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PSYCHOLOGICAL DISTRESS AND STRESS MANAGMENT OF INTERSEX INDIVIDUAL: A PSYCHOLOGICAL PERSPECTIVE

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Abstract

Aims. *The present study was conducted to explore the psychological distress and stress management of intersex problem in the light of psychological perspective.* ***Methods.*** *The current study used qualitative approach and used a semi structured interview for detail assessment.* ***Results.*** *This qualitative investigation explores the various sources of themes and subthemes through thematic analysis. A number of themes identified on the basis of semi-structured interview including: depression, pessimism, self-blaming, victimization, learned helplessness and other related issues.* ***Conclusions.*** *The current study concluded that here is high need to understand the problems and psychological stressors of individuals with intersex issue and provide stress management to overcome the psychological distress. Based on this study, it is not particular for intersex individuals, it's also conducted for mental health professionals to creating awareness and provide insight to society in the Pakistani culture specially related to sexual issues. The current study also to be educated the culture itself and scientific area.*

Keywords: *Psychological Distress, Intersex Individuals, Stress Management, Qualitative Approach.*

1. Introduction

The term “intersex” describes people who are born with natural bodily variations that do not fit typical binary categories of male or female. Intersex is most commonly used to describe children who have ambiguous genitalia at birth by MacGillivray and Mazur, (2005), but in actuality, there is a wide range of intersex variations (for example, chromosomal or hormonal patterns), some of which may not be visible until puberty or adulthood by Jones, (2018) or indeed may never be diagnosed by Close et al. (2015). It is currently estimated that between 0.05 and 1.7% of children are born with intersex traits by Office of the High Commissioner for Human Rights, (2015). In their comprehensive review of intersex policy and practice, Monro et al. (2017) found that medical interventions for children born intersex became routine after the 1950s.

However, while these were necessarily and potentially lifesaving for some children (for example, those with Congenital Adrenal Hyperplasia), for intersex children who were otherwise healthy, medical interventions were not essential for physical functioning. The United Nation Committee on the Rights of the Child (2016) has repeatedly expressed concern for the “severe physical and psychological suffering” that can arise from non-consensual surgical procedures and recommended that “no one is subjected to unnecessary medical or surgical treatment during childhood or infancy” (UNCRC, 2016).

During the 1990s, the dominant medical guidelines for ‘Intersex’/’hermaphrodism’ were criticized for their ethical shortcomings, revelations of fraud within pivotal case histories, negative effects of normalizing surgery and the non-disclosure of medical information to patients. Calls for sensitive patient-centered language followed by Davis, (2015). Countering this silencing treatment, activist groups, e.g., the Intersex Society of North America (ISNA), coaxed a trend to identify openly as Intersex and reclaimed the pejorative term hermaphrodite by Reis, (2007). Currently, among people affected personally, many identify as Intersex and many do not. Many also use ‘Intersex’ as an adjective, as in intersex variations by Monro et al. (2017). Changing strategies used among activists, since the 90s, from collective confrontation to contested collaboration with medical professionals, reflect different opinions on the term ‘Intersex’ (Davis, 2015).

While some experts by experience continue to see a political and personal importance in using Intersex, others are critical of the term. Critics argue that it is understood as a reference to identity; that the term sexualizes people, particularly children; that it implies that people have an unclear sex or gender identity, and that it is not specific enough to be medically relevant by Griffiths, (2018). The potential to have somatic intersex variations exists (however, briefly) in all humans' prenatal development in the first few weeks for a portion of humans, a level of ambiguity in their sex traits continues on after this point by Ainsworth, (2015). Intersex variations are atypical sex characteristics by Organization Intersex International, (2012), these sex characteristics potentially include our chromosomes, genes, external genitalia, internal reproductive organs, hormones, or secondary characteristics (like body hair).

In the last decade, people with intersex variations have been increasingly studied or referred to as part of an umbrella group, rather than seen only as those with a specific variation such as congenital adrenal hyperplasia (CAH) or androgen insensitivity syndromes (AIS). This group has been termed (however, incorrectly or inappropriately) hermaphroditic, intersex, as having disorders or differentiation of sex development, or otherwise. Problems in research beyond variable terminology include variable population estimates. Research has generally estimated that 1.7% to 4% of people go on to actually have intersex variations by Carroll, (2005). Given that many elements of sex (chromosomes, genes, hormones) are not apparent without testing, current estimates of the incidence and types of intersex variations seen in humans may be conservative. Some common intersex variations are diagnosed prenatally, some at birth; others may only become apparent at puberty, when trying to conceive, or through random chance; and it is important to emphasize that many people will never know they have intersex variations. Many individuals with intersex variations have two or more variations by Jones et al. (2016). Numbers can also be impacted by the inclusion of congenital variations stemming from hormone-related conditions, some researchers have included extreme polycystic ovary syndrome (PCOS) related hyperandrogenism within the umbrella of intersex variations (Jones et al. 2016).

Furthermore, researchers may intentionally or unintentionally include individuals who identify as intersex as a gender or political identity choice without having somatic intersex variations. There is, however, a need in health research to limit the group to only those with somatic intersex variations (regardless of gender/political identity), due to their distinct medical experiences by Jones et al. (2016). Another complicating issue is that the health of people with intersex variations is sometimes studied in relation to their sex traits, disabilities, rights, or a range of issues that seem to lend themselves to divergent theoretical lenses understanding this group and their needs in very different ways.

Here is a need to understand which types of issues and challenges intersex individuals experienced. Therefore, the current study aimed to conducted a qualitative detail interview with an individual with intersex problem. The present research will be helpful to create awareness and provide insight to both clinical and medical field regarding Intersex.

2. Method

Design

This study adopted an interview design with qualitative data collected via semi-structured interview.

Participant and Sampling Strategy

A non-probability, opportunity sampling method was employed in this study to directly target intersex individual. However, this paper is therefore offer a single-case study exploration of intersex individual experience of casework, with one counsellor. All personal details have been protected through the use of pseudonyms, and identifiable data has been anonymized.

Data Collection

One semi-structured interview lasting 63 minutes was conducted via face-to-face interview by the first author. The purpose was to gain a detailed picture of all the stages of counsellor work support including client, how the work progressed, counsellor's preparedness, activities undertaken and why, collaboration with staff, family and other services, and facilitators and barriers. At the end of the interview, counsellor was given the opportunity to share experiences that might not have fitted exactly with the prompts given. The interview was audio-recorded and subsequently transcribed verbatim and anonymized by the first author. To supplement analysis of the qualitative data, counsellor completed a brief questionnaire, which featured six items pertaining to participant information and the single case research context.

Data Analysis

A thematic analysis was carried out inductively to interpret client's experience of intersex. Themes were identified at a semantic level, focusing explicitly on client's views and experiences to derive broader meanings. Data were analyzed using Braun and Clarke's (2006) six-step model of thematic analysis: familiarization with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. Within the reviewing of themes, a sample of the transcript (18%) was coded by the second author, which was then compared with the themes and subthemes that had initially been identified by the first author. Where new codes were identified, these were discussed, and themes and subthemes were refined accordingly. The amended themes and subthemes were shared again with the second author, to assure congruence.

3. Results

Table 1 Narratives and Themes of Past Story

Indicates narratives and themes emerging from the past "problem saturated" story of participant

Narratives	Themes
Dysfunctional relationship	Lack of parental support Non supportive attitude of brother Lack of trust on parents Relationship with family Discriminative attitude of parents Anxious about family
Sexual abuse	Victim of sexual abuse Memories of different times facing abuse Impact of abuses Threat from abusers
Retaliation	Regretful decisions Need fulfilment through deceiving Revenge Rejecting abuse Cheering recalls Enjoying vengeance
Mix-up concerning sex	Body transformation Confusion related to bodily changes Effect of bodily changes Gender ambiguity Impact of illness Diagnosis of Klein filter syndrome Non satisfactory experience with doctors
Pessimistic	Fears and insecurity Concern for marital life Anxiety over getting married No hope for future

Self-blaming	Self-accusation
Depression	Crying for Allah’s help Distress and loneliness Depression and anxiety Disturbance due to flash back of traumatic events Pain and misery Disruptive thoughts
Victimization & harassment	Bullying and mocking Bully by brother Impact of bully and mocking
Lack of sharing	Need to be heard No one to share Felt unaccompanied

Table 2 Narrative and Themes of Alternative Story

Indicates narratives and themes emerges from alternative story of past focusing on happy moments of life.

Narratives	**Themes**
Beautiful memories	Happy moments of life Unforgettable memories Memories of school days
Supportive relationship	Strong bond with mother Relationship with grandfather (nana) Strong bond with sister Relationship with grandmother (nani)
Religiously optimistic	Religious inclination Seeking comfort from Allah
Family relations	Association with father Rapport with brother Connection with grandmother (dadi) Bond with grandfather (dada)
Enduring responsibility	Difficult time and facing challenges Taking responsibility Starting of new chapter of life
Enjoyment and fun	Enjoying college life Time of freedom and fun
Playful childhood	Mischievous childhood Naughty and bright child Deceiving and lying

Table 3 Narratives and Themes of Future Story
Indicates narratives and themes emerges from the story of future.

Narratives	**Themes**
Attitude modification	Embracing change Perspective change
Enthusiastic and confident for future	Optimistic about future Looking forward for future
Restoration of faith	Firm faith in Allah Looking forward for Allah’s Support understanding life
Reconciliation with past	Resolution of past Breaking silence Sharing
Reconsolidation of family	Bridging communication gap Resolving issues
Support to victims	Educational support Helping and consoling Condemning bullying and mocking
Accepting body diversity	Understanding health issues Reconciling with gender issues

Table 4 Comparison of Pre and Post Narratives
Showing comparison of pre and post narrative participants retains.

Pre-Narratives	**Post Narratives**
Dysfunctional relationship	Attitude modification
Sexual abuse	Enthusiastic & confident for future
Retaliation	Restoration of faith
Mix-up concerning sex	Reconciliation with past
Pessimistic	Reconsolidation of family
Self-blaming	Support to victims
Depression	Accepting body diversity
Victimization & harassment	
Lack of sharing	

In the above table pre and post narratives are compared. Change can be easily seen through this comparison. Participant’s pre narrative of pathological life has been altered into an adaptive one with the application of narrative therapy.

Figure 1 Comparison of Pre Narratives

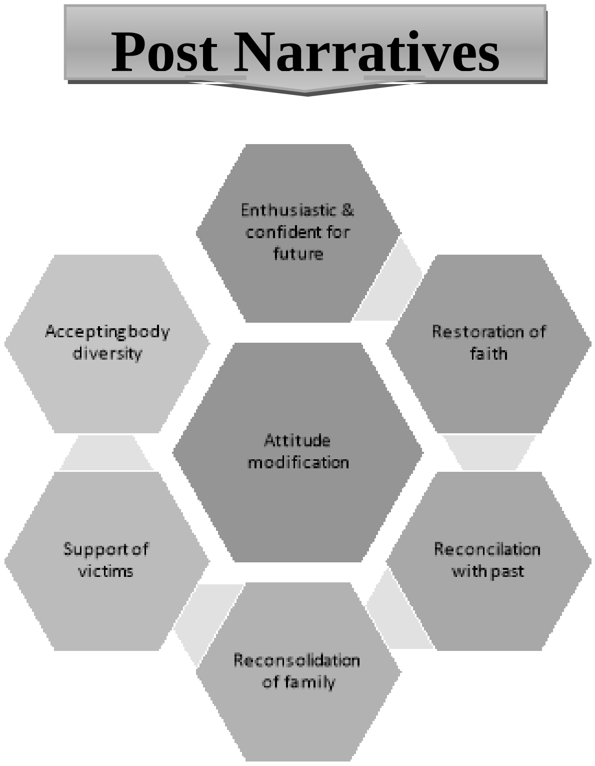
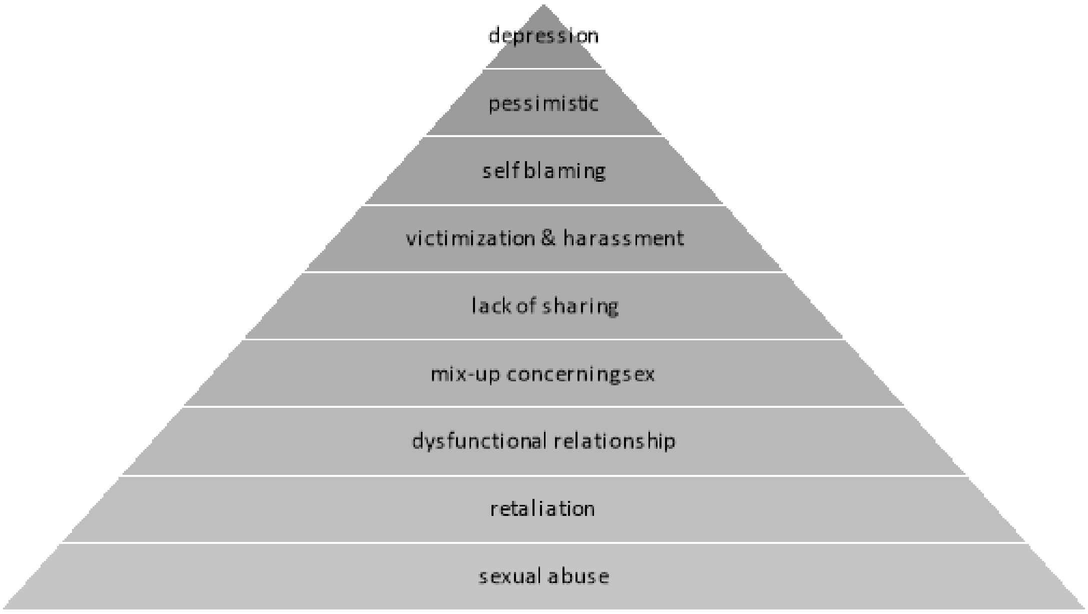


Figure 2 Comparison of Post Narratives



Figur3 Hierarchy of Narratives
Shows the hierarchy of narratives participant holds of in past life on the basis of codes and themes present in each. These narratives illustrate how they impact the whole life of a participant. One narrative is supported by other in a hierarchal form.

4. Discussion

Michelle's service had a strong commitment to supporting LGBTQI young people, at the time of the research she had no direct experience of working with intersex CYP. Monro et al. (2017) reported a trend towards placing "intersex" with LGBTQ, but that while some intersex people are also transgender, and/or lesbian, gay or bisexual, for many intersex CYP the issues are actually very different, for example, facing the consequences of unnecessary medical interventions with life-altering consequences. Therefore, it is possible that for someone like (client in present study), positioning him as LGBTQI was more discriminatory than emancipatory, particularly as he did not volunteer to talk about his intersex status. Indeed, Monro et al. (2017) warned about the political assimilation of intersex people into "broader activist claims and movements". The Simons et al. (2020) phenomenological study of the academic and career experiences of intersex people suggested that helping professionals could support through: helping people cope with being intersex, exploring feelings, undertaking gender identity development work, dealing with bullying, and supporting "body problems". More specifically related to schools, InterAct suggested a number of strategies for supporting intersex CYP.

However, it should be noted that while intersex traits are not uncommon by OHCHR, (2015), intersex individuals are not a homogenous group and that the conditions which lead to them having intersex variations might present very different issues. The needs of individuals with low incidence conditions are likely to present challenges for counsellors generally, particularly when their needs are often deemed as the territory of health professionals. Whereas previous research also reported experiences for intersex people around bullying, this was not suggested for the (client in present study), however, it was indicated that there may have been difficulties for him around identity, belonging and acceptance. Finally, it seemed that authors' work had required them to adopt an overall more flexible approach, which is an important consideration for clinical practice. Counsellor's experience has highlighted that while many counsellors may not be aware of the issues facing intersex CYP, there is a potential role for effective clinical practice in this area. More broadly, there is a need for counsellors, mental health professionals and educators to consider how intersex is distinct to other LGBTQ terminologies.

Conclusion

While supporting gender diversity has increasing prominence within clinical practice by Sargeant et al. (2020). This study suggests that supporting intersex CYP is not yet established within Pakistan clinical practice. It is hoped that this single-case, exploratory study will promote discussion and debate amongst practitioner especially mental health professionals about the best way to identify, assess and support the needs of intersex CYP: also, that it will lead to future research highlighting issues affecting them and encourage clinical psychologists to be advocates in promoting their human rights.

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