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Narrative Therapy with Intersex Individual: A Clinical Case Study

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ABSTRACT

Aim of Study. In the realm of family counselling, narrative counselling is gaining traction as a cutting-edge treatment option. In the present study the use of story counselling in working with intersex males has received special attention. The purpose of the current research was to provide a framework of narrative counselling and to investigate how intersex males' tales are influenced by cultural norms, worldviews, power, and privilege, and how this affects their emotional happiness. **Methodology.** The present investigation used single case study research design and collect data from a male individual with intersex problem. The data was collected through semi-structure interview and different stories writeup from the client. **Result.** The sources of the numerous themes and subthemes were investigated using thematic analysis in this qualitative study. Through semi-structured interviews, numerous themes, such as hopelessness, pessimism, self-blame, victimization, and learned helplessness, were found. **Conclusions.** According to the findings of the present study, there is a significant need to comprehend the difficulties and psychological pressures that affect individuals with intersex illnesses and to give narrative therapy to reduce their suffering. This study was undertaken not only for intersex individuals, but also for mental health professionals, in order to increase knowledge of sexual issues in Pakistani society and culture and to provide insight into them.

Keywords. Narrative Counselling, Intersex Male, Narrative Therapy, Therapeutic Stories

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INTRODUCTION

Most thorough forms of research findings have shown that the prevalence of intersex individuals is about 1.7 % across the global population. This classification has made intersex individuals as common as individuals with red hair by Budge et al. (2013); Bockting et al. (2013). However, there are a number of problems in estimating the prevalence mainly due to the problems in the use of past statistical measures and estimates. Some groups are inclined to using old statistical estimates which state that 1 in 2000 individuals have this condition. This makes up about 0.05 % percent of the total population. However, this classification is about having one specific intersex trait and not a variety of other conditions that are also included under the intersex umbrella. The recent estimates in this regard have shown that the prevalence is about 4 to 10 children per 1000 births which shows that the actual prevalence is much higher than was initially estimated (Treharne & Beres, 2016).

Therefore, it is critical to note that no major attempts have been made to attain a prevalence of intersex individuals in Pakistan. Many experts say that the actual number of transgender people is substantially higher than what Shah et al. (2018) revealed in their census report. The estimate was about that about 10418 individuals in Pakistan are transgender which make about 0.0048 % of the population. This is misleading keeping in view the fact that a larger population in the country has been visible as being transgender. Even the most conservative forms of estimates performed around the world have identified the prevalence levels to be about 1 to 4 %. Another major issue is that there is no separate classification for intersex or transgendered individuals these concepts are different from one another in a number of ways (Tariq et al. 2016).

In relevance to the definition offered by a parliamentary bill passed in Pakistan, a transgender individual is the one who is not entirely male or female physically or an individual who does not identify with their biological gender. Transmen and transwomen, individuals with intersex variations, and genderqueers are examples of individuals whose perception of gender differs from their assigned gender at birth (Ahtar et al. 2018).

Narrative therapy is a form of counseling technique or intervention which views or classifies individuals being separate from their problems. Vetere and Dowling (2016) assert that it was developed by White, an Australian social worker and psychologist. It is focused on allowing clients to be able to get some distance away from their problems in order to help them in overcoming them. It is used as a protective mechanism in order to allow individuals to deal with life's difficulties especially with those problems that hurt them in both in the short and long run. It is also aimed at helping individuals in the identification of different values and

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belief systems which they have and how these measures can be used effectively for the purpose of overcoming a number of problems in their lives (Vetere & Dowling, 2016).

However, the main focus of the therapist is to assist the client in terms of co-authoring a new form of narrative about themselves through conducting a historical investigation of these qualities by Gillath et al. (2008). It is also for this reason that narrative theory is viewed as being a form of social justice approach towards the use of therapeutic interventions and having focused conversations with clients in order to overcome the dominant discourses that shape the lives of individuals. One core segment of the usage of narrative therapy that is of relevance to the cases of intersex individuals is how it helps in transformation of one's identity.

A.M. is a 30-year-old Pakistani intersex male who self-refers with a primary complaint of depression. He lived in a joint family system in Pakistan. Part of the cause for the problem's escalation is A. M's refusal to tell his society about his sexual orientation. A.M. admits that his tendency to keep his intersex status a secret from everyone has produced issues and confrontations. He defines himself as a devout Muslim who sees himself as flawed because his faith considers intersex desire to be a sin. Person experiences deep shame and internalized homophobia as a result of his beliefs. Client admits to being depressed and sad because he no longer wishes to remain in the closet out of fear that his family will never accept him for who he is in reality.

The client's fundamental story line is revealed through a series of well-constructed narrative inquiries. His life-draining story's core concept is based on his views, "*I don't know where my parents were? If they can notice childhood impacts on my elder brother, then why they didn't notice any change in my daily activities? Why they had no idea what happened with me?*" Client also believes he cannot reconcile being as intersex individual and having a good relationship with his biological family at the same time. "*I wanted to cry and tell the world what happened with me and it was not my fault. I had many changes in my body, I have still a scar in my mind, insomnia, and frustration and anxiety are with me every time*". He is worried, lonely, and frustrated. Because of prevalent cultural attitudes relating to homosexuality, hegemonic and power issues, and the systemic persecution of sexual minorities, it is difficult for some intersex males to live peacefully in Pakistani culture. Religion, government, family, and education are just a few of society's majority cultural institutions that have a long history of wrongdoing against those who identify as sexual minorities (Sue & Sue, 1999).

Moreover, Intersex individuals are born into a culture that devalues their existence and strives to prevent them from enjoying the same rights and opportunities as everyone else. Intersex

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guys are subjected to increasingly homophobic and heterosexist treatment. According to Diaz et al. (2004) and McLean, this sort of cultural persecution results in a decline in the spiritual, mental, and emotional health of certain intersex guys (2003). Intersex people who live in a biased and discriminatory culture can be supported by narrative counsellors, who have a special ability to connect with this population.

As a result, the purpose of this study is to provide a concise summary of narrative counselling's fundamental principles and concepts. After that, there will be a review of the pertinent literature on intersex men and counselling, followed by examples of narrative counselling with intersex men. We also use a case illustration to provide counsellors with practical application tactics for employing story therapy with intersex clients, as well as critical implications for counsellors working with this demographic.

According to Hoffman (2002) narrative counselling, also known as narrative therapy, is gaining popularity in the family counselling area as a modern technique of assisting clients in improving the functioning of their critical relationships. Narrative counselling, to put it simply, entails dealing with the tales that clients bring to counselling. Narrative counselling is largely concerned with assisting clients in comprehending, deconstructing, and eventually recreating or retelling incorrect narratives that may be interfering with their delight. Counselors assist clients in constructing or modifying a more satisfying and perceptually plausible narrative (Winslade & Monk, 1999).

Furthermore, story counselling is an empowering, present- and future-focused strategy that has the ability to help stigmatized people, such as intersex men, better their mental health. Narrative therapy is based on the social constructionist and postmodern philosophy of Monk and Gehart, (1980) who believe that reality is socially constructed. Its core idea is that intersex persons may appear in therapy with a dominant narrative of internalized oppressive social, political, and cultural beliefs, also known as limiting narratives (Foucalt, 2003).

In essence, client’s "scaffold" or gradually construct their dominant narratives with new information over time, which is unfortunately heavily influenced by societal standards (e.g., prejudice, stereotype, mores about being intersex individual). When the current narrative is no longer effective or is causing emotional distress, the counsellor collaborates with clients to retell and analyze alternative narratives (Suleman, Mohamed & Ahmmed, 2020). Like Goldenberg and Goldenberg (2004) pointed out, “The therapist engages in a dialogue with family members, helping them shake loose from a set or fixed account of their lives (a story

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from which they often see no escape) so they might consider alternatives offering greater promise".

There are a few fundamental elements that counsellors need be familiar with in order to better define narrative counselling. The majority group's social prescriptions that outline the ideal ways of behaving in a culture are known as dominant narratives. In the United States, for instance, heterosexuality is the preferred sexual orientation, whilst all other sexual orientations are deemed deviant. McLean (2003) investigated how influential people (preachers, politicians) use language to preserve dominant narratives, frequently advance hegemony, and silence marginalized people (2003). Deconstruction is another strategy used to aid clients in dealing with detrimental social prescriptions. Another idea used to assist clients in addressing harmful social prescriptions is deconstruction. It requires dismantling and scrutinizing the majority group's prevailing narratives for propaganda, misconceptions, and falsehoods. Clients are instructed not to accept or adopt dominant narratives unquestioningly (Androutsopoulou, 2001).

Furthermore, externalizing the problem refers to the act of assisting clients in separating their identity from the problem. According to Murphy (1998), European Americans commonly ascribe blame to individuals rather than external factors, and society attitudes regarding intersex people are frequently discriminatory. By helping clients in rationalizing or reframing the issue, Goldenberg and Goldenberg (2004) open the way for them to develop acceptable alternative narrative. During the externalizing process, deconstruction (unravelling the history of an unwanted story) and reconstruction (re-authoring a previously suppressed alternative story) occur (Goldenbrg & Goldenberg, 2004).

The effective use of questions is an additional concept or strategy. According to Freedman and Combs (1996), narrative research is done to generate experience as opposed to only collect facts. Purposeful narrative questions, according to Nwoye (2006), are rhetorical and are intended to assist people in distinguishing themselves from their challenges. When interviewing a depressed client, Goldenberg and Goldenberg (2004) ask, "When was the last time you were able to overcome sadness? How did you get to that point? What did you tell yourself that was different?" Additionally, narrative questions can uncover instances in which a client's declared disease has had minimal impact on his life.

Looking for unique results or times when a client's thinking, behaviors, and emotions were positive, hence offsetting negative attitudes, is an illustration of this approach. According to Goldenberg and Goldenberg (2004), "unique outcomes include any instances or events that do

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not fit the mainstream tale." They could be a plan, action, emotion, declaration, quality, goal, dream, concept, conviction, capacity, or commitment. The exceptions to these concerns can arise in the past, present, or future. To co-create alternative narratives, you must first be aware of the "current" problem-laden narrative and how it generates undesirable obstacles. Clients begin to have a deeper understanding of the "preferred" story at this point. According to McLean (2003), the narrative counsellor collaborates with clients to recount their stories in a manner that reflects who they are as individuals. Last but not least is the requirement to include measures or activities that promote community and support for the client's decision to live the rewritten story (Nwoye's, 2006); Andrews et al. 2006).

Overall, narrative counselling helps clients by (a) instilling hope and recognizing that change is possible, (b) developing the ability to see the problem as separate from themselves, and (c) teaching them how some of the problems causing their mental distress may stem from culture-bound expectations imposed by a dominant culture. (e) assisting in the creation of a new story that recognizes who the client is as a person, and (f) guiding the client in living the new narrative in a mental, spiritual, social, and/or physical space where he is supported for who he is (Goldenberg & Goldenberg, 2004). In order to help intersex men, improve their mental health, it is necessary to examine two crucial areas from a narrative perspective. The first segment focuses on the permissible assumptions made by the narrative counsellor regarding the scenario. The second section outlines a four-step method that the therapist and client can follow to assist the client in achieving his therapeutic objectives. While not exhaustive, these steps provide counsellors with a foundation for incorporating narrative therapy approaches into their practice.

The counsellor must build a set of assumptions or beliefs that will help her to accurately grasp the intersex man's experience while remaining attentive to these issues. The majority of these assumptions derive from Windslade and Monk's (1999) work with adolescents and their use of story therapy. To begin, the counsellor assumes that the intersex guy has a story to share, and that this story has been influenced by homophobia in the past. In addition to the dominant culture's need for heterosexual narratives, other varieties of sexual identity are frequently ridiculed, prejudiced, and discriminated against. Second, each group has its own set of cultural myths, roles, and regulations that all of its members must adhere to. When members fail to meet cultural expectations, they are typically denied privileges and excluded from or punished by society (e.g., insurance coverage as a surviving partner). The powerless individual or

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cultural group is imposed cultural narrative explanations that suggest they are illegitimate, faulty, defective, or abnormal in some way.

In the narrative process, counsellors would normally go through four stages of story therapy with their clients. A brief outline is provided. The counsellor should establish a therapeutic alliance with the intersex client by initially demonstrating a welcoming and nonjudgmental attitude (Suleman & Rahman, 2020; Suleman et al., 2021). Corey (2005) uses Rogerian values of sincerity, respect, warmth, and optimism to establish a trustworthy connection. Counselors should assure intersex clients that their narrative tale and experiences are totally accepted. As part of this phase, counsellors also conduct intentional investigation to begin outlining the influencing issue. Questions are posed to intersex guys in order to externalize or remove the problem from their personhood.

When discussing an intersex man's humiliation or homophobia, for instance, the counsellor could rebrand the issue as homophobia difficulty and ask, "When did you first realize that 'trouble' began to assault you?" How does 'trouble' impact your sense of self-worth? By externalizing and labelling the problem, the intersex client's personhood is detached from it. The customer is informed that the issue lies with "the problem" (homophobia in this case), not with the intersex man himself. If counsellors can assist the intersex client in viewing the homophobia as an external problem, internalized homophobia is mitigated.

At this stage, counselling focuses on supporting the client in discovering anything that contradicts the prevailing narrative or issue. Thoughts, actions, behaviors, or events might be used to demonstrate that the problem is not constant. By recognizing these outliers, counsellors may help clients create a foundation for resisting negative narratives and pave the way for a new one. For some closeted intersex clients, participation in an intersex pride parade may be viewed as incompatible with internalized homophobia, or "someone who is being attacked by trouble." Again, the counsellor utilizes targeted inquiry, such as, “How were you able to not let ‘trouble’ to deter you from going to such a prominent event?” to discover if the client has the power to shift the existing unfavorable narrative (Corey, 2005).

At this stage, the intersex client is sufficiently aware of how the problem-filled story has affected his quality of life and emotional well-being (e.g., trouble or homophobia has caused him to live a secret life of guilt and shame). The client has begun to destroy some of the cognitive assumptions that once ruled his life, and he is aware that his negative narrative is socially manufactured. At this level, counsellors may pose questions such as, "What does your

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participation in the intersex pride parade say about your ability to confront your internalized homophobia?"

Or, "What characteristics does a person need to have to decrease the impact of trouble on you?" in the hopes of influencing the intersex man to retell his narrative in a more empowering and consistent manner with how he perceives himself as an individual (e.g., “I can march in the intersex pride parade because I am a good person and the world needs to know that intersex men are good people”). Counselors help intersex male clients improve their mental health by aiding them in constructing an empowering life narrative.

The intersex client's ability to live an empowered life is then boosted by engaging in activities that will support his re-written story that frames his existence. The intersex man must locate a supportive community (such as a group of friends, a "chosen family," a welcoming church community, a supportive job, etc.) in order to live an authentic life as an intersex man. Counsellor interventions are crucial at this period because they assist the intersex guy in building life arrangements that may not have existed previously (e.g., developing a gay social network). Counselors aid intersex male clients in applying strategies such as building rituals to provide structure, writing letters to document progress, and supporting social action to effect cultural change.

Therefore, some intersex individuals succumb to dominant cultural narratives and internalize the negative narrative imposed upon them (e.g., "it's not them, it's me"). Thirdly, dismantling oppressive cultural beliefs may create new opportunities for living one's life. This means supporting the intersex man in dismantling or contesting "thin" categories of his experience imposed by dominant societal discourse for the benefit of the cultural elite, who are able to determine which experiences are given expression and which are repressed. By deconstructing internalized homophobia, the intersex man creates emotional-mental-cognitive space, allowing him to find his own voice, speak about his experiences, and write a narrative that is authentic to who he is. The counsellor promises to assist the intersex man in developing a narrative that more accurately reflects his personality. Consequently, the purpose of this study was to explore a case study of an intersex individual.

METHODOLOGY

In addition to collecting qualitative data through semi-structured interviews, this study employed a design based on interviews and narrative therapy sessions. This study utilized a non-probabilistic, practical sampling strategy that targeted intersex people in particular. This

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paper, on the other hand, provides a single-case study investigation of the personal casework experience of an intersex client with a single counsellor. Pseudonyms were used to protect all personal information, and data that could identify individuals was anonymized.

The first author performed a semi-structured face-to-face interview lasting 63 minutes. The objective was to get a comprehensive understanding of each stage of counsellor work assistance, including the client, how the work evolved, the counselor's preparation, the activities performed and why, collaboration with staff, family, and other agencies, as well as facilitators and barriers. Following the interview, counsellors were given the opportunity to investigate instances that may not have perfectly matched the instructions provided. The interview was audio-recorded by the original author, who then removed any identifying information before transcribing it verbatim. In order to assist the analysis of the qualitative data, the counsellor responded to six questions regarding participant data and the unique case study's characteristics.

The intersex experience of the client was interpreted using inductive thematic analysis. Semantic analysis was used to find the themes, with a strong emphasis on the clients' viewpoints and experiences, in order to extract deeper meanings (Suleman & Mohamed, 2019). Using the six steps of thematic analysis, the data were examined: familiarization with the data, establishment of initial codes, subject search, theme review, theme definition and naming, and report production (Ashraf et al., 2019; Ashraf et al., 2021). As part of the topic evaluation, the themes and subthemes of the first author were compared to a sample of the transcript (18%) coded by the second author. The discovery of new codes was debated, and as a result, themes and subthemes were modified. To guarantee uniformity, the revised themes and subthemes were discussed with the second author once again. After that, the narrative therapy therapeutic module was used to the client's in-depth sessions.

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RESULT

Table 1:
Case Application and Sessions Report

No. of Sessions	Session's Tasks
Session# 1	Rapport building, history taking, MSE, visual analogue, homework (DTR)
Session# 2	Review of homework, formal assessment (BDI-II), finalizing diagnosis, Psychoeducation
Session# 3	Introducing members, goal of sessions, explanation intervention plan, brochure and homework practices.
Session# 4	Discussion of homework of prior session, training of narrative therapy and its application, Brochure and homework practices.
Session# 5	Review homework of prior session, A small practice of narrating story was done and recommended to write story about it at home.
Session# 6	In this session he again practiced narrative therapy steps how to narrate a story also shared his homework. He was quiet amazing narrator and had beautiful writing skills. He requested to write his story by himself under supervision.
Session# 7	Discussion of homework prior to session, after that he began his story from the point where he left in last session. Participant felt quite emotional and disturbed while narrating his life events due to which session was terminated. Empathy and unconditional positive regard were given to client while he was expressing his painful experiences. Deep breathing was practiced.
Session# 8	Discussion of homework of prior session, participant shared his fear of being judged or mocked while on ensuring trustworthiness and non-judgmental approach he felt quite relaxed. Narrated the remaining part of his story again deconstructive questions were posed to create space for new narrative.
Session# 9	The previous session's assignment will be discussed, and relapse prevention and follow-up instructions will be provided.
Session# 10	At the conclusion of the last session, the patient's homework from the previous session will review, a summary will provide, and any remaining questions will be answered.

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The following figures compare pre- and post-narratives. This comparison highlights change clearly. Through the application of narrative therapy, the participant's prior story of pathological life has been transformed into an adaptive one.

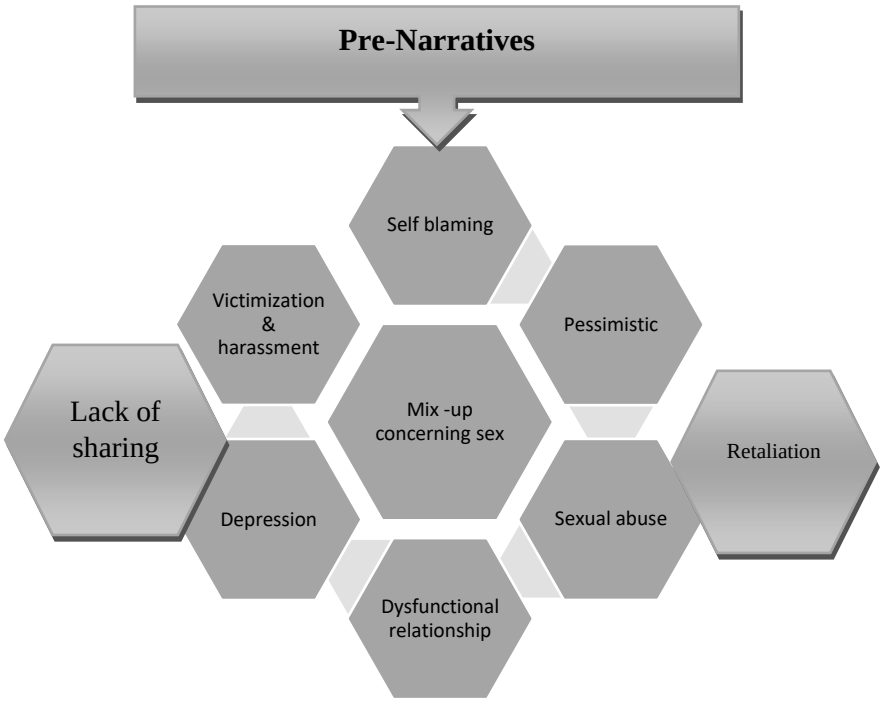

Figure 1: Showed Comparison of Pre-Narratives. It's the Pre-Narrative description of client.

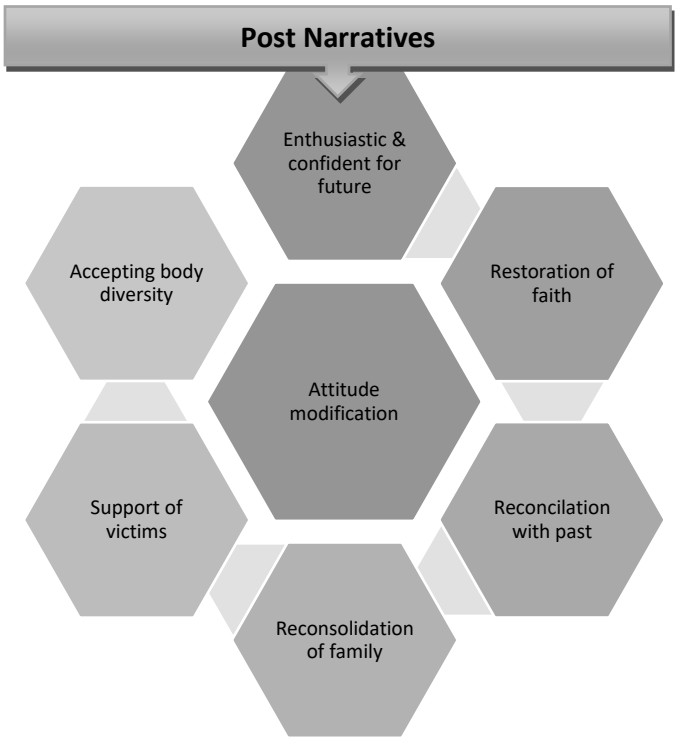

Figure 2: Showed Comparison of Post-Narratives. It's the Post-Narrative description of client.

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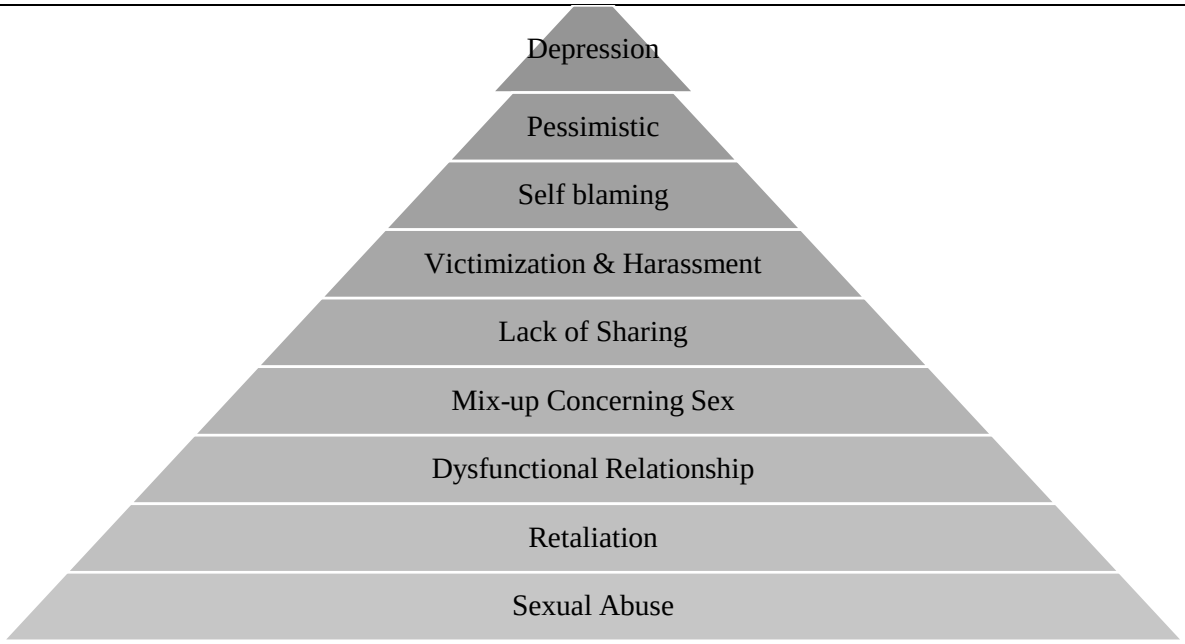

Figure 3: Showed Hierarchy of Narratives. It's the Pre-Narrative description of client. On the basis of the codes and themes included in each, the participant's past-life experiences are arranged hierarchically. These narratives explain how they affect the participant's entire life. One narrative is reinforced hierarchically by others.

The following context reflects this narrative in more clear way:

Complaining about discriminatory dealing of father, "*I was not allowed to listen to songs but my elder brother was. I was not allowed to ride bike. My brother was very much liked by my father he always supports him and he used to misbehave with my mother, used to smoke n shout on my mother as in my father absence he was the elder of house……why my father and elder brother was like that….*

Lack of parental care, *"I don't know where my parents were? If they can notice childhood impacts on my elder brother, then why they didn't notice any change in my daily activities? Why they had no idea what happened with me? Why I have really scary dark circles? Why I am doing Make-up? Why I having problem with my sleep? I wanted to cry and tell the world what happened with me and it was not my fault.*

Extract from his story about rape of him at age of 8, "*That's when my life was changed. He started to come closer and almost was almost touching me and I remained silent. He started touching my body with his hands and squeezed me. I wanted to run, but he was strong and I was just an eight-year-old weak kid. I cried for help, but no one was there for help, all the shopkeepers were gone for Juma prayers. I kept on crying and he said that he knows my uncle and will tell him about this, I was helpless and was raped……*"

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Sharing consequence of abuse "*This incident had a very bad impact on me. I was a very active boy, but started to remain in home, had fear to go out and make friends. I used to remain quite for long hours, cry secretly, had nightmares resulting not sleeping in nights.*"

Going through teasing and trying to hide, *"When my schoolmates were noticing their muscle growth, I was noticing flabby chest. That saying from my brother that you are different from us used to roam in my head. My schoolmates started to notice this change also. To hide my man boobs, I started wearing very small vests and undergarments, so my flab will not be prominent. Spending hours to hide my body from others …."*

Blaming himself, "*Sometimes I think it was the punishment of my sin, a guilt why I stole money, why I didn't go for Juma prayers? I always thought what was wrong in me, why I was chosen for such destiny maybe I am a wrong or some sort of punishment for my parents…. I don't know, who I am but somehow I knew that all this happened to me was related to it…."*
Telling about distress, "*I wanted to cry and tell the world what happened with me and it was not my fault. I had many changes in my body, I have still a scar in my mind, insomnia, and frustration and anxiety are with me every time."*

DISCUSSION

Research has shown that individuals who are intersex often experience stigmatization and discrimination across a wide range of contexts including their interpersonal relations. Lack of proper support from parents, family members, teachers, friends and from other agents of socialization can result in the formation of dysfunctional attitudes and beliefs towards interpersonal relations. Studies have also found that the emergence of dysfunctional relations is seen during childhood and extends towards adulthood. There is also research evidence to show that intersex individuals often experience different forms of psychopathologies mainly due to the presence of such disruptive support mechanisms.

Siebel et al. (2018) reported that lack of parental support is a major risk factor in the gender affirmation for intersex individuals. The findings of Siebel et al. (2018) revealed that presence of family support including that of parents, siblings and others is an important determinant of self-esteem, optimism and wellbeing for intersex individuals. It was also found that lack of family support can result in confusions about one's identity, moving away from home, drug abuse, suicidal ideation and other related issues. Another important finding was that lack of family support can result in the emergence of mistrust associated with interpersonal relations.

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Moreover, Lease et al. (2003) reported that intersex individuals often experience problematic interpersonal relations. It has been established that family support mechanisms in this regard can serve as effective coping and supportive mechanisms that can contribute towards the psychological wellbeing of such individuals. As they are subject to discrimination on a wide range of social platforms, the presence of family support can lead to optimal psychosocial functioning. Studies have also found that intersex individuals are often subject to such traumatic sexual experiences which hinder their optimal psychosocial and emotional development (Tilsen et al., 2010).

Mudzusi and Sandy (2017) conducted a study in terms of assessing violence and discrimination against intersex individuals. The participants reported experience sexual violence, abuse, derogatory labeling and physical torture. It was also found that the participants reported depression, anxiety related issues, low self-esteem, suicidal ideation, personality pathologies and other related issues. It was also found that about 70 % of the participants who were interviewed had reported being rape and being subject to sexual abuse. The findings also showed that intersex individuals are subject to rape, sexual abuse, derogatory sexual comments and other related measures which impacts their social and emotional development.

Counselors must be sympathetic to the needs of gay men on a cultural level. The attitudes of narrative counsellors toward intersex clients should be: (a) affirmative, (b) cognizant of her own heterosexism or homophobia, and (c) able to transmit understanding of how intersex have suffered prejudice and discrimination by Cheng (2003). Counselors, according to Rostosky et al. (2004), need to be aware of institutionalized discrimination against intersex people, such as being refused marriage protection and partners losing decision-making power to outside family members in the event of a family crisis (e.g., hospitalization). Second, counsellors must recognize that we live in a heterosexist society, and that some clients' decision to self-identify as an intersex male may be the catalyst for a psychiatric crisis.

Counselors can also assist in reauthoring a new narrative to help transform a crisis into an opportunity by constructing a healthy future. Counselors can also help intersex males grieve the loss of unaccepting family members and restructure their spiritual and emotional resources to fit their new narrative. Finally, narrative counsellors can restore hope for the intersex man by acting as sympathetic advocacy helpers. The major goals of a narrative counsellor are to assist clients in being more liberated by changing their ways of thinking, feeling, and acting.

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Goldenberg and Goldenberg, (2004) the narrative counsellor is interested in the clients' statements of their life experiences and their preferred interpretations that provide significance to life experiences. Counselors must also become champions for intersex guys by emphasizing the need of social justice. Speaking up, especially in small groups, can be empowering for both the counsellor and the intersex guys (Lease & Shulman (2003).

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