

· 心理卫生评估 ·

跨性别者的心理健康问题 (综述)

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【摘要】 跨性别人群作为社会边缘群体, 普遍遭受社会的偏见、歧视。有证据显示, 跨性别者常见不同程度的心理和行为问题。本文介绍了跨性别人群中常见的 4 种心理卫生问题, 包括抑郁、焦虑、自杀、药物滥用, 并引入少数群体应激模型理论, 对其心理和行为问题成因进行解释, 以期对跨性别人群的心理干预提供理论依据。

【关键词】 跨性别; 心理健康; 相关因素; 性少数压力模型

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A review of mental health in transgender people

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【Abstract】 As a marginalized group, transgender people generally suffer from social prejudice, discrimination and stigma. Evidence abounds that transgender people have varying degrees of psychological and behavioral problems. This paper introduces 4 common psychological problems in transgender, including depression, anxiety, suicide, and drug abuse. A minority stress model theory is introduced to explain the causes of their psychological and behavioral problems. The theory could be used to guide future psychological interventions for transgender.

【Key words】 transgender; mental health; related factor; minority stress model

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跨性别是一个统称, 指一个人的性别身份或性别表达和出生时指定的性别不一致 (男性和女性)^[1-2]。跨性别男性是指出生分配性别为女性、性别认同为男性, 又称为女跨男; 跨性别女性是指出生分配性别为男性、性别认同为女性, 又称为男跨女^[3-4]。全球跨性别的比例为 0.03% ~ 0.05%, 美国、英国、新西兰、比利时、荷兰等多个国家的数据显示, 该人群比例更高, 跨性别女性约占 0.5% ~ 1.3%, 跨性别男性约占 0.4% ~ 1.2%^[1-3], 因此, 全球 15 岁及以上的跨性别至少为 2500 万。临床数据显示, 有变性手术需求的至少有 40 万^[4]。跨性别群体由于与传统文化相悖的性别身份或性别表达, 长期以来一直被视为患有精神疾病, 并不同程度地遭受着来自社会和他人的歧

视、侮辱和暴力, 这一系列负面经历使得跨性别者产生了严重的精神心理问题, 使其焦虑、抑郁, 甚至自杀, 进一步加剧了该人群生活贫困、住房没有保障、失业率高、严重的经济边缘化, 最终导致该人群从事商业性行为、物质滥用、过量注射激素等高危行为, 这些行为又进一步加重了该人群的经济困难状况, 形成了一个恶性循环。我国目前对于跨性别者研究较少, 大众对于这个群体普遍存在误区, 本文通过运用少数群体应激模型, 对跨性别者抑郁、焦虑、自杀和药物滥用等心理问题及其因素进行文献综述。

1 文献检索策略

以主题词“心理健康 (英文主题词: psychology、

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mental health)”和“跨性别(英文主题词: transgender、transsexual)”为基本条件,检索 Pubmed 数据库文献,检索条件((psychology [MeSHTerms]) OR (psychology [Title/Abstract]) OR (mentalhealth [Title/Abstract])) AND ((transgender [Title/Abstract]) OR (transgender [MeSHTerms]) OR (transsexual [Title/Abstract])),检索时限:1999 年-2019 年 9 月,共检索到 766 篇,其中综述有 20 篇,最近 5 年的文献 650 篇(85.5%);检索万方数据库(检索条件(主题词:心理健康)and(关键词:跨性别)),获得文献 3 篇;检索中国生物医学文献数据库(检索条件(主题词:心理健康)and(关键词:跨性别)),获得文献 1 篇。对不符合要求的文献进行了剔除,排除标准包括:①缺乏对心理健康指标的测量;②以 LGBT 为样本,但未单独报告跨性别人群的结果;③个案研究;④缺乏定量数据;⑤无法获得全文。经筛选后共获得 50 篇文献,90% 以上的研究采用横断面设计方法,且大多数研究依赖于自我报告来收集数据,包括个人调查、网络自填问卷、半结构化的面对面访谈和结构化的电话采访。

2 跨性别心理健康问题

在全球,许多跨性别者生活在社会边缘,被视为性变态、道德败坏或精神错乱。美国国立性少数健康与健康水平差别研究中心将跨性别者认定为经历过多负面心理和生理健康结局的人群^[5]。与顺性别相比,跨性别出现生理和心理健康问题的风险更高,主要心理问题有:抑郁和焦虑、自杀、药物滥用。

2.1 抑郁和焦虑

跨性别的抑郁和焦虑水平平均高于顺性别群体,文献报告中,跨性别人群的抑郁率为 35%~62%^[6-8],而美国普通人群的抑郁率仅为 17%,且跨性别人群的抑郁率在不断增长^[9]。加拿大安大略省一项 191 名跨性别女性的研究估计 61% 的人患有抑郁^[10]。

跨性别人群的焦虑率在 26%~47%^[6,11]。跨性别青少年也是容易遭受负面心理健康结局的高危人群^[12-19]。美国 7831 名平均年龄为 26 岁的年轻人的数据显示,跨性别人群过去一周抑郁率和焦虑率分别为 52% 和 38%,而顺性别女性分别为 27% 和 30%,顺性别男性分别为 25% 和 14%^[20]。波士顿

地区 12~29 岁的跨性别青少年与顺性别青少年相比,抑郁率分别为 50.6% 和 20.6%,焦虑率分别为 26.7% 和 10.0%,但跨性别女性和跨性别男性之间没有显著差异^[21],这一结果与大多数研究结果不同,相较跨性别男性,跨性别女性的抑郁和焦虑情况往往更甚。中国一项 1922 名跨性别的全国网络调查发现,抑郁率和焦虑率分别为 32.0% 和 28.5%^[22]。对于得到支持并社会化转型的跨性别儿童来说,抑郁水平与普通人群相比并无差别,仅焦虑水平略高^[23]。这可能是由于跨性别儿童获得了更多的社会支持,对于自我性别身份认同感增强,并且成功转型后较少遭受到社会歧视。

2.2 自杀

同普通人群相比,跨性别具有很高的自杀意念和自杀尝试。研究显示 25% 至 76% 的跨性别考虑过或企图自杀^[24]。2011 年瑞典的一项调查显示,接受过性别确认手术的跨性别死于自杀的可能性是普通人的 19 倍^[25]。2011 年 Adams 等人的研究发现,在过去一年,跨性别中有过自杀意念和自杀尝试的人分别占 51% 和 11%^[26],远高于普通人群的比例(3.7% 和 0.5%)^[27]。在跨性别的一生中,55% 的人有过自杀意念,29% 的人有过自杀尝试,远超过普通人群的比例(9.2% 和 2.7%)^[28]。美国一项全国跨性别歧视调查中,41% 的人报告曾自杀未遂^[29]。在旧金山 515 名跨性别中,自杀未遂的发生率为 32%^[14]。洛杉矶 101 名 12~24 岁的跨性别青少年中,超过半数的人至少有过一次自杀意念,接近 1/3 的人至少有过一次自杀尝试^[30]。Marshall 等人^[31]提出,跨性别人群中自杀意念和自杀尝试流行率如此之高可能是由于研究对象多来自于临床样本。另外,一些经典的研究通常采用单项指标来测量自杀尝试,这也会导致预测的流行率过高^[32]。

2.3 药物滥用

酒精使用的定义指过去 6 个月内的酒精中毒或酗酒,但不同研究在评估滥用违法药物的种类和数量时,标准不尽相同。药物滥用的诊断,是根据自我报告、临床访谈和医疗记录中的诊断来评估的。跨性别药物滥用率相对较高^[33-34],此前曾有研究报告跨性别中非医学用途的激素使用率较高^[35]。对 155 名跨性别的问卷调查显示 26.5% 的人有过非医疗用途的处方药使用史,最常用的分别是镇痛

药、抗焦虑药、兴奋剂和镇静剂, 30.3% 的人有过非医疗用途的激素使用史^[36]。纽约和洛杉矶的数据表明, 青少年 LGBT 比青少年异性恋更早开始滥用鸦片类药物和镇定剂^[37], 但该研究并未单独报告跨性别的药物滥用情况。

药物滥用在跨性别女性中高度流行, 且发生较早^[38-39]。对美国跨性别女性的一份估计数据显示, 可卡因和其他违法毒品的流行率为 26.7%, 大麻的流行率为 20.2%, 酒精和其他药品的流行率为 13.7%^[40-41]。对 292 名旧金山湾区 16~24 岁的跨性别女性青少年研究发现, 69% 的人最近半年使用过毒品; 81% 的人最近半年有过饮酒史, 其中有 51% 的人有酗酒史; 36% 的人使用过不止一种毒品^[42], 该研究结果与洛杉矶和芝加哥地区一致^[43], 也接近旧金山跨性别成年女性和其他跨性别成年女性人群研究报告的水平^[44]。

3 与跨性别心理健康问题相关的因素

跨性别面临着多种社会压力源, 包括污名、歧视以及多种导致心理健康问题的偏见事件。美国学者 Meyer 通过对大量前人有关性少数群体面对的压力与其心理健康的关系研究进行分析, 于 1995 年提出少数群体应激模型^[45], 该模型是目前用于理解压力对性少数群体心理健康的最完善的模型, 且得到了大量实证研究结果的支持。Hendricks 和 Testa 于 2012 年首次将该理论用于研究跨性别人群所遭受的社会压力和歧视, 结果显示模型拟合良好。该理论模型将跨性别所遭受到的压力源分成三类: ①环境的远端或外部压力源, 又称为末端性少数压力。②交互式和近端性少数压力源, 包括预期拒绝、身份隐藏和内化污名。③性少数弹性特征, 包括积极的自我认同、应对方式和社会支持^[46]。

3.1 末端性少数压力: 歧视和暴力

歧视通常采用自我报告来测量, 针对跨性别身份所引起的歧视, 涉及到房屋租赁、卫生保健和就业等方面。人际间暴力包括性暴力、语言暴力和学校中的性别暴力。

歧视经历会引起负面心理和生理变化, 并可能增加发病率^[47]。美国一项针对中年人的全国性调查发现歧视经历与精神疾病指标之间有强关联^[48]。一篇 meta 分析表明当个体意识到自己受到歧视时, 他们的身心健康都会受到损害^[49]。对洛杉矶地区

220 名拉丁裔跨性别女性的研究发现, 歧视程度较高的人更有可能被诊断为中度至重度抑郁症, 经历过性伴侣暴力和虐待的人被诊断为中度至重度抑郁症的可能性是没有经历过性伴侣暴力或虐待的参与者的 1.91 倍^[50]。

3.2 近端性少数压力: 预期拒绝、身份隐藏、内化污名

交互式和内化的近端性少数压力包括预期排斥、身份隐藏和内化耻辱感, 部分研究还包括自我价值和自尊。

较高的内化污名与较差的身体健康状况、较高级别的抑郁症状和感知压力呈显著相关。性别身份隐藏与较高水平的抑郁症状和感知压力呈显著相关。老年跨性别比老年 LGB 一生中经历伤害和内化污名的比例更高, 并更可能隐藏性别身份^[51]。那些更害怕歧视的人比那些不那么害怕歧视的人表现出更多的抑郁和焦虑症状^[52], 这可能会进一步影响到幸福感, 因为如果人们预期自己将被某些特定机构 (比如医疗卫生系统) 歧视, 那么他们可能不会向该机构寻求服务^[53]。对于自身变性人身份的内在化消极感受也会影响幸福感。

3.3 性少数弹性因素: 应对策略和社会支持

应对能力指的是处理内部或外部生活中被认为具有威胁性事件的过程, 可通过应对自我效能量表 (Coping Self-Efficacy, CSE)、科恩压力感知量表 (Perceived Stress Scale, PSS) 和修订后的应对方法量表 (Way of Coping-Revised, WC-R) 来评价^[54]。

应对机制理论用于指导缓冲由耻辱感、内在化的同性恋或跨性别恐惧症、歧视和暴力经历造成的心理痛苦的影响^[45]。应对方式分为以情绪和以问题为导向的策略^[55], Budge 等人将其描述成促进性和回避型应对策略。促进性应对策略发生于当个体寻求社会支持, 以及通过其他方法来寻求幸福时。回避型应对策略发生于当个体尽量避免对压力产生情绪反应时, 比如, 通过回避行为或认知, 将问题最小化, 或者暴饮暴食^[6], 回避型应对策略的使用会增加抑郁和焦虑的发生。有学者指出, 应当把应对策略作为社会支持与抑郁和焦虑之间的一个中介变量^[56]。Budge 等人证实了回避型应对策略是中介变量, 跨性别获得的社会支持越少, 他 (她) 所采用的回避型应对策略越多, 抑郁和焦虑

症状也会更多^[6]。

社会支持也会影响跨性别的幸福感^[57]。一个人得到的社会支持越多,他所经历痛苦越少。大量研究表明,更多的社会支持与更低水平的抑郁和焦虑有关^[58]。对于跨性别的社会支持主要来自于同伴、家人和性少数团体。在儿童和青少年的研究中,父母的支持采用多维领悟社会支持量表(The Multidimensional Scale of Perceived Social Support, MSPSS)、父母亲密度和父母接受程度量表测量^[59];性少数团体主要指 LGBT 组织以及少数跨性别组织,在评估这一指标时,多采用集体自尊量表(The Collective Self-Esteem Scale, CSES)或跨性别组织联结性量表(The Transgender Correlations Connectedness, TCC)测量^[60]。

4 小 结

目前,针对跨性别的研究主要在美国和欧洲地区开展,且大多集中于城市,我们对于中国地区跨性别的存在状况知之甚少。性少数压力模型指出了远端和近端压力源,并指导个人和结构层面的相关干预,提示对于干预方案的选择不只有一种,相关研究人员和政策制定者应针对不同压力状况使用不同的压力模型,有助于提高干预措施的效果。

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