

The Effectiveness of Mindfulness and Self-Compassion-Based Therapy on Reducing Internalized Shame and Increasing Perception of Social Support and Psychological Well-Being in People with Sexually Diverse Orientation

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Abstract

Transgender individuals and people with diverse sexual orientations frequently experience unique psychological challenges associated with stigma, discrimination, minority stress, social rejection, and internalized negative beliefs. Among these challenges, internalized shame is considered one of the most influential psychological factors affecting self-concept, interpersonal relationships, and overall psychological functioning. At the same time, perceived social support represents an important protective factor that can reduce the adverse effects of minority stress and enhance psychological well-being. The present study aimed to propose a structural model examining the effectiveness of Mindfulness-Based Cognitive Therapy (MBCT), Compassion-Focused Therapy (CFT), and Acceptance and Commitment Therapy (ACT) in reducing internalized shame and increasing perceived social support and psychological well-being among transgender individuals. The study further sought to investigate the mediating roles of internalized shame and perceived social support in explaining the relationship between psychological interventions and psychological well-being. This study was conducted among transgender individuals living in Qom, Iran. A comparative quantitative design based on Structural Equation Modeling (SEM) was employed. The sample consisted of 120 transgender individuals from Qom City, who were randomly assigned into four groups: Mindfulness-Based Cognitive Therapy (MBCT) (n=30), Compassion-Focused Therapy (CFT) (n=30), Acceptance and Commitment Therapy (ACT) (n=30), and a control group (n=30). Data were collected at pre-test, post-test, and three-month follow-up stages using standardized measures of internalized shame, perceived social support, and psychological well-being. The expected findings indicate that all three interventions would significantly reduce internalized shame and improve perceived social support and psychological well-being compared with the control group. Compassion-Focused Therapy is expected to demonstrate stronger effects on reducing shame and self-criticism, while Acceptance and Commitment Therapy may show greater effectiveness in enhancing psychological flexibility. The proposed structural model is expected to demonstrate significant direct and indirect pathways, confirming that reductions in internalized shame and increases in perceived social support mediate the positive effects of psychological interventions on psychological well-being. The proposed model provides an integrated framework for understanding the psychological mechanisms through which mindfulness-, compassion-, and acceptance-based interventions improve mental health outcomes among transgender individuals. Findings from this model may contribute to the development of culturally responsive psychotherapy programs, affirmative mental health services, and evidence-based interventions aimed at reducing psychological disparities and enhancing quality of life in gender-diverse populations.

Keywords: Mindfulness-Based Therapy ‘Self-Compassion ‘Internalized Shame ‘Perceived Social Support ‘Psychological Well-Being

1. Introduction

Sexual and gender diversity represents a natural aspect of human diversity and encompasses individuals whose sexual orientation, gender identity, or gender expression differs from dominant heterosexual and cisgender norms. Although increasing recognition of diversity has contributed to greater visibility and legal protection in many societies, individuals with diverse sexual orientations and transgender identities continue to experience substantial psychological, interpersonal, and structural challenges. These challenges are not inherent to their identities; rather, they arise primarily from stigma, discrimination, prejudice, and social exclusion. Contemporary psychological theories, particularly the Minority Stress Theory, suggest that chronic exposure to external prejudice and internalized negative societal attitudes contributes to elevated rates of depression, anxiety, psychological distress, loneliness, and diminished psychological well-being among sexual and gender minority populations (Helminen et al., 2023). Consequently, identifying effective psychological interventions capable of reducing the negative consequences of minority stress has become a major priority within clinical psychology and public mental health research.

Among the most detrimental psychological consequences experienced by transgender individuals and other sexual and gender minority populations is internalized shame. Internalized shame develops when negative societal beliefs and stereotypes become incorporated into an individual's self-concept, leading people to perceive themselves as fundamentally flawed, unacceptable, or unworthy. Unlike situational shame, internalized shame is persistent and profoundly influences emotional regulation, self-esteem, interpersonal functioning, and mental health outcomes. Previous investigations have consistently demonstrated that internalized shame serves as a significant predictor of depression, anxiety disorders, self-harm, suicidal ideation, social withdrawal, and reduced quality of life among LGBTQ+ populations (Nguyen, 2021; Helminen et al., 2023). The persistence of shame frequently prevents individuals from seeking psychological support, developing healthy interpersonal relationships, or engaging in adaptive coping strategies, thereby reinforcing cycles of psychological distress. Another essential protective factor influencing mental health among transgender individuals is perceived social support. Social support extends beyond the objective availability of interpersonal relationships; rather, it reflects individuals' subjective perception that emotional, informational, and practical assistance is accessible when needed. Research consistently demonstrates that perceived social support buffers the adverse effects of minority stress by fostering resilience, promoting adaptive coping, and enhancing psychological well-being. Individuals who perceive higher levels of acceptance from family members, peers, romantic partners, and healthcare professionals generally report lower levels of depression and anxiety, stronger self-esteem, and greater life satisfaction. Conversely, social rejection and perceived isolation amplify the psychological burden associated with stigma and discrimination, increasing vulnerability to emotional disorders and maladaptive coping behaviors (Helminen et al., 2023). Therefore, interventions capable of strengthening individuals' perceptions of supportive social environments may substantially improve long-term mental health outcomes.

Psychological well-being constitutes another multidimensional construct that extends beyond the absence of psychopathology. Ryff's conceptualization of psychological well-being emphasizes self-acceptance, autonomy, environmental mastery, purpose in life, positive relationships, and personal growth as central components of optimal psychological functioning. Sexual and gender minority individuals frequently experience disruptions across these domains due to chronic exposure to discrimination, identity concealment, rejection, and minority stress. Accordingly, improving psychological well-being requires therapeutic approaches that address not only symptom reduction but also self-acceptance, emotional resilience, compassion, and interpersonal functioning (Germer, 2023). Contemporary psychotherapy increasingly emphasizes strengths-based interventions that cultivate positive psychological resources rather than focusing exclusively on psychopathology. Among emerging third-wave cognitive-behavioral interventions, Mindfulness-Based Therapy and Self-Compassion-Based Therapy have attracted considerable empirical support. Mindfulness refers to intentionally attending to present-moment experiences with openness, curiosity, and nonjudgmental awareness. Through mindfulness practice, individuals learn to observe difficult emotions and distressing thoughts without avoidance or excessive identification, thereby reducing emotional reactivity and promoting psychological flexibility. Self-compassion complements mindfulness by



encouraging individuals to respond to personal suffering with kindness, understanding, and recognition of shared human experiences instead of harsh self-criticism. According to Germer (2023), self-compassion facilitates adaptive emotion regulation through three interconnected mechanisms: self-kindness rather than self-judgment, common humanity rather than isolation, and mindful awareness rather than over-identification with distressing experiences. These mechanisms appear particularly relevant for transgender individuals whose psychological difficulties frequently originate from chronic experiences of shame, rejection, and identity-based stigma.

Recent empirical findings increasingly support the effectiveness of mindfulness- and self-compassion-based interventions among sexual and gender minority populations. Finlay-Jones et al. (2021) proposed one of the earliest randomized controlled protocols specifically designed to evaluate Group Mindful Self-Compassion (MSC) training for LGBTQIA+ young adults, emphasizing improvements in emotional regulation, resilience, and psychological well-being. Subsequent investigations by English et al. (2026) demonstrated that structured mindful self-compassion interventions significantly improved mental health outcomes among gender and sexually diverse young adults, highlighting reductions in emotional distress alongside improvements in self-acceptance and psychological functioning. Furthermore, Castro (2026) reported that mindfulness and self-compassion may attenuate the long-term psychological consequences of adverse childhood experiences, intimate partner violence, and post-traumatic stress symptoms among LGBTQ+ individuals. These findings collectively suggest that compassion-focused interventions address psychological vulnerabilities closely associated with minority stress. Additional evidence indicates that self-compassion may exert beneficial effects across diverse populations experiencing identity-related distress and body dissatisfaction. Watson et al. (2024), for example, demonstrated that self-compassionate writing exercises significantly enhanced body satisfaction among transgender and non-binary individuals by promoting acceptance and reducing self-critical cognitive patterns. Similarly, Fallahmanesh et al. (2025) reported improvements in emotion regulation and body image following a mindfulness-based self-compassion protocol among adolescents exhibiting self-injurious behaviors. Comparable positive outcomes have also been documented among survivors of sexual trauma (Hogue, 2024), women undergoing fertility treatment (Njogu et al., 2023), parents experiencing burnout (Bayot et al., 2024), and individuals presenting self-injurious behaviors or diminished self-compassion (Per, 2025). Although these studies involve different clinical populations, they consistently demonstrate the transdiagnostic capacity of mindfulness and self-compassion interventions to reduce emotional suffering and strengthen adaptive psychological functioning.

Despite the growing body of literature, several important research gaps remain. Existing studies have primarily evaluated the effectiveness of mindfulness or self-compassion interventions separately, while comparatively fewer investigations have simultaneously examined their integrated influence on internalized shame, perceived social support, and psychological well-being within transgender populations. Furthermore, limited attention has been directed toward understanding the mechanisms through which these interventions improve mental health by simultaneously reducing internalized stigma and strengthening protective psychosocial resources. Addressing these gaps may contribute to the development of more comprehensive psychological treatment models tailored to the unique needs of transgender individuals and other sexually diverse populations. Accordingly, the present study proposes a comparative therapeutic framework examining mindfulness- and self-compassion-based interventions for transgender individuals, focusing on their effectiveness in reducing internalized shame while enhancing perceived social support and psychological well-being. Beyond evaluating therapeutic outcomes, this research seeks to provide evidence capable of informing culturally sensitive mental health services, supporting clinicians in selecting effective intervention strategies, and contributing to broader efforts aimed at reducing psychological disparities experienced by gender-diverse populations. Ultimately, improving self-compassion, reducing shame, and strengthening supportive social connections may promote healthier communities, increase access to affirmative psychological care, and enhance overall quality of life among transgender individuals.

2. Literature Review

The growing recognition of mental health disparities among transgender individuals and sexually diverse populations has led to increasing interest in psychological interventions that address both symptom reduction and the enhancement of positive psychological functioning. Unlike traditional approaches that primarily focus on psychopathology, contemporary third-wave behavioral therapies emphasize acceptance, emotional regulation, compassion, and psychological flexibility. Within this framework, mindfulness- and self-compassion-based interventions have emerged as promising approaches for alleviating the adverse psychological consequences of minority stress, particularly internalized shame, social isolation, and diminished psychological well-being.

Minority Stress Theory provides the primary conceptual foundation for understanding psychological distress among sexual and gender minority populations. According to this theory, chronic exposure to stigma, prejudice, discrimination, and victimization generates unique stressors that accumulate over time and negatively influence mental health. External stressors such as social rejection, family conflict, workplace discrimination, and unequal access to healthcare frequently become internalized, resulting in self-stigma and persistent feelings of shame. Helminen et al. (2023), through a comprehensive systematic review and meta-analysis, concluded that self-compassion consistently moderates the negative effects of minority stress and is associated with lower levels of depression, anxiety, psychological distress, and self-criticism among sexual and gender minority individuals. Their findings suggest that cultivating self-compassion may function as a protective psychological resource capable of interrupting the relationship between minority stress and poor mental health outcomes. Mindfulness-based interventions have similarly demonstrated considerable effectiveness in promoting adaptive emotional functioning. Mindfulness encourages individuals to observe thoughts and emotions without judgment, thereby reducing experiential avoidance and cognitive fusion. Rather than attempting to suppress painful experiences associated with discrimination or identity-related stress, individuals learn to acknowledge these experiences with openness and acceptance. Finlay-Jones et al. (2021) introduced one of the first randomized controlled protocols specifically designed for LGBTQIA+ young adults, proposing that structured Group Mindful Self-Compassion (MSC) training could improve resilience, emotion regulation, and psychological well-being while reducing symptoms of anxiety and depression. Building upon this protocol, English et al. (2026) reported significant improvements in overall mental health outcomes among gender and sexually diverse young adults following participation in mindful self-compassion programs. These findings indicate that mindfulness-based interventions may extend beyond symptom reduction by fostering healthier self-perceptions and greater emotional resilience.

Self-compassion has increasingly been recognized as an essential therapeutic mechanism within affirmative psychotherapy. Germer (2023) conceptualized self-compassion as a multidimensional construct involving self-kindness, recognition of common humanity, and mindful awareness during experiences of suffering. Individuals with greater self-compassion are less likely to engage in harsh self-criticism and more likely to adopt adaptive coping strategies during periods of psychological distress. This mechanism appears particularly relevant for transgender individuals, whose experiences of discrimination frequently contribute to chronic shame and negative self-evaluation. Nguyen (2021) demonstrated that compassion-based interventions targeting stigmatized sexual identities significantly improved self-acceptance while reducing internalized stigma and emotional distress. Likewise, Castro (2026) found that mindfulness and self-compassion substantially reduced post-traumatic stress symptoms among LGBTQ+ individuals exposed to adverse childhood experiences and intimate partner violence, highlighting the broader therapeutic applicability of compassion-focused approaches. Another important outcome frequently examined in this literature is body image and identity acceptance. Because transgender and non-binary individuals often experience body dissatisfaction resulting from gender dysphoria and societal stigma, interventions promoting compassionate self-awareness have received growing attention. Watson et al. (2024) demonstrated that structured self-compassion writing exercises significantly improved body satisfaction among transgender and non-binary participants by decreasing self-critical cognitive processes and increasing body acceptance. Similar therapeutic benefits have been observed across diverse clinical populations, including adolescents with self-injurious behaviors (Fallahmanesh et al., 2025), survivors of sexual trauma (Hogue, 2024), women

receiving infertility treatment (Njogu et al., 2023), and parents experiencing burnout (Bayot et al., 2024). Although these populations differ considerably, the consistency of findings supports the transdiagnostic effectiveness of mindfulness and self-compassion interventions for improving emotional regulation, reducing shame, and enhancing psychological well-being.

Despite the substantial empirical support for mindfulness and self-compassion, relatively few studies have directly compared these interventions or examined their combined influence on internalized shame, perceived social support, and psychological well-being among transgender individuals. Moreover, previous investigations have predominantly emphasized symptom reduction rather than exploring how improvements in self-compassion may strengthen social relationships and perceptions of social support. Consequently, further research employing integrative therapeutic models is warranted to clarify the mechanisms through which these interventions improve psychological functioning among gender-diverse populations. Such evidence may facilitate the development of more comprehensive, culturally responsive, and affirmative psychological interventions capable of addressing both psychological distress and positive mental health outcomes.

Table 1. Summary of Previous Studies on Mindfulness and Self-Compassion Interventions among Sexual and Gender Minority Populations

Authors	Population	Intervention	Main Findings
Finlay-Jones et al. (2021)	LGBTQIA+ young adults	Group Mindful Self-Compassion	Improved resilience, emotional regulation, and psychological well-being.
Helminen et al. (2023)	Sexual and gender minority populations	Systematic review and meta-analysis	Self-compassion reduced the adverse effects of minority stress and improved mental health.
Watson et al. (2024)	Transgender and non-binary individuals	Self-compassion writing intervention	Increased body satisfaction and reduced self-critical thinking.
English et al. (2026)	Gender and sexually diverse young adults	Mindful Self-Compassion training	Reduced psychological distress and enhanced overall mental health outcomes.
Castro (2026)	LGBTQ+ individuals	Mindfulness and self-compassion intervention	Reduced PTSD symptoms associated with childhood adversity and intimate partner violence.

3. Proposed Structural Model and Methodology

The present study employed a quantitative research approach using a comparative design integrated with Structural Equation Modeling (SEM) to examine the effectiveness of three third-wave psychological interventions—Mindfulness-Based Cognitive Therapy (MBCT), Compassion-Focused Therapy (CFT), and Acceptance and Commitment Therapy (ACT)—on reducing internalized shame and improving perceived social support and psychological well-being among transgender individuals in Qom, Iran. The proposed structural model assumes that participation in psychological interventions directly enhances psychological well-being while indirectly influencing this outcome through decreasing internalized shame and strengthening perceived social support. Accordingly, psychological intervention was specified as the exogenous variable, internalized shame and perceived social support as mediating variables, and psychological well-being as the endogenous outcome variable. This conceptual model was developed based on Minority Stress Theory together with contemporary theories of mindfulness and self-compassion, suggesting that reducing self-stigma and increasing compassionate self-awareness facilitate healthier interpersonal relationships and improve overall psychological functioning.

The statistical population consisted of transgender adults residing in the city of Qom who attended psychological counseling centers, mental health clinics, and private psychotherapy practices during the study period (September 2026 to February 2027). Participants were selected using purposive sampling according

to predefined inclusion criteria and subsequently assigned randomly to four study groups. Sample size was estimated using GPower software with a significance level of 0.05, statistical power of 0.90, and a medium effect size ($f = 0.25$), resulting in a minimum required sample of 108 participants. To compensate for potential attrition, 120 participants were recruited and equally allocated to four groups (30 participants in each group): MBCT, CFT, ACT, and a control group. Eligible participants were between 18 and 45 years of age, had lived in Qom for at least one year, self-identified as transgender, and voluntarily agreed to participate in the study by providing written informed consent. Individuals diagnosed with severe psychiatric disorders, active psychosis, cognitive impairment, or substance dependence, as well as those receiving concurrent structured psychotherapy, were excluded from participation. Each intervention group participated in eight weekly sessions, each lasting approximately 90 minutes, delivered by licensed clinical psychologists experienced in affirmative psychotherapy for transgender populations. The MBCT program emphasized present-moment awareness, body scan exercises, mindful breathing, cognitive decentering, and non-judgmental observation of emotional experiences. The CFT protocol focused on cultivating self-kindness, reducing self-criticism, compassionate imagery, emotional soothing, and compassionate self-dialogue. The ACT program emphasized psychological flexibility through acceptance, cognitive defusion, values clarification, committed action, and mindfulness exercises. Participants in the control group received no structured psychological intervention during the study period but continued access to routine counseling services when necessary. Data were collected at three measurement points, including pre-test, post-test immediately after completion of the intervention, and a three-month follow-up assessment.

Data collection was performed using three standardized instruments with well-established psychometric properties. Internalized shame was assessed using the Internalized Shame Scale (ISS) developed by Cook, perceived social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet and colleagues, and psychological well-being was evaluated using the 42-item Ryff Psychological Well-Being Scale, which measures six dimensions of positive psychological functioning. Previous studies have reported Cronbach's alpha coefficients exceeding 0.90 for all three instruments, indicating excellent internal consistency. Demographic information, including age, educational level, employment status, and duration of gender transition, was also collected for descriptive purposes. Statistical analyses were conducted using IBM SPSS Statistics version 29 and AMOS version 29. Initially, descriptive statistics, normality tests, homogeneity of variance, and Pearson correlation analyses were performed. Confirmatory Factor Analysis (CFA) was then conducted to evaluate the measurement model, followed by Structural Equation Modeling (SEM) to examine the hypothesized direct and indirect relationships among the study variables. Indirect effects were estimated using the bootstrap method with 5,000 resamples, while overall model adequacy was evaluated using multiple goodness-of-fit indices, including χ^2/df (<3.00), RMSEA (<0.08), SRMR (<0.08), CFI (>0.90), TLI (>0.90), GFI (>0.90), and AGFI (>0.90). Ethical approval for the study was obtained from the relevant institutional ethics committee, and all procedures complied with international ethical principles governing research involving human participants, including voluntary participation, confidentiality, anonymity, and the right to withdraw from the study at any stage without penalty.

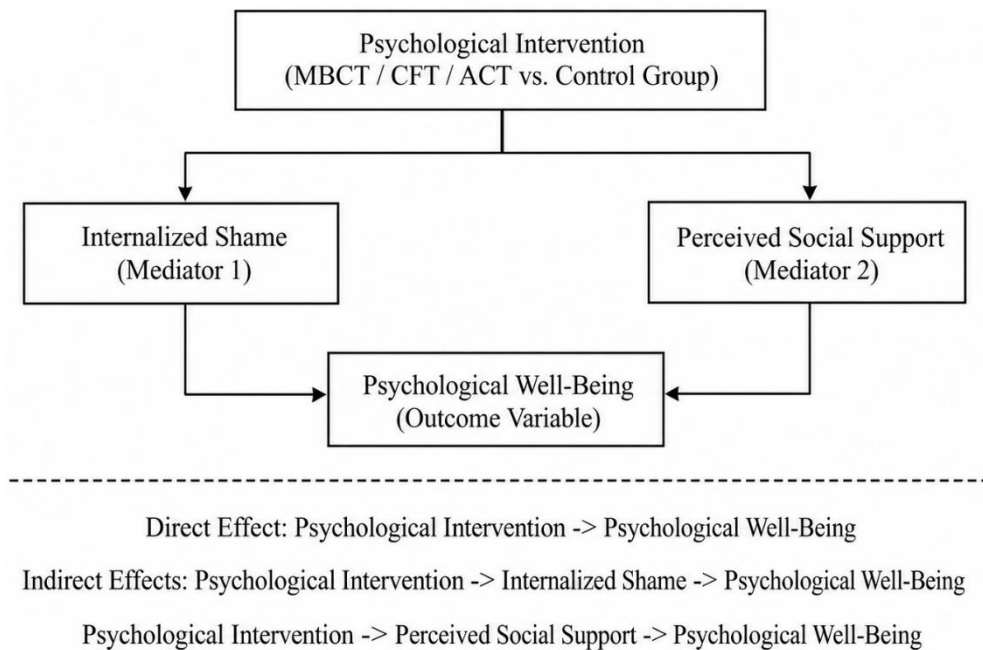


Figure 1. Proposed Structural Model of the Relationships between Psychological Intervention, Internalized Shame, Perceived Social Support, and Psychological Well-Being among Transgender Individuals.

4. Expected Findings and Practical Implications

4.1. Expected Findings

Based on Minority Stress Theory and previous empirical evidence on mindfulness-, compassion-, and acceptance-based interventions, it is expected that all three therapeutic approaches will significantly improve the psychological functioning of transgender individuals compared with the control group. Specifically, participants receiving psychological interventions are expected to report lower levels of internalized shame, greater perceived social support, and higher psychological well-being at post-test and three-month follow-up assessments. Because transgender individuals frequently experience chronic stigma, discrimination, rejection, and identity-related stress, the therapeutic emphasis on acceptance, emotional regulation, and compassionate self-awareness is expected to reduce maladaptive cognitive and emotional processes that maintain psychological distress. Consequently, significant improvements are anticipated across all outcome variables, supporting the proposed structural model. Among the three interventions, Compassion-Focused Therapy (CFT) is expected to demonstrate the greatest reduction in internalized shame. Internalized shame develops through repeated exposure to rejection, negative social evaluation, and self-stigmatization. CFT directly targets these mechanisms by strengthening self-kindness, reducing self-criticism, and cultivating compassionate emotional regulation. Therefore, participants in the CFT group are expected to show the largest decrease in shame-related cognitions and emotional suffering. Acceptance and Commitment Therapy (ACT) is expected to produce the greatest improvement in psychological flexibility and values-based functioning, thereby enhancing psychological well-being through increased acceptance of difficult internal experiences. Meanwhile, Mindfulness-Based Cognitive Therapy (MBCT) is expected to produce moderate-to-large improvements across all psychological outcomes by increasing present-moment awareness and reducing emotional reactivity. Overall, although each intervention may exhibit distinct therapeutic strengths, all are expected to outperform the control condition.

Another anticipated finding concerns the mediating role of perceived social support. Improvements in emotional regulation and self-acceptance are expected to facilitate healthier interpersonal interactions, enabling participants to perceive greater emotional support from family members, friends, and significant

others. As internalized shame decreases, participants are likely to become more willing to disclose emotional experiences, seek professional assistance, and establish supportive social relationships. Consequently, perceived social support is expected to partially mediate the relationship between psychological intervention and psychological well-being. This finding would support contemporary affirmative psychotherapy models emphasizing both intrapersonal and interpersonal mechanisms of psychological recovery. Structural Equation Modeling is expected to confirm excellent model fit, demonstrating statistically significant direct and indirect pathways among the proposed variables. Specifically, psychological intervention is expected to exhibit a significant negative effect on internalized shame and a significant positive effect on perceived social support. Internalized shame is expected to negatively predict psychological well-being, whereas perceived social support is anticipated to demonstrate a positive association with well-being. Furthermore, bootstrap analyses are expected to confirm significant indirect effects, indicating that reductions in shame and increases in perceived social support jointly explain a substantial proportion of the improvement in psychological well-being. Such findings would provide empirical support for an integrated therapeutic framework combining emotional regulation, self-compassion, and interpersonal resilience.

Table 2. Expected Changes Across Intervention Groups

Outcome Variable	MBCT	CFT	ACT	Control
Internalized Shame	↓↓	↓↓↓	↓↓	No substantial change
Perceived Social Support	↑↑	↑↑	↑↑↑	Minimal change
Psychological Well-Being	↑↑	↑↑↑	↑↑↑	No substantial change
Emotional Regulation	↑↑	↑↑↑	↑↑	Minimal change
Self-Acceptance	↑↑	↑↓↓↑	↑↑	No change

Note: ↑ = Improvement, ↓ = Reduction.

Table 3. Expected Structural Relationships

Hypothesized Path	Expected Direction	Expected Significance
Psychological Intervention → Internalized Shame	Negative	Significant ($p < .001$)
Psychological Intervention → Perceived Social Support	Positive	Significant ($p < .001$)
Internalized Shame → Psychological Well-Being	Negative	Significant ($p < .001$)
Perceived Social Support → Psychological Well-Being	Positive	Significant ($p < .001$)
Psychological Intervention → Psychological Well-Being	Positive	Significant ($p < .001$)
Indirect Effect through Internalized Shame	Positive mediation	Significant
Indirect Effect through Social Support	Positive mediation	Significant

4.2. Practical Implications

The anticipated findings of this study have important implications for clinical psychology, public mental health, and social policy concerning transgender individuals. First, the study is expected to provide empirical evidence supporting the effectiveness of third-wave psychological interventions in addressing the unique psychological challenges associated with minority stress. Although transgender individuals frequently experience discrimination, stigma, rejection, and social exclusion, relatively few evidence-based intervention models have been specifically evaluated within this population in Iran. Demonstrating that Mindfulness-Based Cognitive Therapy (MBCT), Compassion-Focused Therapy (CFT), and Acceptance and Commitment Therapy (ACT) effectively reduce internalized shame while simultaneously improving perceived social support and psychological well-being would provide clinicians with scientifically supported treatment options for affirmative psychological practice. Such findings may encourage psychologists, counselors, and mental health professionals to move beyond symptom-focused approaches toward interventions that strengthen resilience, self-acceptance, emotional regulation, and compassionate self-awareness. A second

practical implication concerns the development of specialized mental health services for transgender individuals. The proposed structural model suggests that psychological well-being is influenced not only by direct therapeutic intervention but also by reductions in internalized shame and improvements in perceived social support. This indicates that effective psychological treatment should simultaneously target cognitive, emotional, and interpersonal processes rather than focusing exclusively on psychiatric symptoms. Mental health centers may therefore incorporate mindfulness practices, compassion training, values-based behavioral interventions, and social support enhancement into routine psychotherapy programs. In addition, psychoeducational workshops for families could improve understanding of gender diversity and strengthen supportive family relationships, thereby increasing one of the strongest protective factors identified within the proposed model. Such integrated intervention programs may ultimately reduce emotional distress, improve treatment adherence, and enhance long-term psychological adjustment.

From a public health perspective, the findings may contribute to reducing mental health inequalities experienced by transgender populations. Internalized shame frequently discourages individuals from seeking healthcare services, disclosing psychological difficulties, or participating in supportive social environments. By demonstrating that compassion- and mindfulness-based interventions effectively weaken these maladaptive psychological mechanisms, the study may encourage healthcare organizations to implement preventive mental health programs within counseling centers, universities, and community organizations. Furthermore, integrating affirmative psychological interventions into routine healthcare services could reduce the prevalence of depression, anxiety, self-harm behaviors, and suicidal ideation, thereby decreasing long-term healthcare costs while improving overall quality of life. The structural model also highlights perceived social support as a significant protective factor, emphasizing that psychological interventions should extend beyond individual therapy to include family education, peer-support initiatives, and community-based mental health programs. The study also has important implications for researchers and policymakers. The proposed Structural Equation Model provides a theoretically grounded framework that may be replicated across different cultural settings and gender-diverse populations. Future studies may expand the model by incorporating additional mediating variables such as resilience, emotion regulation, self-esteem, identity affirmation, or psychological flexibility. Longitudinal investigations could further evaluate whether improvements produced by mindfulness- and compassion-based interventions remain stable over several years. Policymakers may also utilize these findings when designing national mental health strategies emphasizing inclusive psychological services and evidence-based interventions for marginalized populations. Investment in culturally sensitive psychotherapy training, professional education, and specialized counseling services could substantially improve mental health outcomes while promoting social inclusion and equal access to psychological care.

Overall, the expected findings suggest that psychological well-being among transgender individuals is best understood through an integrated biopsychosocial perspective in which emotional regulation, compassionate self-awareness, and supportive interpersonal relationships interact dynamically. Rather than addressing psychological distress solely through symptom reduction, affirmative psychological interventions may facilitate sustainable improvements in self-acceptance, interpersonal functioning, resilience, and life satisfaction. Consequently, the proposed structural model has the potential to guide future clinical practice, psychological research, and public health initiatives aimed at improving the quality of life of transgender individuals and reducing the mental health disparities associated with minority stress.

Table 4. Clinical and Mental Health Implications

Area	Practical Implication	Expected Outcome
Clinical Psychology	Incorporation of MBCT, CFT, and ACT into affirmative psychotherapy	Reduced internalized shame and improved emotional regulation
Counseling Centers	Development of specialized intervention protocols for transgender clients	Higher treatment effectiveness and client satisfaction

Mental Health Services	Routine assessment of shame and perceived social support	Earlier identification of psychological vulnerability
Family Counseling	Psychoeducation for parents and family members	Increased family acceptance and social support
Group Therapy	Implementation of mindfulness and self-compassion groups	Enhanced resilience and peer connectedness

Table 5. Social, Educational, and Policy Implications

Stakeholder	Recommended Action	Potential Benefit
Universities	Establish inclusive psychological counseling programs	Improved student mental health and academic functioning
Healthcare Organizations	Integrate affirmative psychotherapy into routine mental health services	Reduced depression, anxiety, and healthcare utilization
Policymakers	Support evidence-based mental health programs for gender-diverse populations	Reduction of mental health disparities
Professional Training Centers	Train psychologists in mindfulness-, compassion-, and ACT-based interventions	Higher quality of culturally competent clinical care
Community Organizations	Develop peer-support and family-support networks	Increased social inclusion and perceived social support
Future Researchers	Expand the structural model by examining additional mediators and moderators	Stronger theoretical models and improved intervention development

5. Conclusion and Future Directions

The present study proposed a comprehensive structural model to compare the effectiveness of Mindfulness-Based Cognitive Therapy (MBCT), Compassion-Focused Therapy (CFT), and Acceptance and Commitment Therapy (ACT) in improving the mental health of transgender individuals through reducing internalized shame and enhancing perceived social support. Grounded in Minority Stress Theory and contemporary third-wave psychological approaches, the proposed model emphasizes that psychological well-being is influenced not only by direct therapeutic intervention but also by important psychological and interpersonal mechanisms that mediate treatment outcomes. By integrating these pathways within a single Structural Equation Model (SEM), the study offers a more comprehensive understanding of how affirmative psychological interventions may contribute to positive mental health among gender-diverse populations. The anticipated findings suggest that all three therapeutic approaches are likely to produce meaningful improvements in psychological functioning, although each intervention may demonstrate distinct therapeutic strengths. Compassion-Focused Therapy is expected to be particularly effective in reducing internalized shame through the development of self-kindness and the reduction of self-criticism. Acceptance and Commitment Therapy may produce greater improvements in psychological flexibility and values-based living, while Mindfulness-Based Cognitive Therapy is expected to enhance emotional regulation and present-moment awareness. Together, these interventions are expected to strengthen protective psychological resources that enable transgender individuals to cope more effectively with minority stress, social stigma, and identity-related challenges. The proposed structural relationships further suggest that reductions in internalized shame and increases in perceived social support serve as key mechanisms through which psychological interventions improve overall psychological well-being.

Beyond its clinical relevance, the proposed model has important implications for public mental health, counseling practice, and psychological service delivery. The findings may encourage the development of evidence-based affirmative psychotherapy programs that address both emotional distress and positive psychological functioning. Integrating mindfulness, self-compassion, acceptance, and social support enhancement into routine mental health services may improve treatment outcomes while reducing psychological disparities experienced by transgender populations. The model may also assist clinicians in

identifying the most influential therapeutic targets and provide policymakers with empirical evidence supporting investment in culturally responsive mental health programs and inclusive healthcare services. Despite these expected contributions, future research should continue expanding the proposed framework by examining additional mediating and moderating variables, including resilience, psychological flexibility, self-esteem, identity affirmation, emotion regulation, and coping strategies. Longitudinal studies with extended follow-up periods would provide valuable evidence regarding the durability of treatment effects over time. Future investigations may also compare different age groups, cultural contexts, and stages of gender transition to determine whether therapeutic outcomes vary across demographic and developmental characteristics. Furthermore, multicenter studies with larger and more diverse samples would improve the generalizability of the findings and strengthen the external validity of the proposed model.

In conclusion, the present study contributes to the growing literature on affirmative psychological interventions by proposing an integrative structural model that explains how mindfulness-, compassion-, and acceptance-based therapies may improve psychological well-being among transgender individuals. By simultaneously addressing internalized shame and perceived social support, the proposed framework extends current theoretical perspectives and provides a foundation for future empirical research, clinical innovation, and evidence-based mental health practice. Ultimately, promoting self-acceptance, reducing psychological stigma, and strengthening supportive social relationships may contribute to healthier individuals, more inclusive communities, and improved quality of life for transgender populations.

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