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# Investigation of potential mediating factors and presence of psychological distress in people with intersex conditions.. (BL: DXN066321)

**Kennedy, K., 2003, G6s**

**D.Clin.Psy., Leeds, 53-6630 (BL: DXN066321)**

It was hypothesised that people with intersex conditions would have a higher level of psychological distress than the general population. A factor influencing this was thought to be the expectation of a negative reaction from others as a result of their condition (specifically relating to the construct of Fear of Devaluation derived from previous qualitative research by Alderson et al, 2003). The presence of psychological distress was investigated in 52 people diagnosed with intersex conditions (including Androgen Insensitivity Syndrome and Congenital Adrenal Hyperplasia) and recruited via specialist medical centres and support groups. Quantitative measurement of this utilised standardised psychological questionnaires (Brief Symptom Inventory and Inventory of Interpersonal Problems-32).

General measures indicated that people with intersex conditions do have greater psychological difficulties than non-patients, but fewer than psychiatric outpatients. Approximately 40% of the sample reached the criteria for psychological caseness. Particular difficulties were found in the following interpersonal areas: feelings of inferiority, anger, difficulty trusting others and finding it hard to be sociable.

The Fear of Devaluation construct was adapted to form a tailor-made questionnaire allowing for quantitative measurement. The qualitatively derived construct of Fear of Devaluation was shown to be exclusively related to reports of finding it 'hard to be sociable'<sup>1</sup> and so was only partly consistent with expectations that it would act as a mediating factor of psychological difficulties. Additional observations include the finding that older people had more problematic Fear of Devaluation scores.

These findings are discussed in relation to the cultural and medical experiences of people with intersex conditions. Health care management should include: clear, honest information provision; ongoing support; opportunities to talk (e.g. support groups, clinical psychology etc) and awareness raising.

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