



## Effectiveness of a Selective Integrative Counseling Program to Enhance Self-Compassion and Improve Mental Health in an Intersex Case Following Sex Reassignment Surgery: A Case Study

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### Abstract

This study aimed to examine the effectiveness of an integrative eclectic counseling program that combines Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT) in enhancing self-compassion and improving mental health in an intersex individual who underwent sex reassignment. Pre-assessment results indicated a significant deficiency in self-compassion, characterized by high self-criticism, emotional dysregulation, and disconnection from common humanity, in addition to elevated levels of psychological distress—particularly anxiety, depression, and social dysfunction. A single-case pre-post design was used, and the program was tailored to the individual's cognitive, emotional, and social needs. It consisted of 20 individual sessions over a period of three months. Post-intervention results showed a marked improvement in self-compassion and a significant reduction in symptoms of anxiety, depression, and social dysfunction. These findings highlight the effectiveness of the integrative counseling approach in alleviating psychological suffering and promoting adaptation to gender identity-related stressors and medical experiences. The study underscores the importance of designing interventions that consider identity and emotional dimensions for intersex individuals' post-reassignment.

**Keywords:** Self-compassion, mental health, intersex, sex reassignment.

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## فاعلية برنامج إرشادي انتقائي تكاملی لتنمية التعاطف مع الذات وتحسين الصحة النفسية لدى حالة إنترسكس خضعت لتصحيح جنسي- دراسة حالة

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المؤلف:

هدفت الدراسة إلى التتحقق من فاعلية برنامج إرشادي انتقائي تكاملی قائم على دمج ثلاثة مداخل علاجية هي: العلاج المعرفي السلوكي (CBT)، وعلاج التقبيل والالتزام (ACT)، والعلاج الجدي السلوكي (DBT)، في تنمية التعاطف مع الذات وتحسين الصحة النفسية لدى حالة إنترسكس خضعت لتصحيح جنسي. أظهرت نتائج القياس القبلي انخفاضاً ملحوظاً في مستوى التعاطف مع الذات، تمثل في شدة النقد الذاتي، وصعوبة تنظيم الانفعالات، والانفصال عن التجربة الإنسانية المشتركة، إلى جانب ارتفاع مؤشرات القلق والاكتئاب والقصور الاجتماعي. استخدمت الدراسة منهج دراسة الحالة (قياس قبلي-بعدي) لحالة واحدة، وبني البرنامج وفقاً لحاجات الحالة النفسية والمعرفية والانفعالية والاجتماعية، وامتد إلى 20 جلسة فردية خلال ثلاثة أشهر. وأظهرت النتائج بعد تطبيق البرنامج: تحسيناً ملحوظاً في مستوى التعاطف مع الذات، وانخفاضاً في أعراض القلق والاكتئاب والقصور الاجتماعي. تؤكد النتائج فاعلية النهج الإرشادي التكاملی في دعم التكيف النفسي لفئة الإنترسكس بعد التصحيح الجنسي، وتبين أهمية تصميم تدخلات تراعي الهوية والبعد الوجداني لهذه الفئة.

**الكلمات المفتاحية:** التعاطف مع الذات، الصحة النفسية، الإنترسكس، التصحيح الجنسي.

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### Introduction:

Mental health is a cornerstone of individuals' quality of life, emotional stability, and social well-being. A wide range of psychological, social, and biological factors significantly influence a person's mental health. Among the populations facing unique challenges in this regard are individuals with intersex traits—those born with variations in sex characteristics. This group often experiences social ambiguity, stigma, and widespread misunderstanding, all of which can profoundly impact their psychological and emotional well-being. Intersex refers to individuals born with biological sex characteristics, such as chromosomes, hormones, or anatomical structures, that do not fit typical definitions of male or female. These individuals are frequently subjected to medical or surgical interventions intended to modify their bodies to align with an assumed gender identity. Such procedures often result in profound psychological effects, which may persist throughout their lives.

Contemporary scientific literature highlights that individuals with intersex variations often experience significant psychological challenges, including anxiety, depression, identity disturbances, and low self-esteem. These difficulties are particularly pronounced in the absence of specialized psychological support and amidst persistent social stigma (Vigna et al., 2023; Colgan et al., 2022).

Numerous studies have underscored the complex challenges intersex individuals face across educational, medical, and social environments. For instance, Monro et al (2021) emphasized how medical, cultural, and societal factors contribute significantly to the psychological distress experienced by this group. The lack of supportive environments and ongoing marginalization intensify feelings of exclusion, identity confusion, and internal alienation. These experiences are often associated with markedly low levels of self-compassion, distorted body image, diminished self-esteem, and, in many cases, symptoms of post-traumatic stress disorder (PTSD), particularly among those who have undergone non-consensual medical interventions.

Hennigham and Jones (2021) highlighted the significant challenges faced by intersex individuals, including feelings of disconnection, lack of belonging, social isolation, and difficulty forming supportive relationships. These factors often contribute to increased anxiety, reduced self-compassion, and a subsequent decline in mental health. Similarly, Amos et al. (2023) reported that many intersex individuals experience psychological and social distress, characterized by confusion and discomfort with their bodies. The absence of clear information and exposure to societal stigma amplify feelings of shame and anxiety, further deepening the sense of alienation from their bodies. Those who underwent medical interventions often described their bodies as violated or unfamiliar, which intensified symptoms of anxiety and depression.

Karkazis (2008) in her critique of medical authority, emphasized that decisions regarding **Sex Assignment** surgeries for intersex individuals are frequently driven by cultural and social standards rather



than the individual's psychological and biological needs. She noted that even when such procedures are performed with consent, many individuals later report feelings of lost bodily autonomy, identity confusion, and difficulty in achieving self-acceptance and social integration. In the same vein, Mattis et al. (2013) stressed the necessity of ensuring that consent for medical interventions is not merely legal, but genuinely informed—emotionally and cognitively. She also highlighted that the lack of specialized psychological support often intensifies feelings of shame and identity disorientation, even among those who willingly undergo surgical procedures.

Rosenwohl-Mack et al. (2020) revealed the profound psychological distress experienced by individuals with intersex traits, reporting notably high rates of depression, anxiety, and post-traumatic stress disorder (PTSD)—even among those who underwent **Sex Assignment** surgery interventions during adulthood with informed personal consent.

In the Arab context Shihātah (2022) revealed that individuals who underwent **Sex Assignment** surgery procedures often face significant societal rejection, difficulties adjusting to their new gender identity, and challenges related to emotional and psychological well-being. The study emphasized the urgent need for comprehensive educational and psychological support within academic settings, including training programs aimed at enhancing adaptive skills and ensuring safe and inclusive environments. It also stressed the importance of raising awareness in educational institutions to foster greater understanding and acceptance of such cases.

Additionally, a systematic review conducted by Carvalho and Guiomar (2022) analyzing 20 empirical studies, affirmed the role of self-compassion as a crucial protective and therapeutic factor. The findings demonstrated that individuals who participated in self-compassion-based interventions reported significantly lower levels of anxiety and depression, along with improved psychological well-being and greater self-acceptance.

In practical applications, research by Chan et al. (2020) has demonstrated the effectiveness of self-compassion in alleviating the psychological impact of stigma and medical interventions, while simultaneously promoting greater self-acceptance and psychological resilience. Finlay-Jones et al. (2021) found that training programs focused on developing self-compassion, emotional regulation, and inner kindness significantly enhance emotional adaptability, foster self-acceptance, and improve overall mental health.

Neuroscientific and clinical literature—such as the work of Gilbert (2014) emphasizes the effectiveness of activating the brain's internal soothing system, which is linked to feelings of safety and self-care. Cultivating self-compassion plays a critical role in this activation, facilitating emotional brain restructuring and improving self-regulation. By stimulating the soothing system, individuals can



counterbalance the effects of the threat and drive systems, thereby reducing self-criticism, anxiety, and fear, and fostering greater emotional equilibrium.

The results of Brophy et al. (2020) further support this perspective, identifying self-compassion as a key psychological mechanism with significant protective effects. The study found that individuals with higher levels of self-compassion demonstrated greater resilience in coping with emotional stress and adversity.

Given these findings—and in light of the complex psychological, social, and medical challenges faced by intersex individuals—there is a critical need to develop a selective integrative counseling program. This program should incorporate evidence-based therapeutic approaches such as Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT). Its primary aim would be to foster self-compassion as both a preventive and therapeutic tool, ultimately enhancing psychological well-being and promoting emotional balance in this uniquely vulnerable population.

#### **Problem Statement:**

Amid the rapid social, cultural, and structural transformations taking place in contemporary societies, individuals with intersex conditions continue to encounter profound psychological and existential challenges. These individuals—born with atypical sexual characteristics—are frequently subjected to critical medical interventions, such as sex reassignment surgeries. Notably, these procedures are often driven more by sociocultural expectations than by clear medical necessity (Karkazis, 2008; Tamar-Mattis, 2013). When performed without informed consent, especially during early developmental stages, such interventions can result in lasting psychological repercussions, including identity confusion, emotional distress, and a disrupted sense of self.

Although these interventions aim to align the body with one of the binary sexes (male or female), they often result in long-term psychological consequences. The distress experienced by intersex individuals is not limited to physical discomfort but extends into deep emotional and existential dimensions. Many reports a painful awareness that their biological identity was subject to irreversible external alteration—frequently without their informed consent—which leads to a profound loss of bodily autonomy, identity confusion, and psychological fragmentation. Several studies have documented strong associations between these medical experiences and various psychological disorders, including depression, anxiety, post-traumatic stress disorder (PTSD), low self-esteem, and body-related shame (Jones et al., 2016; Human Rights Watch, 2017). Furthermore, evidence suggests that intersex adults continue to face significant challenges in developing a coherent and healthy sense of identity (Rosenwohl-Mack et al., 2020).

Within this complex and emotionally sensitive context, self-compassion stands out not merely as a preventive or therapeutic strategy, but as a comprehensive psychological philosophy—one that enables



individuals to reclaim and heal the self without self-condemnation. Neff (2003a) defined self-compassion through a threefold humanistic framework, consisting of:

- Self-kindness – treating oneself with care, understanding, and gentleness in moments of suffering or perceived inadequacy, rather than resorting to harsh self-criticism.
- Common humanity – recognizing that pain, imperfection, and struggle are shared elements of the human experience, rather than signs of personal failure.
- Mindfulness – maintaining balanced awareness of painful emotions, allowing them to be acknowledged without suppression or over-identification.

Multiple studies have demonstrated the efficacy of self-compassion in reducing symptoms of anxiety and depression, as well as in fostering body acceptance among intersex individuals—those who often grapple with identity disturbances, stigma, and social exclusion (Vigna et al., 2018).

Despite these encouraging findings, there remains a notable absence of targeted therapeutic interventions in Arab contexts that address the unique psychological and identity-related needs of intersex individuals. According to the current body of literature, there is no evidence of an existing counseling program specifically designed for intersex individuals following gender-affirming or corrective procedures. Furthermore, self-compassion as a preventive and therapeutic strategy has not yet been empirically applied in this population, revealing a critical gap in both scientific research and clinical practice that demands immediate attention.

Accordingly, this study aims to develop and implement an integrative eclectic counseling program that combines three evidence-based therapeutic approaches: Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT). The program is specifically designed to cultivate self-compassion and promote mental well-being in an intersex individual who has undergone **Sex Assignment** surgery.

#### Research Questions:

1. What is the level of self-compassion in an intersex case who underwent sex reassignment before and after the counseling intervention?
2. What is the level of mental health in an intersex case who underwent sex reassignment before and after the counseling intervention?
3. To what extent is the effectiveness of a selective integrative counseling program in enhancing self-compassion and improving mental health in an intersex case who underwent sex reassignment?

#### Study Objectives:

The primary objectives of this study are to:



1. Design and implement an integrative, eclectic counseling program that aims to cultivate self-compassion and enhance mental health.
2. Measure the levels of self-compassion and mental health in the intersex individual both before and after the intervention.
3. Examine the effectiveness of the proposed program in increasing self-compassion and improving psychological well-being in the case under investigation.

#### **Significance of the Study:**

##### **Theoretical Significance:**

- This study enriches Arabic psychological literature by addressing a unique and marginalized group—individuals with intersex conditions—for whom focused research remains scarce.
- It advances modern psychological constructs, particularly self-compassion as a positive psychological intervention, and emphasizes the importance of integrative approaches in psychotherapy. The study underscores the effectiveness of an eclectic framework that merges multiple therapeutic modalities to more holistically address the diverse psychological needs of clients.

##### **Practical Significance:**

- This study offers a practical model of an integrated counseling program that can be applied in psychological clinics and mental health support centers for similar cases. The program is adaptable and can be tailored to individuals experiencing intense self-criticism or trauma related to identity.
- It supports mental health professionals in gaining a deeper understanding of the specific psychological needs of intersex individuals. Furthermore, the study's findings may help inform healthcare and psychological support policies by advocating for enhanced services for intersex individuals and their families. It also emphasizes the importance of raising public awareness to reduce stigma and discrimination.

##### **Theoretical and Operational Definitions of Terms:**

##### **Integrative Eclectic Counseling:**

According to Norcross and Goldfried (2005) integrative eclectic counseling is a therapeutic orientation that combines elements from multiple psychological approaches to develop flexible and individualized interventions. This approach rejects theoretical rigidity, allowing the counselor or therapist to select and integrate techniques from various therapeutic models. The goal is to effectively address the client's unique problems without being restricted to a single theoretical framework.



‘Abbās (2015) maintains that this form of counseling represents a contemporary and effective model, as it offers both flexibility and comprehensiveness. It is grounded in diversity, structure, and the deliberate selection of techniques from various therapeutic schools. This diversity enables a high degree of adaptability to the complexities of psychological and social phenomena, making it especially effective when addressing the needs of individuals with complex or layered psychological concerns—such as those who have experienced trauma, struggle with shame and self-rejection due to their differences, or face systemic marginalization.

### **Cognitive Behavioral Therapy (CBT):**

Cognitive Behavioral Therapy, developed by Aaron T. Beck in the 1960s, is one of the most widely applied and empirically supported approaches in the treatment of various psychological disorders, including depression, anxiety, and other emotional disturbances. This therapeutic model focuses on identifying and modifying distorted thought patterns, rigid beliefs, and maladaptive behaviors. Key techniques include cognitive restructuring, self-monitoring, and identifying automatic thoughts. A meta-analysis conducted by Hofmann et al. (2012) affirmed the effectiveness of CBT across diverse populations and cultural contexts. Its structured, evidence-based nature and emphasis on active client participation make it a flexible and accessible approach, particularly well-suited to individuals from varied backgrounds and those with complex psychological needs.

### **Acceptance and Commitment Therapy (ACT):**

Developed by Steven C. Hayes and his colleagues in the 1990s, Acceptance and Commitment Therapy (ACT) is a therapeutic approach grounded in the model of psychological flexibility. ACT focuses on helping individuals accept unpleasant internal experiences without resistance, while encouraging behavior that aligns with their core personal values and meaningful life goals. It utilizes techniques such as cognitive defusion, mindfulness exercises, and values exploration to promote conscious engagement with both the self and reality. Hayes et al. (2006) demonstrated the effectiveness of ACT in alleviating psychological distress among individuals with chronic and complex conditions, including anxiety disorders, depression, and chronic pain. Its flexibility and cultural adaptability make it a powerful intervention for enhancing quality of life and reducing emotional suffering, particularly in cases involving deeply rooted psychological challenges.

### **Dialectical Behavior Therapy (DBT):**

Dialectical Behavior Therapy was developed by Marsha Linehan in the 1990s, originally intended for the treatment of borderline personality disorder. Since then, it has shown high effectiveness in addressing identity disturbances, impulsivity, mood dysregulation, and self-harming behaviors. DBT combines acceptance and change strategies through a dialectical approach and incorporates a structured set of therapeutic modules, including emotion regulation, distress tolerance, interpersonal effectiveness, and mindfulness. According to



Linehan (2015) DBT enhances individuals' resilience in the face of chronic life stressors and promotes assertive communication and emotional stability. It is particularly effective for individuals with complex psychological profiles, especially those experiencing identity confusion and emotional trauma.

#### **Integration of the Three Therapeutic Approaches and Their Role in Enhancing Self-Compassion and Improving Mental Health:**

Building on the theoretical foundations and in light of the psychological complexity of the case, the researcher adopted an integrative approach that combines three evidence-based therapeutic modalities: Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT). This integrative design was tailored to address the unique challenges faced by the intersex case under study—challenges including identity disturbance, internalized stigma, self-criticism, body image struggles, and emotional dysregulation—with the ultimate goal of fostering self-compassion and improving overall mental health.

CBT was employed as a foundational component to reduce maladaptive beliefs about the self and to counteract excessive self-criticism. Individuals with low levels of self-compassion typically harbor distorted cognitions and rigid, negative core beliefs that perpetuate psychological distress. CBT works to restructure these patterns through techniques such as cognitive restructuring, thought monitoring, and skills training in adaptive coping. By helping the individual recognize the consequences of harsh self-judgment, CBT facilitates the development of more balanced and compassionate self-perceptions. These processes align closely with key components of self-compassion, such as self-kindness and mindful acceptance (Gilbert & Irons, 2005).

According to Jones (2021) individuals who participated in a CBT-based program showed reductions in depression and anxiety symptoms, along with notable improvements in self-compassion. These outcomes highlight the direct role of CBT in enhancing mental health.

Acceptance and Commitment Therapy (ACT) is grounded in enhancing psychological flexibility through six core processes: acceptance, mindfulness, self-as-context, personal values, committed action, and cognitive defusion. Together, these elements enable individuals to accept distressing internal experiences without resistance, while aligning their behavior with personally meaningful values.

By fostering present-moment awareness and promoting cognitive defusion, ACT reduces the tendency to over-identify with negative self-related thoughts and instead encourages a more open, compassionate stance toward one's inner experience. Techniques such as "thought defusion," "values-based reflection," and "sitting with discomfort" support individuals in approaching painful emotions without avoidance. This mindful acceptance nurtures a more balanced and self-compassionate relationship with the self, contributing to



decreased levels of depression and anxiety and improved overall mental well-being (Hayes et al., 2016; Neff & Germer, 2013).

Dialectical Behavior Therapy (DBT) is recognized as one of the most effective psychological approaches for treating emotional and relational dysregulation, particularly in individuals experiencing difficulties with emotional regulation and low self-esteem. DBT is based on a structured integration of acceptance and change strategies. It incorporates techniques such as problem-solving, mindful acceptance, and rational dialogue, along with mindfulness exercises, emotional regulation skills, and strategies for assertive and effective interpersonal communication.

DBT emphasizes four core skill areas: Mindfulness, Emotion Regulation, Distress Tolerance, and Interpersonal Effectiveness. Mindfulness, in particular, serves as a foundational component for fostering self-compassion, as it allows individuals to observe their thoughts and emotions without judgment. This nonjudgmental awareness encourages a kinder, more empathetic relationship with the self. Emotion regulation skills are essential for managing intense emotions such as anger, impulsivity, and emotional overwhelm, helping to reduce self-criticism and enhance emotional clarity, psychological stability, and a sense of connectedness (Kanter et al., 2006).

Distress tolerance and interpersonal effectiveness skills play a vital role in enhancing an individual's capacity to cope with psychological stress and traumatic experiences. Strategies such as STOP, TIP, DEAR MAN, and FAST enable individuals to navigate crises without collapsing or withdrawing, while also promoting self-respect and positive communication. These techniques foster a kinder and more compassionate internal relationship, which is essential for cultivating self-compassion. By mitigating self-criticism, guilt, and shame, these skills contribute significantly to building a more empathetic and accepting self-image (Federici et al., 2012).

Based on the foregoing, the integration of these three therapeutic approaches into a unified counseling program enables a comprehensive focus on cognitive, emotional, and behavioral dimensions. This holistic framework enhances the individual's capacity to interact with themselves with greater awareness, compassion, and acceptance. In turn, this internal transformation leads to measurable improvements in mental health indicators.

#### **Self-Compassion:**

The concept of self-compassion emerged within the field of positive psychology as a complement or alternative to traditional notions of self-esteem. Neff (2003a) defined self-compassion as an attitude of kindness and understanding toward oneself during times of difficulty or failure, rather than engaging in harsh self-criticism. This construct encompasses three interrelated components:



- Self-Kindness: Treating oneself with warmth and care rather than with judgment, blame, or self-punishment.
- Common Humanity: Recognizing that pain, failure, and personal struggles are part of the shared human experience, rather than viewing them as isolating or uniquely personal.
- Mindfulness: Refers to a balanced and non-judgmental awareness of painful moments, negative emotions, and thoughts, without exaggerating or becoming overwhelmed by them.

Through these dimensions, self-compassion is viewed as a protective and preventative mechanism against the harmful effects of self-criticism. It fosters a positive attitude toward oneself. Zessim et al. (2015) and alhrāsys wälqysy (2024) indicated a strong correlation between self-compassion and mental health, showing that individuals with high levels of self-compassion tend to experience better psychological well-being. This includes lower levels of anxiety and depression, greater psychological resilience, and increased life satisfaction. Self-compassion also enhances self-esteem and fosters a sense of unconditional self-acceptance.

In training programs designed to increase self-compassion by teaching participants mindfulness and self-kindness skills, Neff and Germer(2013) observed significant reductions in anxiety and depression compared to control groups. Overall, cultivating self-compassion has become a promising focus in contemporary psychotherapy due to its role in enhancing psychological resilience and empowering individuals to cope more effectively with failure, suffering, and psychological stress.

#### **Mental Health:**

The World Health Organization (2022) defines mental health as "a state of well-being in which the individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community." According to this definition, mental health is not merely the absence of psychological disorders, but a positive state that enables individuals to be self-aware, function effectively in personal and social domains, and lead a fulfilling life. It is reflected in emotional balance, social adaptability, sound decision-making, and a positive attitude toward oneself and others.

The World Health Organization (2022) emphasizes that mental health is influenced by a range of biological, psychological, and social factors. It also encompasses several interconnected dimensions, including:

- the emotional dimension, reflected in one's ability to manage emotions flexibly;
- the cognitive dimension, related to patterns of thinking and perception;
- the social dimension, evident in the ability to establish and maintain healthy relationships; and
- the self-related dimension, which involves self-esteem and self-kindness.

Achieving a balance among these dimensions is considered both a prerequisite and an indicator of an individual's ability to cope with life's challenges and fluctuations.



Han and Kim (2023) found that psychological disorders such as anxiety and depression are closely linked to the accumulation of self-critical thoughts, poor coping skills, and low levels of self-compassion. These findings highlight the need for interventions aimed at correcting these imbalances and restoring psychological well-being. In this context, the World Health Organization (2022) recommends the adoption of interventions that promote self-awareness and foster the development of positive coping strategies to effectively address psychological challenges and stressors.

**Intersex:**

Carpenter (2016) defines *intersex* as a term used to describe individuals born with sex characteristics, such as chromosomes, gonads, or genitalia—that do not fit typical definitions of male or female. In other words, these individuals possess biological traits that span both sexes. The concept has evolved from earlier terms like “hermaphrodite” or “disorders of sex development” (DSD) to more inclusive and respectful language that acknowledges human dignity and identity. According to the United Nations Human Rights Office (2019), approximately 1.7% of the global population is born with intersex traits. The World Health Organization distinguishes between intersex variations and DSD, emphasizing that non-essential medical interventions during childhood should be avoided unless there is an urgent health need.

The American Psychiatric Association (APA, 2013) emphasizes that intersex variations are not, in themselves, classified as a mental disorder. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) notes that while some individuals born with differences in sex characteristics may experience *Gender Dysphoria*, this diagnosis is not attributed to being intersex *per se*. Rather, it refers to the psychological distress that arises from a mismatch between one's experienced or expressed gender identity and the gender assigned at birth. The DSM-5 further underscores the importance of providing a supportive, non-stigmatizing environment for individuals navigating these experiences.

Dale (2021) pointed out that the binary classification of sex fails to reflect the full spectrum of biological diversity among humans. A proportion of individuals are born with sex characteristics that do not fit typical definitions of male or female; these individuals are referred to as *intersex*, or sometimes as *individuals with differences in sex development*. This variation may manifest in the form of atypical genital appearance, chromosomal patterns, or internal anatomical differences that may only be detected through medical examination.

Some intersex individuals may be born with genitals that appear typical, but possess atypical chromosomal configurations such as XXY, XYY, XXX, XO, or mosaic patterns like XX/XY (Abū Rumaylah, 2018). Intersex variations can be identified at birth, during puberty, through medical examinations, or



posthumously during autopsy. In some cases, these variations may remain undetected throughout a person's life.

### Sex Reassignment (Sexual Correction):

Mahfuz wa-akharun (2020) indicated that the term *sex reassignment* refers to medical intervention based on essential principles and criteria aimed at modifying biological sex to align with an individual's true gender. The process seeks to restore balance and achieve congruence among chromosomes, hormone-producing glands, physical appearance, sexual organs, and psychological identity. This procedure is limited to cases where medical intervention is necessary to attain a typical male or female classification—cases that are religiously permitted and socially accepted.

Sex reassignment procedures, in such medically indicated cases, are both religiously sanctioned and socially accepted. Sharayrah (2011) distinguished between *sex reassignment* and *sex change*, emphasizing that the former does not involve altering one's gender arbitrarily but rather affirms the predominant biological sex based on thorough medical examinations and tests. In Islamic jurisprudence, such surgical intervention is regarded as a form of legitimate medical treatment (*tadawi*).

### al-Dabbagh wâlhyâly (2021)

further explained that the importance of performing sex reassignment arises from various humanitarian, medical, and religious justifications, including:

- Alleviating the individual's psychological distress and confusion resulting from an unclear sexual identity, thereby enabling them to fulfill their psychological, social, and biological roles in accordance with their true sex.
- Empowering the individual to live a healthy and integrated social life within their family, peer group, and surrounding community.
- Supporting this perspective, the Prophet Muhammad ﷺ is reported to have said in a hadith narrated by Abu Dawud (Hadith No. 3874): "Indeed, Allah has sent down both the illness and the cure..."
- From a religious standpoint, such interventions are considered a form of healing (*treatment*), aligning with the Islamic view that permits medical care to alleviate human suffering.

### Methodology and Procedures

#### Research Method:

In this study, the researcher adopted the Case Study Method, due to the unique and complex nature of the phenomenon under investigation. This approach is considered the most appropriate for such cases, as it enables a comprehensive and in-depth exploration of psychological and social changes within a specific context. As one of the descriptive research methods, the case study focuses on collecting and analyzing



detailed data related to a single unit—whether an individual, an institution, or a group. It allows the researcher to gain multidimensional insights and a nuanced understanding of the subject matter (Ibrāhīm, 2022).

According to Coombs (2022), the case study method is defined as a research approach used to generate an in-depth understanding of a contemporary issue or phenomenon within a defined system and its real-life context. He emphasizes that case studies are particularly suitable when the aim is to obtain a qualitative, comprehensive assessment of a unique case that cannot be easily generalized using traditional statistical methods.

Furthermore, Ibrāhīm (2022) adds that the case study approach aims to enhance the participant's self-awareness and future outlook, assess their stance on specific issues, and actively involve them in understanding their condition and motivating them to explore potential solutions.

#### Experimental Design:

The researcher adopted a quasi-experimental design (Quasi-Experimental Design) with a single-case pre-post measurement and follow-up (Single Case Pre-Post Design with Follow-up). In this study, the Self-Compassion Scale (SCS) and the General Health Questionnaire (GHQ-12) were administered to the participant at two points: before the implementation of the intervention and after its completion. The aim was to assess the impact of the counseling program on enhancing self-compassion and improving mental health. This type of design is particularly suitable for rare and complex phenomena where generalization is limited. It is commonly used in individual clinical psychological research (Kazdin, 2011).

#### Ethical Considerations:

This study adhered to all ethical standards of scientific research, following the updated 2024 version of the World Medical Association's Declaration of Helsinki and the international ethical guidelines for research involving human participants. Informed consent was obtained from the participant prior to the implementation of the counseling program, based on the following procedures:

- A clear and detailed explanation of the study was provided, emphasizing that its primary objective was to assess the effectiveness of the counseling intervention—not to evaluate or judge intersex identity or gender correction procedures.
- The study's procedures were outlined, which included five structured phases consisting of a total of 20 sessions. Each session lasted between 60 and 90 minutes and was conducted through accessible online platforms.
- The participant was informed of possible risks, such as emotional distress when discussing sensitive topics, the potential resurfacing of painful memories, or fatigue resulting from extended sessions. It



was emphasized that preventive measures were in place, including the provision of emergency psychological support, the option to stop any session immediately if distress occurred, and the freedom to contact the researcher at any time for support.

- The potential benefits of participation were clearly explained, including access to specialized and free counseling services.
- Absolute confidentiality of all personal information was guaranteed. A pseudonym was used, and any identifying details were removed to protect the participant's identity.
- All data were stored in encrypted, password-protected files accessible only to the researcher. Audio recordings were scheduled for deletion upon completion of the analysis, and the participant was assured of receiving a transparent summary of the results.
- The participant's full rights were emphasized, including the right to withdraw from the study at any time without providing a reason and without facing any negative consequences. The right to refuse to answer any question or participate in any activity was also clearly stated and respected.
- Cultural sensitivity was maintained throughout all phases of the study, with a respectful and nonjudgmental approach toward the participant's values and beliefs.
- Ongoing informed consent was reaffirmed at the beginning of each session to ensure the participant's continued willingness to engage and to safeguard their psychological well-being.

#### Case Description:

The subject of this study is a 24-year-old individual born with atypical biological sex characteristics (intersex). At birth, the individual was assigned male based on external genital appearance, without the support of medical testing or chromosomal analysis. Raised in a conservative family within a socially traditional community that strongly rejects gender nonconformity, the participant endured a profound internal struggle throughout childhood and adolescence. This struggle was rooted in a deep dissonance between their internal sense of self and the male social role they were expected to perform.

At the start of her university years, the individual contemplated suicide but ultimately chose not to act on these thoughts, thanks to the support of a university professor. She later underwent comprehensive medical evaluations, including genetic and hormonal tests, which confirmed that her dominant biological characteristics were female. Based on these results, doctors recommended **Sex Assignment** surgery. However, when she shared the findings with certain family members, she was met with intense rejection and condemnation. Accused of defying religious and societal norms, she was denied the opportunity to undergo the recommended procedure. This reaction intensified her sense of insecurity, abandonment, and emotional isolation.

The individual described that moment as "one of the most painful experiences of her life." She was overwhelmed by a complex mix of fear, shock, and emotional detachment from her surroundings. A deep inner conflict consumed her—a struggle between an undeniable medical reality and a rigid, socially imposed identity that was harshly rejected. Under the weight of this emotional turmoil, she made the difficult decision to migrate irregularly to a Western country in search of safety, support, and access to proper medical care.

While living abroad, she underwent a second round of medical evaluations conducted by a specialized team. A comprehensive treatment plan was developed, culminating in a gender-affirming corrective surgery carried out within a legal and ethical framework that upheld her dignity and privacy.

Although the experience was emotionally and physically taxing, it marked a turning point in reshaping her self-perception. Nevertheless, it left a profound psychological impact, characterized by feelings of loss, rejection, and a deep longing for a community that had failed to accept her.

Later, she relocated to another foreign country in an effort to rebuild her life independently. She became involved with various organizations and support groups dedicated to individuals with similar experiences. While this led to improvements in her educational and social circumstances, a lingering sense of insecurity persisted—particularly in social situations that reminded her of her past identity or reactivated feelings of stigma and exclusion.

, respect her personal experiences, and reflect the complexity of her existential journey. In 2022, the individual began regular communication with the researcher, gradually building a relationship founded on trust. This ongoing connection created a safe and supportive environment that allowed her to open up about her pain, struggles with acceptance and identity, and the deep emotional conflicts she faced. Through this process, she expressed a clear readiness to participate in a counseling program designed to address her unique needs

Her case, shaped by the intersection of biological, psychological, and social factors, calls for a selective and integrative therapeutic approach—one capable of responding to her multifaceted challenges with both sensitivity and depth.

#### **Study Instruments:**

To assess the variables of self-compassion and mental health before and after the implementation of the counseling program—and in alignment with the case study methodology adopted in this research—standardized instruments widely used in both Western and Arab psychological studies were employed. These tools were selected based on their suitability for the study's counseling objectives and their relevance to the specific needs of the case under investigation.



### 1. Self-Compassion Scale (SCS):

Developed by Neff (2003 a) the Self-Compassion Scale consists of 26 items designed to assess six subscales: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Responses are rated on a 5-point Likert scale ranging from (1) "Almost Never" to (5) "Almost Always."

The Arabic-translated and culturally adapted version of the scale has been utilized in several Arab studies, demonstrating strong psychometric properties. For example, Alabdulaziz (2020) validated the scale in a Saudi context, reporting a reliability coefficient of  $\alpha = 0.88$  and confirming the original six-factor structure through confirmatory factor analysis. Similarly, Hasan wâlđb' (2014) verified the scale's construct validity using both exploratory and confirmatory factor analyses.

Overall, the SCS has shown consistent internal reliability across studies, with Cronbach's alpha values ranging between 0.78 and 0.92, supporting its applicability across diverse psychological and cultural populations (Neff, 2003; Alabdulaziz et al, 2020).

### 2. General Health Questionnaire (GHQ-12):

The General Health Questionnaire-12 (GHQ-12) is a widely recognized and reliable screening tool used to assess overall mental health. It has been extensively applied in both clinical and community settings across diverse populations. The scale consists of 12 items designed to measure key aspects of mental well-being, including emotional distress, social functioning, anxiety, depression, and general psychological health.

In this study, the researcher used the validated Arabic version of the GHQ-12, which contains an equal number of positively and negatively worded items. The scoring followed the Likert method, ranging from 0 (indicating optimal mental health) to 3 (indicating significant psychological distress), with a total score range from 0 to 36. Higher scores reflect greater psychological difficulties.

The GHQ-12 has demonstrated strong psychometric properties in Arabic-speaking contexts. For example, a study El-Rufaie and Daradkeh (2018) reported a high internal consistency with a Cronbach's alpha of  $\alpha = 0.83$ . Similarly, research conducted by UN Women and the World Health Organization (2021) among refugee and abused women in Egypt and Sudan confirmed the tool's conceptual validity and acceptable reliability, supporting its applicability across culturally diverse and vulnerable populations.

In the study conducted by Al-Metwally et al(2018) exploratory factor analysis (EFA) revealed the extraction of three primary factors: social dysfunction, anxiety, and loss of self-confidence. Collectively, these factors accounted for approximately 55% of the total variance. The scale also demonstrated good internal consistency, with a Cronbach's alpha coefficient of 0.83.

Given that the study followed a case study methodology, the measurement tools were applied exclusively to the subject without re-estimating reliability coefficients. This approach was justified by the



study's primary aim: not to generalize the findings, but to gain an in-depth understanding of the psychological changes associated with the intervention and the effectiveness of the counseling program on the individual case. According to Lincoln and Guba (1985) trustworthiness and dependability in case studies do not require the same statistical procedures and indicators as large-scale studies. Instead, the focus lies on interpretive validity and the coherence of measurement tools.

To ensure the interpretive richness of the data, the results from the standardized tools were supplemented with interviews conducted via various online platforms prior to the start of the program. These interviews aimed to gain a deeper understanding of the case's history. Additionally, session notes and written exercises completed by "R" were used as qualitative tools to track changes in emotions and thoughts throughout the program.

The researcher also conducted content validity checks by presenting the instruments to experts in mental health, psychological counseling, and psychiatry. This review ensured the tools were appropriate for the case and free from ambiguous, unclear, or overly sensitive items.

### **The Counseling Program and Applied Techniques:**

The counseling program for the present study was developed based on an integrative and eclectic approach. It involved the systematic combination of techniques from three psychological approaches that have demonstrated effectiveness in enhancing self-compassion and improving mental health. These are:

1. Cognitive Behavioral Therapy (CBT)
2. Acceptance and Commitment Therapy (ACT)
3. Dialectical Behavior Therapy (DBT)

### **General Objective of the Program**

The program aims to:

- Foster self-compassion across its six dimensions—self-kindness, common humanity, mindfulness, reduction of self-judgment, isolation, and over-identification—based on Neff's (2003b) model.
- Improve mental health by reducing symptoms of anxiety, depression, and social dysfunction, as measured by the items of the GHQ-12 scale.

### **The Procedural Objectives of the Program:**

The program aims to achieve a set of procedural objectives that reflect the targeted dimensions, as follows:

- Enhance the participant's self-awareness and help interpret internal conflicts and past experiences by assisting her in identifying emotions related to the gender correction experience within a supportive and safe framework.
- Reduce excessive self-criticism and distorted thinking by applying strategies appropriate to the case.



- Foster self-compassion and unconditional self-acceptance through selected techniques that promote a compassionate response toward oneself during crises and painful emotional experiences.
- Develop the participant's ability to regulate emotions and tolerate distress, including acquiring skills to cope with negative feelings and manage emotional reactions.
- Build a realistic and positive self-image after gender correction.
- Assist the participant in forming supportive relationships by developing interpersonal skills and problem-solving abilities, thereby achieving a sense of belonging and mutual appreciation.
- Improve general mental health indicators.

#### Foundations and Principles of the Program

The intervention program applied to the case in this study was based on a set of general foundations and guiding principles considered essential for the effectiveness of any psychological counseling intervention, as follows:

- Philosophical–Humanistic Foundation: The counseling relationship was built on trust, respect, and unconditional acceptance of the client, which provided a safe and supportive environment.
- Psychological–Developmental Foundation: This was observed through a phased and gradual structure of the program, tailored to the nature and readiness of the case.
- Ethical Foundation: Reflected in the strict commitment to confidentiality, respect, and avoidance of value judgments or bias.
- Scientific–Professional Foundation: Achieved by adhering to evidence-based therapeutic approaches supported by scientific literature.
- Preventive Foundation: Implemented through diverse strategies aimed at equipping the client with skills to prevent future psychological relapses.

The researcher aimed to achieve these objectives by employing a set of carefully selected techniques tailored to the specific needs of the case under study. These techniques were applied throughout the five phases and sessions of the program, as outlined below:

#### First: Techniques Applied in the Program (Sessions 1–7):

- Cognitive Restructuring: Aimed at identifying and reformulating automatic negative thoughts in a more realistic and self-compassionate manner, thereby reducing self-criticism and fostering a positive self-view.
- Negative Thought Record: Used to track and release irrational thought patterns related to shame and self-rejection.



- Cognitive Response to Distorted Beliefs: Helps guide the case to challenge deeply rooted beliefs about the body and identity through Socratic dialogue.
- Gradual Exposure to Social Situations: Designed to enhance coping skills in real-life settings and to break social isolation caused by stigma.

#### Techniques Applied in Sessions (8–13):

- Identifying Personal Values: Aimed at supporting the case in reconstructing her identity by helping her explore what matters most from her own perspective after undergoing gender-affirming correction.
- Cognitive Defusion: This technique was applied to create distance between the individual and her painful thoughts, helping her observe them without automatically believing or being overwhelmed by them.
- Acceptance and Openness to Experience: Intended to help the case accept feelings of vulnerability and shame linked to her experience without resistance, thereby reducing the intensity of internal conflict.
- Mindfulness Exercises: Designed to guide the individual in consciously focusing on the present moment, reducing excessive fusion with thoughts related to her former identity.

#### Techniques Applied in Sessions (14–20):

- Emotion Regulation: Aimed at training the individual to develop alternative responses and modify emotional reactions, particularly in situations that trigger anger or shame.
- Distress Tolerance: Focused on self-soothing techniques, such as deep breathing exercises, to help the individual cope with distress without resorting to withdrawal or self-harm.
- Role-Playing: Designed to enhance interpersonal effectiveness by training the individual to express her needs assertively—without submission or aggression—which is crucial for healthy social interactions.

#### Second: Program Stages and Sessions:

##### Stage One: Establishing the Therapeutic Relationship, Orientation, and Assessment (Sessions 1–3)

This initial stage aimed to build a professional relationship grounded in trust and mutual respect between the therapist and the client, providing a safe space for open expression and revealing psychological, cognitive, and emotional needs in preparation for the intervention.

- Sessions 1 and 2 focused on laying the foundation for the therapeutic alliance by clarifying the overall framework of the program, its objectives, and mutual expectations. This included establishing a transparent agreement based on clearly defined boundaries and collaboration.



- Session 3 involved administering the study instruments—namely, the Self-Compassion Scale (SCS) and the General Health Questionnaire (GHQ-12). The preliminary results were discussed with the client in a way that promoted self-awareness regarding her areas of struggle and psychological distress.

#### **Stage Two: Cognitive Intervention (Sessions 4–8):**

This stage aimed to modify automatic negative thoughts and distorted beliefs that reinforce self-criticism, through structured cognitive restructuring techniques.

- Session 4 focused on training the participant to observe and document her thoughts using a thought log.
- Session 5 introduced skills for identifying cognitive distortions.
- Session 6 targeted the deconstruction of core negative beliefs, particularly those related to identity.
- Session 7 incorporated reflective writing exercises to help uncover deeply rooted assumptions.
- Session 8 concluded the stage with a review of cognitive shifts and the reinforcement of healthier, more constructive thinking patterns.

#### **Stage Three: Acceptance and Commitment (Sessions 9–13):**

This stage focused on cultivating unconditional self-acceptance, strengthening present-moment awareness, and empowering the participant to identify and commit to her core personal values.

- Session 9 introduced mindfulness exercises aimed at helping the participant distinguish between pain and suffering.
- Session 10 focused on cognitive defusion techniques to create distance between the participant and her distressing thoughts.
- Session 11 guided her in observing negative thoughts without engaging with or internalizing them.
- Sessions 12 and 13 concentrated on exploring the participant's core values and developing a behavioral commitment plan that aligns with those values, encouraging actions that are consistent with her authentic self.

#### **Stage Four: Emotion Regulation and Behavioral Skills Training (Sessions 14–18):**

This stage focused on developing skills related to emotional regulation, distress tolerance, and building balanced social relationships. The aim was to enhance the participant's psychological flexibility, reduce social avoidance tendencies, improve her ability to cope with acute stress, and help her achieve a healthy balance between acceptance and change.

- Session 14 introduced the emotional response model and helped the participant identify the triggers of her negative emotional reactions, distinguishing between internal and external stimuli.



- Session 15 focused on training the participant in emotional regulation strategies, such as recognizing emotions, assessing their intensity, and expressing them through balanced, constructive methods.
- Session 16 involved teaching distress tolerance skills, including deep breathing techniques and distraction strategies, to empower the participant to face painful emotions without avoiding or denying them.
- In Session 17, the focus was on enhancing interpersonal effectiveness skills. The participant was trained in setting boundaries, seeking support when needed, and expressing herself assertively. This was achieved through the use of role-playing techniques and constructive feedback strategies.
- Session 18 was dedicated to simulating real-life scenarios in which the participant had previously struggled with relationship breakdowns or poor emotion regulation. The session applied the newly acquired skills in realistic situations, which helped solidify these practices and boosted her confidence in engaging in positive social interactions.

#### Stage Five: Integration, Evaluation, and Closure (Sessions 19–20):

This stage aimed to consolidate the skills acquired, evaluate therapeutic changes, and guide the client toward sustaining progress beyond the professional relationship.

- In **Session 19**, the focus was on discussing strengths and areas of personal growth from the client's perspective. This included engaging in reflective writing exercises such as "**From the Old Self to the Current Self**" to promote integration of change.
- In **Session 20**, both the **Neff Self-Compassion Scale (SCS)** and the **GHQ-12** were re-administered to compare pre- and post-intervention results, providing a quantitative measure of the program's effectiveness.

#### Findings and Discussion:

Table (1):

*Case Performance on the Self-Compassion Scale (SCS) Before and After Program Implementation*

Instrument	Maximum Score	Minimum Score	Pre-Score	POST-Score
Self-Compassion Scale	130	26	39	104



Figure (1):

*Case Performance on the Self-Compassion Scale (SCS) Before and After the Program Implementation:*

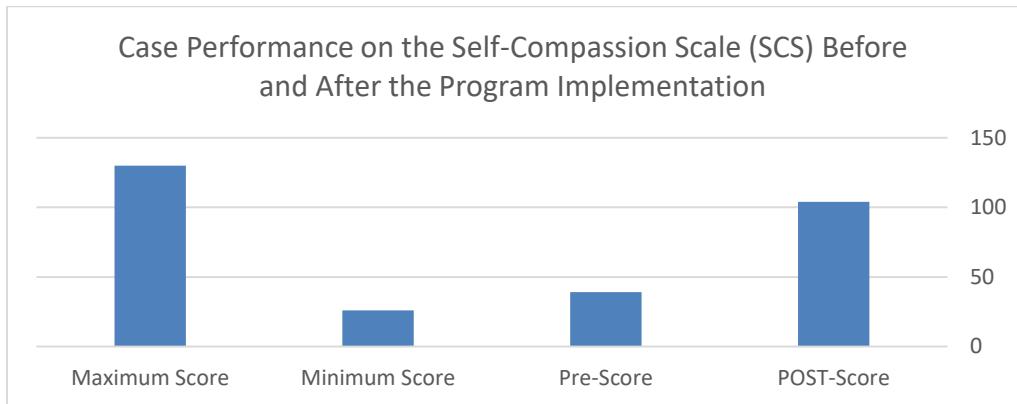


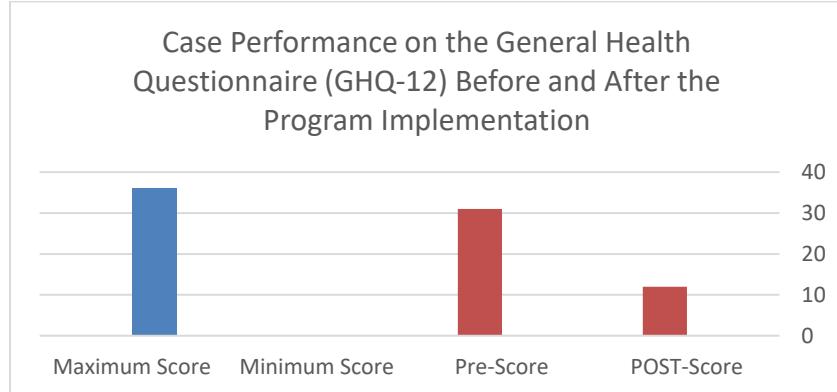
Table (2):

*Case Performance on the General Health Questionnaire (GHQ-12) Before and After Program Implementation*

Instrument	Maximum Score	Minimum Score	Pre-Score	POST-Score
General Health Questionnaire (GHQ-12)	36	0	31	12

Figure (2):

*Case Performance on the General Health Questionnaire (GHQ-12) Before and After the Program Implementation*





### Findings for Research Question 1:

To address the first research question, *"What is the level of self-compassion in an intersex individual who underwent Sex Assignment surgery before and after the counseling intervention?"*

Table (1) and Figure (1) present the participant's scores on the Self-Compassion Scale (SCS) before and after implementing the integrative selective counseling program. The pre-intervention total score was 39 out of 130, which falls into the low range. This indicates a clear struggle with intense self-criticism, self-rejection, limited self-care abilities, psychological isolation, and difficulty differentiating between emotions and emotional responses. These indicators reflect the participant's significant psychological distress due to stigma and the surgical experience. Such a score suggests an absence of self-compassionate responses and a low capacity for self-acceptance following **Sex Assignment** surgery, leading to a disrupted self-image tied to gender identity.

After completing the program, the participant achieved a total score of 104 out of 130, indicating a substantial improvement. This significant shift suggests enhanced self-compassion, reflected in the individual's increased ability to respond to personal struggles with kindness and understanding rather than harsh self-criticism. Additionally, the participant demonstrated greater emotional awareness by acknowledging difficult feelings without becoming overwhelmed or disengaged. They also exhibited a heightened capacity for mindful presence during distress and approached their experiences with an open mind and a sense of shared humanity.

This significant transformation can be attributed to the effectiveness of the integrative therapeutic approaches employed in the intervention program. These approaches targeted multiple dimensions of the participant's experience, including self-concept, cognitive patterns, and emotional functioning. Cognitive Behavioral Therapy (CBT) techniques helped restructure negative thought patterns related to the participant's self-image following **Sex Assignment** surgery by challenging irrational beliefs and promoting a more realistic and flexible self-view. This process led to a reduction in self-criticism and an increase in self-acceptance (Beck, 2011; Gilbert, 2014).

Simultaneously, techniques from Acceptance and Commitment Therapy (ACT) enhanced present-moment awareness and supported the participant in facing psychological pain with openness rather than avoidance or denial. By fostering the ability to distinguish thoughts from reality, ACT laid a crucial foundation for developing self-compassion (Neff & Germer, 2013; Hayes et al., 2011).

Furthermore, Dialectical Behavior Therapy (DBT) contributed significantly by equipping the participant with skills in emotional regulation and distress tolerance. These strategies enabled more adaptive responses to internal conflicts and stigma-related distress, reducing tendencies toward emotional withdrawal



and harsh self-judgment. As a result, the participant developed a more compassionate, kind, and accepting relationship with the self (Linehan, 1993; Neff, 2003b).

#### Findings Related to the Second Question:

To address the second research question, *"What is the level of mental health in an intersex individual who underwent Sex Assignment surgery before and after the counseling intervention?"*, Table (2) and Figure (2) present the participant's scores on the General Health Questionnaire (GHQ-12) at both time points.

Prior to the intervention, the participant scored 31 out of 36, indicating a high level of psychological distress. This elevated score reflected significant symptoms, including anxiety, emotional instability, impaired social engagement, reduced self-confidence, and persistent thoughts of worthlessness and hopelessness—all consistent with compromised mental well-being.

Following the application of the integrative eclectic counseling program, the participant's score decreased to 12, representing a substantial improvement in mental health. This change suggests a marked reduction in psychological symptoms, including lower levels of anxiety and emotional strain, improved social functioning, greater emotional resilience, and a restored sense of self-worth and confidence.

This transformation highlights the effectiveness of the intervention program in cultivating positive self-compassion while reducing its negative aspects, such as emotional reactivity, self-criticism, and avoidance behaviors. These changes contributed to greater self-acceptance and emotional equilibrium—both of which are fundamental components of psychological well-being.

These findings are consistent with the results reported by Neff et al. (2007) who found that higher levels of self-compassion are significantly associated with lower levels of anxiety and depression, along with increased life satisfaction. Similarly, MacBeth and Gumley (2012) demonstrated that self-compassion is negatively correlated with symptoms of depression and anxiety and positively linked to overall mental well-being.

Moreover, Vigna, Poehlmann-Tynan, and Koenig (2018) identified self-compassion as a protective factor that buffers against the psychological impact of stigma and identity-based stressors. Supporting this, research by Helminen et al. (2023) as well as Ferrari et al. (2019), confirmed that self-compassion promotes resilience and adaptive coping, particularly among marginalized or stigmatized populations. These results reinforce the observed improvements in the participant's mental health following the intervention.

**Research Question 3:** "To what extent is an integrative eclectic counseling program effective in enhancing self-compassion and improving mental health in an intersex individual who has undergone sex reassignment?"



Based on the results of the first and second questions, derived from the pre- and post-application of the study instruments, there is clear evidence supporting the effectiveness of the applied intervention. Regarding self-compassion, the participant's total score increased from 39 to 104 out of 130, indicating substantial improvement. As for general mental health, the total score decreased from 31 to 12 out of 36, reflecting a significant reduction in psychological symptoms. These findings suggest that the implemented integrative counseling program effectively enhanced self-compassion and improved overall mental health in the studied case.

The structured integration of selected therapeutic approaches played a pivotal role in fostering this positive change in the case. Through CBT techniques, distorted cognitive patterns were reconstructed, enabling the individual to rebuild a more realistic and compassionate self-image. ACT, on the other hand, provided a flexible psychological framework that guided the individual's behavior toward authentic personal values reflective of their post-transition identity. Meanwhile, DBT techniques equipped the individual with effective tools for emotional regulation and distress tolerance, which enhanced psychological balance and fostered a compassionate response to the self in emotionally charged situations.

Previous literature affirms that cognitive restructuring, mindful acceptance, and emotional regulation create a therapeutic environment conducive to fostering self-compassion and improving mental health—particularly among individuals who have experienced traumatic events related to gender identity (Neff, 2003b; Hayes et al., 2011; Linehan, 1993; Neff & Germer, 2013).

### Conclusion:

The above findings indicate that self-compassion is not merely a desirable emotional response but rather an effective protective mechanism that serves as a psychological shield against mental deterioration caused by trauma, stigma, and identity-related conflicts. It contributes to enhancing the individual's capacity to cope with pain, achieve acceptance, and maintain psychological balance, especially among those facing gender and social challenges. This conclusion is supported by the study of Zessin, Dickhäuser, and Garbade (2015) which demonstrated that fostering self-compassion is associated with increased psychological well-being and improved mental health among individuals who have experienced complex and stressful situations.

### Recommendations:

In light of the current study's findings, the researcher makes the following recommendations:

1. Utilize standardized diagnostic tools, such as the Self-Compassion Scale (SCS) and the General Health Questionnaire (GHQ-12), to assess the psychological needs of intersex individuals both before and after intervention. This ensures accurate evaluation of their cognitive, emotional, and behavioral dimensions.



2. Adopt integrative, multi-modal counseling programs as part of psychological support services for intersex individuals, given their demonstrated effectiveness in promoting self-compassion and improving mental health.
3. Integrate self-compassion skills into therapeutic programs tailored for individuals who have undergone complex and painful experiences—such as **Sex Assignment** surgery procedures—or those facing identity-related stigma.
4. Support institutional, educational, and community-based initiatives that focus on preventive psychological care by promoting self-compassion as a core protective skill. This includes incorporating such content into educational curricula and structured mental health training programs.
5. Encourage research institutions and healthcare organizations to develop comprehensive policies that consider the specific psychological needs and social challenges faced by individuals with intersex traits.

#### Suggestions for Future Studies:

1. Conduct studies on larger samples of intersex individuals in various Arab contexts, given the noticeable scarcity of psychological research focusing on this population.
2. Evaluate the effectiveness of the integrative program on other groups experiencing identity conflicts or self-rejection, such as children exposed to abuse or victims of bullying.
3. Compare the individual effectiveness of each therapeutic approach (CBT, ACT, and DBT) to determine the specific impact of each intervention.
4. Investigate the influence of self-compassion on the quality of life among intersex individuals following psychological interventions.
5. Develop culturally validated and standardized tools for measuring self-compassion, tailored to the cultural specificity of Arab societies.

#### List of Arabic and English references

##### First: Arabic References

‘Abbās, Ṣābir Fārūq Muḥammad (2015). *Madā fā‘ilīyat Barnāmaj Arshadī takāmulī li-taḥsīn qudrat ittikhādh al-qarār wa-atharuhu ‘alā Idārat al-dhāt ladā ‘ayyinah min al-Shabāb al-Jāmi‘i*. <https://research.asu.edu.eg/bitstream/12345678/36766/1/G7033.pdf>

Abu Dawud, Sulaiman ibn al-Ash‘ath al-Sijistani. (n.d.). *Sunan Abi Dawud* (Hadith No. 3874). Retrieved July 6, 2025, from <https://sunnah.com/abudawud:3874>

Abū Rumaylah, Muḥammad. (2018). *madkhāl ilá Qādāyā alt‘dādyh al-jīnsīyah wāl-jīndryh llmhnyyn fī majāl al-Šīḥhah al-nafṣīyah wa-al-mujtama‘īyah. Jam‘iyat al-Qaws It‘dīyh al-jīnsīyah wāl-jīndryh fī al-mujtama‘ al-Filastīnī*. [https://alqaws.org/ckfinder/userfiles/files/Psychologists\\_Booklet\\_Web.pdf](https://alqaws.org/ckfinder/userfiles/files/Psychologists_Booklet_Web.pdf)



al-Dabbagh, 'Āmir Muṣṭafá Aḥmad, wa al-Ḥayālī, Qays 'Abd al-Wahhāb 'Isá. (2021). Aḥkām Zawāj al-khnthá fī al-fiqh al-Islāmī wa-al-qānūn al-waḍ'ī. *Majallat al-Rāfi'dayn lil-Ḥuqūq*, 23 (74), 289 – 332. Kulliyat al-Ḥuqūq, Jāmi‘at al-Mawṣil. <https://search.emarefa.net/detail/BIM-1247271>

Alḥrāsy, Ibrāhīm 'Iṣām, al-Qaysī, li-mā Mājid (2024). al-ṭāf al-dhātī wa-‘alāqatuhu bālīs ‘ādh al-nafsīyah ladā ṭalabat Jāmi‘at al-Ṭafīlāh al-Tiqniyah. *al-Majallah al-Dawliyah lil-Dirāsāt al-Tarbawīyah wa-al-nafsīyah*: 13(4), 711-727, <https://doi.org/10.31559/EPS2024.13.4.4>

Ḥasan, Muḥammad al-Sayyid 'Abd al-Raḥmān al-Sayyid, al-Ḍab‘, Fathī 'Abd al-Raḥmān, al-symy, Rā'īd Nāṣir, & al-‘Umarī, 'Alī Sa‘īd. (2014). miqyās al-shafaqah bi-al-Dhāt : dirāsah maydānīyah li-taqnīn miqyās al-shafaqah bi-al-Dhāt ‘alā ‘ayyināt ‘Arabiyyah [maqāl]. *al-Majallah al-Miṣrīyah lil-Dirāsāt al-nafsīyah*, 24(83), 49 – 72. <https://eaps-eg.com/downloadfile/15853993650118-024-083-013>.

Ibrāhīm, Marwān 'Abd al-Mājid (2022). *Uṣus al-Baḥth al-‘Ilmī li-i‘dād al-rasā‘il al-Jāmi‘īyah. Mu‘assasat al-wrrāq lil-Nashr wa-al-Tawzī‘* <https://archive.org/details/ar121divers54>

Maḥfūz, Ashraf, wa-ākharūn (2020). *al-ab‘ād al-qānūnīyah lādtrāb al-huwīyah al-jīnsīyah : dirāsah muqāranah*, Qaṭar, Markaz Da‘m al-Ṣīḥḥah al-sulūkiyah.

Sarāyrah, M. A. (2011). *Jirāhat al-khunūthā wa-taghyīr al-jīns: Dirāsah fī ḥaw’ al-sharā‘i‘ al-samāwiyyah wa-al-tashrī‘ al-‘Urdunī [Intersex and gender reassignment surgery: A study in light of divine laws and Jordanian legislation]*. Majallat al-Ḥuqūq – Journal of Law (Kuwait University), 35(4). <https://doi.org/10.34120/jol.v35i4.1799>

Shīḥātah, Ḥāmid Aḥmad Muḥammad. (2022). al-iḥtiyājāt al-Tarbawīyah li-halāt taṣhīḥ al-jīns : dirāsah hālat Ikhnthyātah taḥawwul min Unthā ilā dhikr. *Majallat al-‘Ulūm al-Tarbawīyah*, 30(4), 1 – 66. <https://doi.org/10.21608/ssj.2022.284999>.

## Second: English References

Alabdulaziz, H., Alquwez, N., Almazan, J. U., Albougami, A., Alshammari, F., & Cruz, J. P. (2020). The Self-Compassion Scale Arabic version for baccalaureate nursing students: A validation study. *Nurse Education Today*, 89, 104420. <https://doi.org/10.1016/j.nedt.2020.104420>

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

Amos, N., Hart, B., Hill, A. O., Melendez-Torres, G. J., McNair, R., Karman, M., & others. (2023). *Health intervention experiences and associated mental health outcomes in a sample of LGBTQ people with intersex variations in Australia. Culture, Health & Sexuality*. <https://doi.org/10.1080/13691058.2023.2234774>



Alabdulaziz, H., Alquwez, N., Almazan, J. U., Albougami, A., Alshammari, F., Cruz, J. P., Tumala, R. (2020). The Self-Compassion Scale Arabic version for baccalaureate nursing students: A validation study. *Nurse Education Today*, 89, 104420. <https://doi.org/10.1016/j.nedt.2020.104420>

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). Guilford Press. <https://psycnet.apa.org/record/2011-22098-000>

Brophy, K., Brähler, E., Hinz, A., Schmidt, S., & Körner, A. (2020). The role of self-compassion in the relationship between attachment, depression, and quality of life. *Journal of Affective Disorders*, 260, 45–52. <https://doi.org/10.1016/j.jad.2019.08.066>

Carpenter, M. (2016). The human rights of intersex people: Addressing harmful practices and rhetoric of change. *Reproductive Health Matters*, 24(47), 74–84. <https://doi.org/10.1016/j.rhm.2016.06.003>

Carvalho, S. A., & Guiomar, R. (2022). Self-Compassion and Mental Health in Sexual and Gender Minority Individuals: A Meta-Analysis and Systematic Review. *LGBT Health*, 9(2), 95–106. <https://doi.org/10.1089/lgbt.2021.0434>

Chan, K. K. S., Yung, C. S. W., & Nie, G. M. (2020). *Self-compassion buffers the negative psychological impact of stigma stress on sexual minorities*. <https://doi.org/10.13140/RG.2.2.29099.80160>

Colgan, D. D., Klee, D., Memmott, T., & Lillis, J. (2022). Self-compassion and psychological well-being in gender-diverse populations: A systematic review. *Journal of Contextual Behavioral Science*, 23, 1–12. <https://doi.org/10.1016/j.jcbs.2021.12.003>

Coombs, H. (2022). *Case study research: Single or multiple* [White paper]. Southern Utah University. <https://doi.org/10.5281/zenodo.7604301>

Dale, A. (2021). *Gender and sexuality guide*: Part two. Heinrich Böll Foundation.

El-Rufaie, O. E. F., & Daradkeh, T. K. (2018). Validation of the Arabic versions of the Thirty- and Twelve-Item General Health Questionnaires in primary care patients. *The British Journal of Psychiatry*. <https://doi.org/10.1192/bjp.169.5.662>

Federici, A., Wisniewski, L., & Ben-Porath, D. (2012). Description of an intensive dialectical behavior therapy program for multidiagnostic clients with eating disorders. *International Journal of Eating Disorders*. <https://doi.org/10.1002/eat.22112>

Ferrari, M., Hunt, C., Harrysunker, A., Abbott, M. J., Beath, A. P., & Meyer, B. (2019). Self-compassion interventions and psychosocial outcomes: A meta-analysis of RCTs. *Mindfulness*, 10(8), 1455–1473. <https://doi.org/10.1007/s12671-019-01134-6>

Finlay-Jones, A., Strauss, P., Perry, Y., Waters, Z., Gilbey, D., Windred, M., Murdoch, A., Pugh, C., Ohan, J. L., & Lin, A. (2021). Group mindful self-compassion training to improve mental health outcomes for



LGBTQIA+ young adults: Rationale and protocol for a randomized controlled trial. *Contemporary Clinical Trials*, 102, 106268. <https://doi.org/10.1016/j.cct.2021.106268>

Gilbert, P., & Irons, C. (2005). Focused therapies and compassionate mind training for shame and self-attacking. In P. Gilbert (Ed.), *Compassion: Conceptualizations, research and use in psychotherapy* (pp. 263–325). Routledge. <https://doi.org/10.4324/9780203003459>

Gilbert, P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*, 53(1), 6–41. <https://doi.org/10.1111/bjcp.12043>

Han, A., & Kim, T. H. (2023). Effects of self-compassion interventions on reducing depressive symptoms, anxiety, and stress: A meta-analysis. *Mindfulness*, 14, 1553–1581. <https://doi.org/10.1007/s12671-023-02148-x>

Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and Commitment Therapy: Model, processes and outcomes. *Behavior Research and Therapy*, 44(1), 1–25. <https://doi.org/10.1016/j.brat.2005.06.006>

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (20016). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). Guilford Press. <https://2u.pw/uePEd>

Helminen, E. C., Ducarb, D. M., Scheer, J. R., Parke, K. R., Morton, M. L., & Felver, J. C. (2023). **Self-Compassion, Minority Stress, and Mental Health in Sexual and Gender Minority Populations: A Meta-Analysis.** *Clinical Psychology: Science and Practice*, 30(1), 26–39. <https://doi.org/10.1037/cps0000104>

Henningham, M., & Jones, T. (2021). Intersex students, sex-based relational learning & isolation. *Sex Education*, 21(5), 600–613. <https://doi.org/10.1080/14681811.2021.1873123>

Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research*, 36(5), 427–440. <https://doi.org/10.1007/s10608-012-9476-1>

Human Rights Watch. (2017). *“I want to be like nature made me”: Medically unnecessary surgeries on intersex children in the US*. <https://www.hrw.org/report/2017/07/25/iwant-be-nature-made-me/medically-unnecessary-surgeries-intersex-children-us>

Jones, S. M. W. (2021, October 4). Cultivating self-compassion in cognitive behavioral therapy: Challenging your self-critical thoughts. *Psychology Today*. Retrieved July 5, 2025, from <https://www.psychologytoday.com/us/blog/all-about-cognitive-and-behavior-therapy/202110/cultivating-self-compassion-in-cognitive>



Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, W., & Lucke, J. (2016). *Intersex: Stories and statistics from Australia*. Open Book Publishers. <https://interactadvocates.org/wp-content/uploads/2016/01/Intersex-Stories-Statistics-Australia.pdf>

Kanter, J. W., Chapman, A. L., Rosenthal, M. Z., Kuo, J. R., & Linehan, M. M. (2006). Mechanisms of change in dialectical behavior therapy: Theoretical and empirical observations. *Journal of Clinical Psychology*, 62(4), 459–480. <https://doi.org/10.1002/jclp.20243>

Karkazis, K. (2008). *Fixing sex: Intersex, medical authority, and lived experience*. Duke University Press. <https://archive.org/details/fixingsexinterse0000kark>

Kazdin, A. E. (2011). *Single-case research designs: Methods for clinical and applied settings*. Oxford University Press. <https://doi.org/10.1016/j.rhm.2016.06.003>

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage. <https://archive.org/details/naturalisticiniqu00linc>

MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, 32(6), 545–552. <https://doi.org/10.1016/j.cpr.2012.06.003>

El-Metwally, A., Javed, S., Abdul Razzak, H., Aldossari, K. K., Aldiab, A., Al-Ghamdi, S. H., Househ, M., Shubair, M. M., & Al-Zahrani, J. M. (2018). The factor structure of the General Health Questionnaire (GHQ-12) in Saudi Arabia. *BMC Health Services Research*, 18(1), Article 595. <https://doi.org/10.1186/s12913-018-3381-6>

Monro, S., Carpenter, M., Crocetti, D., Davis, G., Garland, F., Griffiths, D., Hegarty, P., Travis, M., Cabral Grinspan, M., & Aggleton, P. (2021). Intersex: Cultural and social perspectives. *Culture, Health & Sexuality*, 23(4), 431–440. <https://doi.org/10.1080/13691058.2021.1899529>

Neff, K. D. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85–101. <https://doi.org/10.1080/15298860309032>

Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223–250. <https://doi.org/10.1080/15298860309027>

Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41(1), 139–154. <https://doi.org/10.1016/j.jrp.2006.03.004>

Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, 69(1), 28–44. <https://doi.org/10.1002/jclp.21923>

Norcross, J. C., & Goldfried, M. R. (Eds.). (2005). *Handbook of Psychotherapy Integration* (2nd ed.). Oxford University Press. Retrieved from <https://lib.zu.edu.pk/ebookdata/Clinical%20Psychology/Handbook%20of%20Psychotherapy%20Integration%2C2nd%20ed-by%20John%20C.%20Norcross.pdf>



Rosenwohl-Mack, A., Tamar-Mattis, S., Baratz, A. B., Dalke, K. B., Ittelson, A., Zieselman, K., & Flatt, J. D. (2020). *A national study on the physical and mental health of intersex adults in the U.S.* *PLOS ONE*, 15(10), e0240088. <https://doi.org/10.1371/journal.pone.0240088>

Tamar-Mattis, A., Baratz, A. B., Baratz Dalke, K., & Karkazis, K. (2013). **Emotionally and cognitively informed consent for clinical care for differences of sex development.** *Narrative Inquiry in Bioethics*, 3(1), 49–59. <https://doi.org/10.1353/nib.2013.0005>

UN Women & WHO. (2021). *Psychosocial support for refugee and displaced women in Egypt and Sudan*.

United Nations Human Rights Office. (2019). *Background note on human rights violations against intersex people*.

Vigna, A. J., Poehlmann-Tynan, J., & Koenig, B. W. (2018). Does self-compassion facilitate resilience to stigma? A school-based study of sexual and gender minority youth. *Mindfulness*, 9(3), 914–924. <https://doi.org/10.1007/s12671-017-0831-x>

World Health Organization. (2022). *Mental health: Strengthening our response*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

World Medical Association. (2024). *WMA Declaration of Helsinki, Ethical Principles for Medical Research Involving Human Participants*. Retrieved from <https://www.wma.net/policies-post/wma-declaration-of-helsinki>

Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-Being*, 7(3), 340–364. <https://doi.org/10.1111/aphw.12051>

