, or projects can be organized in school settings, workplaces, and organizational training sessions.

Furthermore, LGB organizations or related professionals may organize support groups and programs for families with LGB young adults. As many family members typically react negatively upon the child's disclosure (D' Augelli, 1998), these specific support programs may facilitate better understanding and acceptance from family members towards the LGB youth. Moreover, having support groups may allow families to share their experiences and learn how to show acceptance together. It is important to note that although our findings demonstrated that disclosure of sexual orientation to family members predicted well-being, we would like to emphasize that LGB youths are only to disclose with consideration. Some families may result in conflicts or withdrawal of support for youths after the disclosure; therefore, disclosure is not encouraged for everyone.

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