

A Concept Analysis of *Thum-jai*: A Thai Coping Strategy

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Abstract: *Thum-jai* is a coping strategy embedded in the culture of Thailand and used by people when facing an adverse situation or circumstance for which there seems to be no escape. The purpose of this concept analysis was to explore the usage of the term *Thum-jai* in research studies and clarify its conceptual meaning. We searched the concept in nine bibliographic e-databases and used Walker and Avant's method of concept analysis. Thai and English studies ($n=46$) formed the basis for analysis. Two domains of usage were health/health-related conditions and daily living/work.

Thum-jai may be understood within either the Buddhist or Islamic religious context. It is typically practiced during the life cycle of birth, aging, sickness, and death. The religious/spiritual context produces a sense of obligation to respond in a manner consistent with the teachings of faith and personal integrity. Within that context, the attributes of *Thum-jai* are accepting and letting go of the negative situation, forgetting the bad feeling, calming or steadying the mind, and developing patience and understanding. The consequences of *Thum-jai* are peace of mind, emotional stability, positive thought, and productive change. Model, borderline, and contrary cases are presented. Clinicians should recognize that clients are engulfed in the maelstrom of their troubles. A discussion about *Thum-jai* might improve how clients handle stressful situations. Clients can explore their own thoughts, beliefs, circumstances, and readiness for acceptance.

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Background

For centuries, people have tried to cope with pain and suffering using various faith traditions and spiritual practices. Modern psychology has recognized that coping strategies may comprise various constructive approaches including social support, prayer, rituals, and a culture's local wisdom.¹ The overall goal of any coping strategy is the reduction, alleviation, or elimination of any perceived negative stressor.

One coping strategy found in Thailand is *Thum-jai* (verb: ทำใจ) or (noun: การทำใจ). It is a psychological phenomenon embedded in the culture and used by individuals when facing a personal struggle

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from a negative, inescapable truth (a difficult reality) that creates suffering and inner turmoil. Because the situation causing the distress cannot be changed, the function of *Thum-jai* is an emotion-focused coping

strategy.¹ This contrasts with problem-focused strategies that are used to prevent or control the situation. Although *Thum-jai* is not considered a clinical treatment in Thailand, a similar idea of “acceptance” in Western countries has been associated with psychotherapeutic relationships² and alternative medical therapy.³ “Acceptance” is not, however, culturally embedded in Western societies. Nonetheless, knowing of *Thum-jai* as a coping mechanism among Thai people, how they incorporate it into their lives, and the meaning it holds for them can provide clinicians and counselors a culturally-salient basis for interacting with patients and clients.⁴

Thum-jai is the combination of two words *thum* (ทำ), meaning do or make, and *jai* (ใจ) meaning heart or mind.⁵ *Thum-jai* has the literal meaning of “making up one’s mind.”⁶ Alternative transliterated spellings are *thum jai*, *tham jai*, *tum jai*, and *tam jai*. Spellings can be with hyphens or as one word. Grammatically, the word *Thum-jai* is a verb or proper noun, either defining what takes place when confronting an inescapable, harsh reality (verb, to *Thum-jai*) or naming the practice that achieves the desired outcome (noun, use of *Thum-jai*).

The aim of this concept analysis, therefore, was to explore the usage of the term *Thum-jai* in research studies and clarify its conceptual meaning. Walker and Avant’s method of concept analysis⁷ was selected because of its emphasis on synthesizing the literature and for presenting case studies that bring the concept from abstraction to recognizable situations. Concept analysis can be useful to formulating an operational definition in measurement tool development.⁸ We propose an operational definition of *Thum-jai* in anticipation of developing an instrument.

Methods

The use of the concept *Thum-jai* was searched in academic journals, master theses, and doctoral dissertations in the following electronic databases without date range or year restriction through December 31, 2016: Anthropology Plus (EBSCOhost), CINAHL

Plus (EBSCOhost), ProQuest Dissertations & Theses Global, Psychological Abstracts, PubMed, SCOPUS, Sociological Abstracts, Thai Library Integrated Systems (ThaiLIS) and Web of Science entering the English spelling “Thum-jai” and all forms of the transliterated spellings mentioned earlier. The ThaiLIS search for abstracts included the original Thai spelling. Where relevant abstracts were found, full texts were obtained. After de-duplication, 46 research studies formed the basis for the concept analysis. A general use of the English and Thai phrases was also sought using Google and Yahoo web search engines.

Results

The earliest mention of *Thum-jai* in the academic literature was the year 2000. We identified two broad domains: health/health-related conditions and daily living/work. The domains are not mutually exclusive. The first domain was subdivided into three areas: caregiving, acute-chronic illness, and aging.

A. The Use of *Thum-jai* in Health/Health-related Conditions

Caregiving: *Thum-jai* is a coping strategy adopted by mothers caring for children with schizophrenia when dealing with highly disturbing symptoms— an adverse, inescapable truth.⁹ To describe *Thum-jai*, Rungreangkulkij and Chesla used the terms “accepting, patient, understanding, reasonable, and having a sense of obligation.”^{9(p 123)} The practice of *Thum-jai* was “being aware of, and reminding themselves [the mothers]”^{9(p 123)} of what faced them. The Thai mothers recognized their cultural caregiving responsibilities based on the social expectations and obligations of fulfilling the maternal role in caring for a sick child. With calmness and thoughtful reasoning, they learned to understand their child and accept the necessary parenting. In a similar study,¹⁰ a mother told her daughter to *Thum-jai* or “steady her mind”^{10(p 95)} in the face of taunts from her classmates. The advice was given not for the daughter to accept the situation

passively, but for her to gain an emotional and rational steady resolve over something she had no control.

Not only mothers, but family caregivers of relatives diagnosed with schizophrenia used *Thum-jai* as a coping strategy.^{6,11} Acceptance of their caregiving role brought about mental composure¹¹ and rational thinking by making up one's mind to cope with the stress.⁶ *Thum-jai* was described as "emotional regulation."^{12(p 79)}

Klankaradi¹³ attributed *Thum-jai* to a personal process in helping parents adjust to caring for a child with cerebral palsy. For some parents, the process of *Thum-jai* came with the initial awareness and suffering over their child's condition. For others, *Thum-jai* came after seeking information and weighing the facts. Some parents required time to consider their individual circumstance and think about possible consequences before they could accept. Klankaradi emphasized the cultural context of parents fulfilling a social obligation and responsibility toward caring for their special child.

Thum-jai was the explanation researchers gave for the positive feelings that mothers had toward their children born with cleft lip/palette compared to similar mothers of other nationalities.¹⁴ They surmised that Thai mothers were more accepting because the birth defect might have resulted from their own bad karma; they felt responsible for their child's condition.

Acute-Chronic Illness: Thai patients in a terminal stage of cancer spoke of *Thum-jai* in a manner that they accepted their condition and hoped for a better future.¹⁵ For patients diagnosed with early breast cancer, spiritual support through religious practices played an important part in the ability to *Thum-jai*, to accept their condition or "whatever will come."^{16(p 269)} Their family members leaned on each other to *Thum-jai* by surrounding themselves with optimism, learning more about breast cancer, and providing direct care and emotional support to the patient.

Piyasut¹⁷ described people with end-stage renal disease (ESRD) as accepting their difficult situation. They realized their lives were not going to change, yet described a future using phrases of acceptance (or

resignation): "whatever will happen, it will happen" and "let it go, let it be."^{17(p 70)} From a measurement perspective, the Health-related Quality of Life Instrument for Dialysis Patients (Thai) includes a question in the spirituality subscale: "How much are you able to prepare for and accept your illness ('thumjai')?"^{18(p 162)} The item demonstrates the importance given to *Thum-jai*.

For rural people in Thailand with heart disease who chose not to undergo cardiac surgery, *Thum-jai* helped them cope with ongoing treatments.¹⁹ They practiced *Thum-jai* to endure the stressors of journeying from their rural villages to the urban medical center and with standing the inconveniences. As a coping strategy, *Thum-jai* was described as setting aside negative feelings and making up their minds to accept the hardships.

Patients who chose cardiac surgery felt the necessity of *Thum-jai* because of the psychological stressors they experienced while anticipating an operation.²⁰ *Thum-jai* was described as acceptance or resignation as they faced fear, anxiety, and uncertainty. For adults who were short-term ventilator dependent, *Thum-jai* was the ongoing attempt to accept the hardships of living daily with fears, sleep deprivation, and suffering.²¹ In coping with the pain from suctioning and the inability to communicate, they sought refuge in their hopes for getting well.

Thai elderly living with Parkinson's disease practiced *Thum-jai* by refocusing their minds toward positive thinking.²² This cognitive strategy allowed them to accept the growing limitations in their daily activities brought on by the progressive physical and psychological changes related to the disease. *Thum-jai* requires not only cognitive preparation for acceptance but also an emotional readiness. Patients with chronic hypertension were found to have varying degrees of stress in their lives, causing the return or worsening of symptoms.²³ Stress and anxiety obstructed their initial ability or willingness to *Thum-jai* and cope with the chronic disease.

Aging: *Thum-jai* offered middle-aged, working-class Muslim women in southern Thailand an emotional and cognitive strategy to cope with struggling to support their families and deal with minor health problems.²⁴ With *Thum-jai*, they could mobilize their inner strength, calm their thinking, “cool down,”^{24(p 243)} and let go of their troubles so that they could move on with what had to be done. *Thum-jai* alleviated the personal loss that women experienced due to the physical changes entering midlife.²⁵ By accepting that aging is part of the human life cycle, women could free themselves of the emotional distress caused by a perceived loss of beauty and sexual attractiveness.

Middle-aged Thai men also faced concerns about sexuality.²⁶ They were distressed about their bodily changes. By seeking health information and joining self-help groups, they practiced *Thum-jai* to gain self-acceptance. In another study related to aging, a fear of falling was not the inescapable truth that led Thai elders to *Thum-jai*, but rather the reaction to growing older.²⁷ An awareness of increasing physical limitations, especially with activities of daily living, led to their fears.

B. The Use of *Thum-jai* in Daily Living and Work

Thai farmers practiced *Thum-jai* when confronting the adversities and hardships of unpredictable weather, pestilence, and fluctuating crop prices.²⁸ Illness and discord among the family were part of the hardships they endured. The process of *Thum-jai* was described as adversity coping by first becoming aware of farm life reality, then reframing personal attitudes that focused on the positive aspects of their lives, and establishing future goals.

Esara²⁹ described *Thum-jai* as making a choice. She interviewed an adult Thai woman who was struggling with role conflict in her marriage. The woman reached an existential point where she had to decide whether to continue her career or salvage her marriage. She chose and accepted the decision (*Thum-jai*), never doubting her judgment.

As a coping strategy, *Thum-jai* alleviated the personal loss that women experienced due to the death

of a spouse.³⁰ It did not assuage their grief or sorrow but brought them to accept their losses and move on with their lives. Similarly, the widows of men killed in armed conflict in the south of Thailand learned to accept the deaths of their husbands by practicing *Thum-jai*.³¹ Rather than endure the torment of suffering, they found healing and release in relearning how to live by finding new social supports.

Thum-jai was a source of strength for Thai adolescents who faced an unintended pregnancy and impending motherhood.³² Acceptance was described as “what ever [*sic*] will be, will be.”^{32(p 218)} Neamsakul³² commented that because of the approaching responsibilities, the shorter timeframe to delivery accelerated the adolescents’ decisions to accept their situation more quickly.

Thai women convicted of homicide faced incarceration with fear and shock.³³ *Thum-jai* was an emotional necessity to come to grips with their separation from families and meet the harsh realities of prison life. Acceptance came by cognitive awareness of their circumstances and rationally adjusting to their conditions. Under less grim circumstances, nurses employed at a hospital outpatient department in Thailand learned to distinguish between work problems that could be changed and those that could not.³⁴ Using *Thum-jai*, they reflected on their work and came to accept the conditions they could not change as part of their professional lives.

From the Google/Yahoo searches, two songs were found about despondency over lost love. In one titled “Tum-jai” a singer asks his girlfriend whether she wants to continue the relationship.³⁵ If not, he will *Thum-jai* by accepting the bitterness and move on. In another, “Tum-jai Lum Bahk” or “Difficult to Accept,” the singer also pines of unrequited love.³⁶

Religious Contextual Relationships

Thum-jai may be understood within a religious/spiritual context of Thai culture because it explains people’s behaviors when confronted with an unavoidable truth. *Thum-jai* was referred to as spiritual control¹⁸ and

as a religious coping strategy.²⁰ Buddhism is the official and most practiced (93.6%) religion in Thailand.³⁷ Buddha's First Noble Truth on life and suffering is a significant reference point because *Thum-jai* is most likely practiced during the life cycle of birth, aging, sickness, and death.³² Equally salient is the Law of Karma, Buddha's Second Noble Truth, because karmic actions are the origin of what creates life's circumstances.¹⁸ Studies often referred to one or both as the contextual heart of *Thum-jai*.^{4,6,9,11-17,32}

Although a minority religion (4.9%) with its followers concentrated in southern Thailand,³⁷ the Islamic tradition is equally compatible with the concept of *Thum-jai*. Boonyoung and Muecke²⁴ ascribe *Thum-jai* to either the uncertainty of life found in Buddhist beliefs³⁸ or in the Islamic tenet of obedience to Allah. In Islam, all things in life emanate from Allah and a faithful Muslim should accept what has been given and submit to the ultimate will of Allah (Quran 3:31-32, 6:17-18, 9:51, 26:163, Sahih International, 1997). Recognizing the religious context of *Thum-jai*, the developers of the aforementioned Thai Health-related Quality of Life Instrument¹⁸ included the question: "How much do you accept your illness according to the following phrase: 'Illness is common for life or is the consequence of past actions (Buddhism); or illness is the fate determined by God or the repayment of sin (Christianity or Islam)'?"^{18(p 162)} trying to ascertain a spiritual relationship between suffering and acceptance.

Defining Attributes of *Thum-jai*

The defining attributes of a concept are the contextual descriptors that most clearly delineate its boundaries.⁷ *Thum-jai* is defined as making up one's mind and coming to acceptance (or the acceptance itself) by letting go of the situation (whatever will be, will be), forgetting the bad feeling, calming or steadying the mind, and developing patience and understanding. It is a coping or self-care management strategy to reconcile rationally, reasonably, and emotionally with one's distress and suffering.

Antecedents and Consequences

Antecedents set the stage for the concept, and consequences follow what takes place.⁷ Whether understood as a product of karma or the will of Allah, personal suffering exists as a response to an inescapable, negative truth that a person must confront or come to terms with it. The religious/spiritual context produces a sense of obligation and social responsibility to respond in a manner consistent with the teachings of faith and personal integrity. *Thum-jai* refers to the internal process (as a verb) that leads to acceptance (as a noun) or resolution, bringing peace of mind or emotional stability for further action. Thoughtful deliberation of a critical situation, as part of the *Thum-jai* process, can lead to the acceptance of the difficult reality.³² An individual becomes aware that a negative, verifiable truth exists from which this is no apparent resolution. The situation creates an inner disturbance that leads to self-assessment and rational thinking about what can be done, given one's available resources. The process of cognitive appraisal is consistent with known coping strategies.³⁹ There is a sense of responsibility to understand whatever inescapable truth threatens the individual and how acceptance can be managed.

If children or relatives are involved, there is a social expectation or sense of obligation within the religious and cultural contexts that something personally is required to manage the perceived stress.⁹ Other culturally-based coping strategies to help with *Thum-jai* can be used, such as seeking family support and positive reappraisal through meditation/prayer.¹ The person comes to the active realization of what is required by accepting what can be best understood of the situation. Thus, religious and cultural contexts, situational awareness, and psychological preparedness form the necessary antecedents for *Thum-jai*.

Thum-jai produces consequences. As an intentional act of choice, *Thum-jai* brings peace of mind, calmness, tolerance, or resignation. But more likely it is a psychological and spiritual source of mental stability and strength, an impetus for productive

change and positive thought. *Thum-jai* may be “the first or the final step of an internal process ... which inspires people to move to a next step, like doing nothing or taking care of themselves, depending upon the available resources or the options that society offers them.”^{24(p 247)} Success would mean embracing positive thoughts and actions that lead to productive change. With overwhelming stressors, however, it may first be necessary to steady the mind or calm one’s mental activity before proceeding to full acceptance and resolution.^{13,24} Withdrawing from the immediate situation can be an initial distancing maneuver to aid in steadying the mind. Under relentless or deteriorating circumstances, *Thum-jai* may be a reiterative process required to bring new wisdom and resolution.⁶

By using *Thum-jai*, the mothers of children with schizophrenia accepted the maternal caregiving role, learning that their patience, understanding, and reasoned approach would mitigate their children’s alarming symptoms.⁹ For families caring for a relative with schizophrenia, practicing *Thum-jai* dissolved their anger, bad feelings, or suffering related to the burden of caretaking.⁶ The productive change for parents of children with cerebral palsy did not produce a passive acceptance¹³ but became the source of inner strength—a fighting spirit—to do whatever they could to protect and help their children. For patients with ESRD, acceptance of the chronic disease was the first step toward adapting to a new way of living and addressing financial problems.¹⁷ Mothers actively sought to create a soothing home life for their children with schizophrenia.⁹ The elderly with Parkinson’s disease found they could live with hope for a better life.²² The elderly, with fears of falling, relied on their religious beliefs as part of *Thum-jai* to alter their thinking, adopt lifestyle modifications, and accept family support. Farmers who endured occupational and personal hardships learned deeper meanings of their lives and marriages.²⁸ Even the adults on ventilators who suffered physical and emotional pain during treatments could envision a future by practicing *Thum-jai* when they

could be free to live normally.²¹ Moreover, imprisoned women could redirect their thoughts to set future goals and aspirations.³³ Thus, *Thum-jai* results in redirected thinking, emotional stability, and acceptance/resignation of the situation with a productive mental/behavioral change to cope with the inescapable negative circumstance.

Cases

Model case: Wattana is a 45 year old Buddhist woman living with her husband and three children in northeast Thailand. Over the past year, her oldest teenage daughter became depressed, behaved erratically, had unusually aggressive outbursts of anger, and withdrew from friends and family. Her disruptive behavior created turmoil in the household and at school. As the daughter’s behavior turned more violent, Wattana worried for the safety of her other children. The daughter was diagnosed with schizophrenia and placed on antipsychotic medication. Wattana explained to the community health nurse, “I have to *Thum-jai* before I start my day. I think about what I must do then steady my mind, or else I will do something I shouldn’t. My husband and children need my strength. I go to the temple every week to talk with the monks. They explain that this is my karma and I must accept what has been given to me. Whatever happens to my daughter, I will do my best to make her better. So, I concentrate on being patient and being a good mother to my family. Our life together is getting better.”

In this model case, Wattana demonstrated that she could rationally determine what was needed for her and the family. Her daughter’s schizophrenia was going to be a lifelong illness. She received medical advice and religious counseling so she could *Thum-jai* successfully. After self-appraisal, Wattana understood the social obligation to her family, redirected her thoughts and emotions to accept the situation, and achieved family harmony and peace of mind – all of which are significant concept attributes.

Borderline case: Chilai is a Muslim woman living in southern Thailand, having been recently diagnosed with uterine carcinoma. She has been in

pain and crying a great deal. Surgery and chemotherapy were recommended, but the doctors were not encouraging. Chailai has also learned that her husband has taken a 'second wife' (mistress). This has created additional tension in the household. Her sister told her to *Thum-jai* and come to terms with her life: "Whatever will be, will be." She said: "You are in Allah's hands." Chailai has made faint attempts to let go of negative feelings, but anger and pain block her willingness and ability to handle the situation. She told her sister: "I am so stressed I can't focus my mind on what to do. I feel helpless and need my husband. I don't want to die. But I just want this to all end. I've been a good person. Why me?"

In this borderline case, Chailai is aware and overwhelmed by the inescapable truth of her deteriorating health and marriage. Though she is fully aware of the situation (an attribute of *Thum-jai*), mental stress, physical instability, recentness of events, and pain medication do not allow her to appraise her situation rationally and achieve emotional readiness – important attributes. It is premature for her to accept this difficult reality. She is overcome by life crises and may never have the chance to let go of her feelings.

Contrary case: A man is watching TV when a newscast interrupts, reporting an airplane crash. He remembers flying the same carrier the prior month and experiencing air turbulence. He is shocked by the situation and reflects on what a scary time he had, but resumes watching TV.

This is a contrary case. Though empathetic about the air disaster based on his recent experience, he has no inescapable reality causing suffering, only a brief memory. The man needs no self-appraisal, a refocused mind, or emotional readiness to accept a personal struggle that requires behavioral/attitudinal change.

Additional thoughts: No studies in the literature reported the use of *Thum-jai* among Christian Thais. Although not specifically tied to Christian theology, the idea of accepting life's circumstances is encapsulated in the quasi-religious Serenity Prayer (Reinhold Niebuhr,

1892-1971): "Grant me the serenity to accept the things I cannot change...." Though offered in different versions,⁴⁰ the prayer or affirmation is borderline in presenting the concept because it does not fully encompass the defining attributes.

Two popular American songs known in Thailand have word phrases akin to the defining attributes of *Thum-jai*: 1) "Que Sera, Sera (Whatever Will Be, Will Be)" by Ray Evans and Jay Livingston and 2) "Let It Go" by Kristen Anderson-Lopez and Robert Lopez. The first is more fatalistic in outlook ("the future's not ours to see") than accepting a difficult circumstance. The second has lyrics more redolent of an adolescent's defiant assertion of independence rather than acceptance of an unavoidable, adverse truth. Neither song is *Thum-jai* because they contain only superficial reference to the concept.

Empirical referents

Thum-jai is a coping strategy professed by many Thais under difficult circumstances. However, it remains an elusive and abstract concept despite the clarity of the cases presented. Identifying an empirical referent would bring greater insight to the concept.⁷ No measurement tool currently exists, although an item in one questionnaire associates it with spirituality.¹⁸ A culturally-based, valid and reliable instrument to quantify *Thum-jai* would provide the needed empirical referent.

Conclusion and Clinical Implications

Rather than following a trajectory of antecedents, concept, consequences,⁷ *Thum-jai* more likely follows a non-linear, reiterative path.⁶ As with most mental events, there are degrees of individual capacity, ability, and willingness to engage. Future research should explore the efficacy and extent of how individuals incorporate *Thum-jai* as a coping strategy. In anticipating the development of an instrument to measure *Thum-jai*, we propose a definition that states, *Thum-jai* is a cognitive and emotional system from which individuals

draw psychological strength when confronted with an adverse, verifiable truth – experiential or evidential – that they cannot change. It involves emotional regulation through cognitive reframing or the inhibition of emotions to not only grapple with the situation but to accept it and endure or thrive.

More than just appreciating the cultural/religious context that confront their patients' concerns, nurses and other clinical practitioners must recognize that those experiencing stressful situations are engulfed in the maelstrom of their troubles and need an informed, trusted, and willing listener. Understanding the needs and preferences of those receiving care, including families and caregivers, provides clinical insights for nurses and others to implement a plan of supportive care. Nurses and clinical practitioners should determine whether considering *Thum-jai* would improve how patients, clients, and others are coping with their stressful circumstances. The use of a measurement tool could provide nurses and clinical practitioners a formal mechanism to evaluate a person's capacity and efficacy to *Thum-jai*. It is important that people be allowed to explore their own values, thoughts, spiritual beliefs, circumstances, and readiness for acceptance, and not be told what 'should' be done.

Limitations

The relatively recent literature was probably a function of when databases became available online. A major data source came from master theses and doctoral dissertations. As part of the so-called gray literature, these works lack the external peer review process. Searches from e-databases yielded mainly qualitative research. It is possible this dominant research method biased the results.⁷

References

1. Folkman S, Lazarus RS. The relationship between coping and emotion: Implications for theory and research. *Soc Sci Med.* 1988; 26(3): 309-17.
2. Hayes SC. Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behav Ther.* 2004; 35: 639-65.
3. LaChapelle DL, Lavoie S, Boudreau A. The meaning and process of pain acceptance. Perceptions of women living with arthritis and fibromyalgia. *Pain Res Manag.* 2008; 13(3): 201-10.
4. Srichannil C. Healing through culturally embedded practice: An investigation of counsellors' and clients' experiences of Buddhist counselling in Thailand [dissertation]. [Edinburgh, Scotland]: The University of Edinburgh; 2014.
5. Office of the Royal Society. Dictionary: National Academy Association; 2558/2015 [cited 2017 February 18]. Available from: http://www.royin.go.th/?page_id=130
6. Sethabouppha HP. Buddhist family caregiving: A phenomenological study of family caregiving to the seriously mentally ill in Thailand [dissertation]. [Charlottesville (VA)]: University of Virginia; 2002.
7. Walker LO, Avant KC. Strategies for theory construction in nursing. 5th ed. Upper Saddle River, NJ: Pearson Prentice-Hall; 2011.
8. Waltz CF, Strickland OL, Lenz ER. Measurement in Nursing and Health Research. 5th ed. New York: Springer Publishing Company; 2017.
9. Rungreangkulkij S, Chesla C. Smooth a heart with water: Thai mothers care for a child with schizophrenia. *Arch Psychiatr Nurs.* 2001; 15(3): 120-7.
10. Tungpunkom P. Staying in balance: Skill and role development in psychiatric caregiving [dissertation]. [San Francisco (CA)]: University of California at San Francisco; 2000.
11. Charenchom A. Psychological experiences of family caregivers in caring for schizophrenic patients [master's thesis]. [Bangkok, Thailand]: Chulalongkorn University; 2008. (In Thai).
12. Sunpaweravong J. Development of a Thai-Expressed Emotion Scale (TEES) for family caregivers of schizophrenic patients [dissertation]. [Songkla, Thailand]: Prince of Songkla University; 2007.
13. Klankaradi K. Never-ending caring: The experiences caring for a child with cerebral palsy [dissertation]. [Palmerston North, New Zealand]: Massey University; 2008.

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14. Black JD, Giroto JA, Chapman KE, Oppenheimer AJ. When my child was born: Cross-cultural reactions to the birth of a child with cleft lip and/or palate. *Cleft Palate Craniofac J*. 2009; 46(5): 545-48.
15. Get-Kong S, Hanucharumkul S, McCorkle R, Viwatwongkasem C, Junda T, Ittichaikulthol W. Symptom experience, palliative care and spiritual well-being among Thais with advanced cancer. *Pacific Rim Int J of Nurs Res*. 2010; 14(3): 219-234.
16. Junda T. Our family's experiences: A study of Thai families living with women in the early stages of breast cancer. *Thai J Nurs Res*. 2004; 8(4): 260-75.
17. Piyasut C. Thai patients' experiences of end-stage renal disease: A path through an unknown world [dissertation]. [San Diego (CA)]: University of San Diego; 2010.
18. Pukpobusuk N, Panpakdee O, Maneesriwongul W, Viwatwongkasem C, Ingsathit A. Development and psychometric properties of the Thai health-related quality of life instrument for dialysis patients. *Pacific Rim Int J Nurs Res*. 2012; 16(2): 154-67.
19. Buatee S. Exploring the health care experiences of rural Thai people living with acquired valvular heart disease [dissertation]. [Wellington, New Zealand]: Massey University; 2010.
20. Bunkong S. Symptom experiences, symptom management, and symptom outcomes in patients waiting for coronary artery bypass graft [dissertation]. [Songkla, Thailand]: Prince of Songkla University; 2009.
21. Chaiweeradayt M. Experiences of being an adult patient receiving ventilator [master's thesis]. [Bangkok, Thailand]: Chulalongkorn University; 2012. (In Thai).
22. Ditruchgij C. Experiences of living with Parkinson disease of Thai elderly. *J Police Nurs*. 2011; 3(1): 75-87.
23. Kirdphon W. Accepting and adjusting to chronicity of hypertension: A grounded theory study in Thai people [dissertation]. [Seattle (WA)]: University of Washington; 2003.
24. Boonyoung N, Muecke M. The access to healthcare service from perspectives of middle-aged working women in Southern Thailand. *Thai J Nurs Res*. 2005; 9(4): 237-50.
25. Noonil N, Hendricks J, Aekwarangkoon S. Lived experience of Thai women and their changing bodies in midlife. *Nurs Health Sci*. 2012; 14: 312-7.
26. Pankammoo T. Informing the middle age male to adjust themselves from the life experiences [master's thesis]. [Chon Buri, Thailand]: Burapha University; 2007. (In Thai).
27. Maranga L. Fear of falling experiences of older person [master's thesis]. [Bangkok, Thailand]: Chulalongkorn University; 2010. (In Thai).
28. Kramanon S. Adversity coping experiences of Thai farmers [master's thesis]. [Bangkok, Thailand]: Chulalongkorn University; 2014. (In Thai).
29. Esara P. Changing marriage, changing society: Contradiction of gender, class and identity in Bangkok, Thailand [dissertation]. [Providence, (RI)]: Brown University; 2007.
30. Songwathana P. Women and AIDS caregiving: Women's work? *Health Care Women Int*. 2001; 22: 263-79.
31. Kaewgaptong H. Psychological experience of widows from the unrest in southern border provinces [master's thesis]. [Bangkok, Thailand]: Chulalongkorn University; 2011. (In Thai).
32. Neamsakul W. Unintended Thai adolescent pregnancy: A grounded theory study [dissertation]. [San Francisco, (CA)]: University of California, San Francisco; 2008.
33. Jaemjan S. Psychological experiences of female homicidal inmates of Chiangmai Female Correctional Institution [master's thesis]. [Bangkok, Thailand]. Chulalongkorn University; 2007. (In Thai).
34. Jariyanuwat U. Experiences of professional nurses working at outpatients department of a private hospital [master's thesis]. [Bangkok, Thailand]: Chulalongkorn University; 2015.
35. Stamp. Tum jai. Posted by Maleewong1s kanal 2007. [cited 2017 April 6]. Available from: <https://www.youtube.com/watch?v=nhph3fFmQ3U>
36. Pisanu B. Tum Jai Lum Bahk. 2012. [cited 2017 April 6]. Available from: <http://deungdutjai.com/2012/12/19/tumjailumbahkboy/>
37. Central Intelligence Agency. The World Factbook: East and Southeast Asia - Thailand. 2017. [cited 2017 April 6]. Available from: <https://www.cia.gov/library/publications/the-world-factbook/geos/th.html>
38. Collected Wheel Publications. 2nd ed. Kandy, Sri Lanka: Buddhist Publication Society; 1981.
39. Folkman S, Lazarus RS, Dunkel-Schetter C, DeLongis A, Gruen RJ. Dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter outcomes. *J Pers Soc Psychol*. 1986; 50(5): 992-1003.
40. Serenity prayer [cited 2017 April 6]. [Available from: https://en.wikipedia.org/wiki/Serenity_Prayer

การวิเคราะห์หมโนทัศน์เกี่ยวกับการทำใจ: กลยุทธ์การเผชิญปัญหาแบบไทย

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บทคัดย่อ: การทำใจ คือ กลยุทธ์การเผชิญปัญหาที่ยังลึกละอยู่ในวัฒนธรรมของไทยและคนไทยนำมาใช้เมื่อต้องเผชิญกับสถานการณ์หรือเหตุการณ์ด้านลบที่ไม่อาจหลีกเลี่ยงได้ วัตถุประสงค์ของการวิเคราะห์หมโนทัศน์ในครั้งนี้เพื่อวิเคราะห์และให้ความกระจ่างเกี่ยวกับความหมายและการใช้คำว่า ทำใจ ในบริบทโดยทั่วไป การใช้หมโนทัศน์เกี่ยวกับการทำใจได้รับการสืบค้นจากฐานข้อมูลบรรณานุกรมอิเล็กทรอนิกส์จำนวน 9 ฐานข้อมูล จากการสืบค้นพบรายงานการศึกษาวิจัยทั้งภาษาไทยและภาษาอังกฤษ (n=46) ที่นำมาใช้เป็นฐานสำหรับวิเคราะห์ ซึ่งผลการวิเคราะห์หมโนทัศน์ในครั้งนี้ พบว่า มิติของการนำหมโนทัศน์เกี่ยวกับการทำใจ ไปใช้ สามารถแบ่งออกได้เป็น 2 ด้าน คือ สุขภาพ/สภาวะสุขภาพ และการดำเนินชีวิตประจำวัน/การทำงาน

ความเข้าใจเกี่ยวกับหมโนทัศน์ การทำใจเกิดขึ้นได้ทั้งภายใต้บริบทความเชื่อของศาสนาพุทธและอิสลาม ซึ่งโดยทั่วไปแล้วจะมีการนำมาปฏิบัติในตลอดทุกช่วงชีวิตของมนุษย์ เริ่มตั้งแต่ระยะการเกิด การเจริญเติบโตและชราภาพ การมีภาวะเจ็บป่วย ไปจนกระทั่งการถึงแก่ความตาย บริบทด้านความเชื่อทางศาสนาและจิตวิญญาณมีบทบาทสำคัญทำให้เกิดการสำนึกถึงภาระหน้าที่ที่จะต้องปฏิบัติตามความเชื่อในคำสอนของศาสนาและศักยภาพของแต่ละบุคคล ภายใต้บริบทนี้ คุณลักษณะของการทำใจ คือ การยอมรับและปล่อยให้อาณัติที่ไม่พึงประสงค์นั้นๆ ดำเนินไปตามที่มันควรจะเป็น สัมผัสความรู้สึกที่ไม่ดี ทำจิตใจให้สงบหรือปรับใจให้มั่นคง รวมไปถึงการพัฒนาระดับความอดทนและความเข้าใจ ผลของการทำใจ คือ ความสงบทางด้านจิตใจ ความมั่นคงทางอารมณ์ การคิดเชิงบวก และการเปลี่ยนแปลงไปในทางที่เจริญงอกงาม การวิเคราะห์หมโนทัศน์ในครั้งนี้มีการนำเสนอกรณีศึกษาที่เป็นต้นแบบ กรณีศึกษาในรูปแบบที่ใกล้ชิด และกรณีศึกษาที่มีลักษณะตรงกันข้าม บุคลากรทางด้านสุขภาพควรที่จะตระหนักอยู่เสมอว่า ผู้รับบริการนั้นกำลังถูกรุมเร้าด้วยปัญหาและอุปสรรคต่างๆ นานับประการ การอภิปรายเกี่ยวกับการทำใจนั้นอาจจะเป็นหนทางหนึ่งที่จะช่วยเพิ่มศักยภาพในการรับมือกับสถานการณ์ตึงเครียดต่างๆ ในส่วนของผู้รับบริการก็สามารถที่จะสำรวจตนเองทั้งในด้านความคิด ความเชื่อ และบริบทต่างๆ รอบตัว รวมไปถึงความพร้อมของตนเองในการที่จะยอมรับ

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คำสำคัญ: การยอมรับ พุทธศาสนา การวิเคราะห์หมโนทัศน์ กลยุทธ์การเผชิญปัญหา อิสลาม วัฒนธรรมไทย

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