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## 女同性恋、男同性恋及双性恋来访者 的心理工作指南

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美国心理学会

湖北东方明见心理健康研究中心 编译

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2011年底，美国心理学会首次公布《女同性恋、男同性恋及双性恋来访者的心理工作指南》。该指南共包括21条工作准则，目的是为了协助心理咨询师（治疗师）更积极地与女同性恋、男同性恋及双性恋来访者一同工作，并为相关的教育及研究提供指导。该指南以“女同性恋，男同性恋和双性恋的来访者的心理疗法指导”为基础，并与美国心理学协会“工作指南的发展和评估的标准”相一致。

东方明见现将《女同性恋、男同性恋及双性恋来访者的心理工作指南》编译成册，希望能够对国内心理工作者在该领域的实践、教育及研究有所帮助！

湖北东方明见心理健康研究中心

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# 女同性恋、男同性恋及双性恋来访者的心理工作指南

## 美国心理学会

“女同性恋、男同性恋和双性恋的来访者的工作指南”为心理咨询师（治疗师）提供了：（a）针对女同性恋、男同性恋和双性恋进行心理治疗的参考框架，（b）在评估、干预、同一性、关系、多元化、教育、培训和研究领域的基本信息情况和未来参考。这些工作指南是以“女同性恋，男同性恋和双性恋的来访者的心理疗法指导”为基础，并与美国心理学协会（APA）“工作指南的发展和评估的标准”相一致（APA, 2002a）。以协助心理咨询师（治疗师）更积极地对女同性恋、男同性恋和双性恋者进行实践、教育和研究。

这项指南涉及到一些特定专业行为、活动或心理咨询师（治疗师）实践的建议或推荐的声明、陈述或宣告等。指南和某些强制的或可能伴有强迫机制的标准不同。在目的角度上，指导纲要有更深远的意义。这些指南的目的是促进专业系统持续的发展，并有助于确保心理咨询师（治疗师）较高的专业实践水平。这些准则并不是强制性的或穷尽的，可能不适用于每一个咨询情况。他们不应该被当作一种明确的指导，也不应该优先于心理咨询师（治疗师）的诊断。实践指南会在心理实践的特定领域内，结合来访者的行为和问题进行专业化的推荐。实践指南与当前的 APA 政策一致。另外很重要的一点是，实践指南取代了联邦和州的法律规定，而且必须与当前 APA 的“心理咨询师（治疗师）伦理准则和行为规范”相一致。

## 背景

1975 年，APA 通过一项决议，声称“同性恋本身并不意味着判断力、稳定性、可靠性，或一般社交能力与职业能力的减值”并要求“所有精神健康专业人士要带头帮助去除长期依赖与同性恋倾向相联系的精神疾病的污名”。在这一重要政策出台后的几年中，APA 的确已率先推动女同性恋，男同性恋和双性恋人群的心理健康和福祉，并为心理咨询师（治疗师）针对这些群体的实践、教

育和研究提供了积极的工具。2009 年，该协会声称“同性取向及同性的性吸引、感情和行为都是正常的，无论任何性取向身份，都是人类性取向积极的进化。”

在决议产生十六年后，有研究者证明，APA 政策和心理咨询师（治疗师）的实际工作出现了脱节的现象，对女同性恋和男同性恋来访者心理治疗的质量参差不齐。另外也有研究者建议说，有必要对从事女同性恋，男同性恋和双性恋来访者治疗的工作人员进行更好的教育和培训。鉴于此，制定了“女同性恋、男同性恋和双性恋者心理治疗工作指南”。

## 需要

在这一点上，对指南进行修订是有必要的。因为女同性恋，男同性恋和双性恋心理学领域已有许多变化。现有的主题也已经发展，文献研究也扩大到新的与女同性恋，男同性恋和双性恋相关的兴趣领域。此外，随着基于人口学的研究的发展，研究所需的数据质量也显著提高。

此外，在过去的十年中已经看到了，部分政治宣传群体试图重新将同性恋归为病态的一些活动再次出现。工作指南是以方法学研究为基础的，APA 伦理守则，和现有的 APA 政策在对女同性恋、男同性恋和双性恋者的专业工作实践中具有重要提醒作用。工作指南在实践和训练以及公共政策上都是全国和国际通用的。从被 APA 收录之日算起，每 10 年会到期并重新进行修订。

## 兼容性

实践指南以 APA 的伦理规范为基础，与原有的 APA 有关女同性恋，男同性恋和双性恋问题的政策一致。这些政策包括（但不限于）以下决议：“有关歧视同性恋者的决议”；“性取向，父母和孩子的决议”；“性取向和婚姻的决议”；“仇恨犯罪的决议”；“反对针对女同性恋，男同性恋和双性恋者的歧视性的立法和措施的决议”和“对性取向者的痛苦和变化的做出适当肯定性反应的决议”。该指南还与其他的主要精神健康组织共同指出，同性恋和双性恋并不是精神疾

病。

## 发展过程

实践指南是由 44 个专区共同合作开发，受到女同性恋、男同性恋、双性恋和变性人委员会的关注。指南的修订过程由 44 个专区的董事会进行资助。实践指南的肯定性的描述与 APA 伦理学规范和其他 APA 政策一致。此外，文本应用为心理咨询师（治疗师）提供了更多的信息和帮助。

## 术语的定义

性是指一个人的生物状态，通常是分为男、女，或双性人。有一些生物性的指标，包括性染色体、性腺、内生殖器器官和外生殖器。

性别是指在既定的文化中，与个体的生物性相联系的态度、情感和行为。与文化期望兼容的行为被称为性别规范性行为；与文化期望不兼容的行为被称为性别错位。

性别认同是指“个体对自己作为男性，女性，或变性人的自我意识”。当个体的性别认同和生物性别不一致的时候，个人可能会将自己认同为变性人或另一种范畴的变性。

性别表达是指“个体在特定的文化中进行性别交流的方式。例如，在服装、沟通模式和兴趣方面。个体的性别表达可能与社会规定的性别角色是一致的，也可能不一致，这可能反映他或她的性别认同，也可能不能反映。

性取向是指那些让人产生性吸引的人的性别。性取向的类别通常包括受自己同性成员的吸引，受异性成员的吸引和受两性成员的吸引。虽然这些分类得到广泛应用，有研究表明，性取向并不总是出现在这样具有明确定义的类别里，也可能发生在一个连续体上。此外，一些研究表明，尤其是针对女性来说，某些人的性取向是可以发生变化的。

“出柜”是指个体承认并接受自己性取向的过程。它还包括个体向他人公开自己性取向的过程。“柜”这个词的意思是说，个体的性取向处在一个隐秘的状态之下，是非常隐私的。

## 对同性恋和双性恋的一些看法

### 准则 1

心理咨询师（治疗师）应努力了解污名带来的影响（即偏见、歧视和暴力），以及在各种情境下男同性恋、女同性恋和双性恋的生活表征。

#### 理论根据：

现行社会的主流为异性恋主义，这无疑会对非异性恋者提出很多挑战。很多女同性恋，男同性恋和双性恋的人都要面对社会污名、暴力和异性恋者对他们的歧视。这种污名体现了一种负性的社会态度，以及社会对那些可能导致偏见和歧视的个体特征的反对。有研究者将异性恋主义者定义为：个体会否认、诋毁，甚至污蔑任何非异性恋者的行为、认同、关系或群体的形式。这些问题会给女同性恋，男同性恋和双性恋的少数人带来更大压力，他们中的多数只有在“还未出柜”的时候才能被他人接纳。这些少数人的压力在日常活动中都会有所体会，例如可能会听到有关同性恋的笑话，甚至会有其他一些更严重的负性生活事件（例如，可能会失去工作等）。有研究者指出（Herek 2009），在美国，几乎每 8 个人里就有一个为女同性恋和双性恋受害者，每 10 个人中就有 4 个男同性恋受害者。一项有关个体对他人安全感和幸福感产生威胁的主观感受的研究表明，社会污名、暴力和歧视会让女同性恋，男同性恋和双性恋者产生耻辱感。

有研究表明，同性恋迫害和歧视与个体的心理健康水平和心理压力存在相

关。同样重要的是，在极端耻辱的环境下，大多数女同性恋，男同性恋和双性恋的人在一定程度上内化了人们对非异性恋者的负面态度。对女同性恋、男同性恋、双性恋者内化的异性恋主义的实证文献研究发现，大量内化异性主义思想的上述个体在自尊、抑郁、心理困扰、身体健康、亲密关系、社会支持、关系质量与职业发展方面出现了困难。

女同性恋，男同性恋和双性恋个体的污名的性质存在显著差异。现如今，性别歧视仍具有普遍的影响，女同性恋者和双性恋的女性，除了要面对性取向偏见外，还要与男性至上主义的偏见和歧视作斗争。同样的，男同性恋者和双性恋的男性，除了要面对性取向偏见外，还要与社会中男子气行为规范的期待带来的压力作斗争，尤其是在亚文化环境中，他们的性取向更是不被允许的。双性恋的女性和男性要同时面对存在于女同性恋，男同性恋和异性恋个体的所有负性态度和污名。有研究表明，异性恋主义、性别歧视主义和种族主义的累积效应会给女同性恋，男同性恋和双性恋个体带来巨大的压力。影响女同性恋、男同性恋和双性恋青年的社会压力源，如口头攻击和身体虐待，通常被与大学校园的离家出走，卖淫，滥用药物和自杀等问题关联在一起，而不是与其遭受的歧视压力联系起来。更容易被忽视的小型群体中的女同性恋，男同性恋和双性恋的组织可能会加剧生活在农村社区的女同性恋，男同性恋，双性恋人感情的社会隔离感。

研究者们已经证明，存在大量的会对女同性恋，男同性恋，双性恋者的生活产生影响的情景因素，因此，他们有很多污名化的经历。这些因素包括：种族、移民身份、宗教、地理位置维度（乡村或城镇）、社会地位、历史与现在、年龄、残疾、HIV 状态、性别认同和性别表达。

## 应用：

心理咨询师（治疗师）正在努力搞清楚社会污名化、偏见和歧视是如何成为压力源的，并对女同性恋、男同性恋和双性恋者的个人安全保持关注。因此，创造安全的治疗环境是治疗首要原则。心理咨询师（治疗师）通过了解和

确认当事人想法的方式去理解来访者，并理解污名化对他们产生的影响。当来访者为女同性恋，男同性恋或双性恋的时候，鼓励咨询师对来访者的烦恼、歧视与暴力的受害史进行了解与评估。此外，内化异性恋者的显性和隐性的表现都应该被评估。各种背景因素的不同组合（性别、种族、文化背景、社会等级、宗教背景、残疾、地区和其他认同方式）会导致个体面对污名化时的压力和应对方式产生巨大差异。

与性别、种族、民族、文化背景、社会阶层、宗教信仰、残疾、地域和其他同一性来源相关的背景因素的不同组合，会导致压力和应对风格的戏剧性差异，而且情境差异还可能导致临床表现和临床需求的差异，因此治疗师在评估干预方式的可行性与有效性、和来访者评价治疗结果时，要理解这些背景因素的作用。

治疗师应该考虑的干预方式包括：a.提高来访者的安全感，降低其压力，b.增加来访者的个人资源和社会资源，c.处理创伤，d.在恰当的时候，促使来访者直面社会污名化和歧视。治疗师要努力探索，不同来访者在生活中体验到的安全感和社会支持的相对水平，并以此为依据，计划干预方式。例如，有的来访者对性少数群体的身份认同感觉更舒服，治疗师为其推荐当地的支持团体和其他社区组织，这种方法可能更有帮助；而有些来访者对自己非异性恋的性取向感到不舒服，那网络资源对他们可能更有帮助。治疗师要在情境中衡量每一位来访者的风险和受益，因为污名化普遍存在于文化之中，它的影响并不限于性少数群体，因此，即使污名化并不是来访者现存的困扰，治疗师也要思考污名化在来访者生活中可能的表现方式，这样可能会更有帮助。

## 准则 2

**心理咨询师（治疗师）应认同同性恋和双性恋并不是心理疾病。**

## 理论根据：

同性恋和双性恋本质上没有精神痛苦和其他适应不良的倾向，这一论断并没有科学依据，Hooker（1957）的研究第一次挑战了这一假设，他发现：非临床样本的异性恋男性和同性恋男性在投射测验中不存在差异，后来的研究持续发现：异性恋群体和同性恋群体在认知能力、心理幸福感和自尊方面没有差异，Fox（1996）研究也表明，双性恋男性和女性在非临床研究中并没有精神病理学差异的依据。

现在，反对非异性恋病态化的努力和坚持在转变或改善治疗上尽管只取得部分的效果，尽管如此，主流的心理健康组织已经承认同性恋和双性恋不是心理疾病。

此外，大量文献表明，异性恋、同性恋和双性恋在与心理功能相关的大范围的变量上存在很少的差异。而且有文献认为将同性恋和双性恋归类为心理疾病的研究所方法上是不合理的，Gonsiorek（1991）回顾了这些文献，发现许多严重的方法学漏洞，比如，概念界定不清晰，被试的错误划分，团体间的不合理比较，差异的取样过程，忽略混淆的社会因素，以及不真实测量结果的使用，尽管这些研究结果表明同性恋是一种心理疾病，但并没有对这一观点有效的实证支持。

有研究表明，同性恋和异性恋在心理功能方面存在某些差异时，这些差异是由于性取向污名化而产生的压力效应，这些发现和现存的许多关于歧视行为条件下与心理困扰的相关性的研究结果一致，Cochran 在最近的一项基于人群研究的分析中发现，同性恋在精神痛苦和药物滥用的高风险，是由于污名化产生的消极作用。

## 应用：

治疗师要避免将来访者的非异性恋的性取向，归因于心理社会发展受阻或者精神病理方面，将同性恋和双性恋病态化。这一错误又过时的观念所指导的

实践，会隐晦的表现为，把来访者的问题不恰当的归因于他或她的非异性恋性取向，Shidlo 和 Schroeder 发现样本中将近三分之二的心理治疗的来访者报告，治疗师告诉他们，做为一名同性恋，他们不能期望会拥有令人满意的创造性的生活，或者得到一份稳定的主要的亲密关系，这些表现其实根源于一个基本观点，即同性恋和双性恋预示着心理障碍和困扰，或者自动的与心理障碍和困扰相联系

接受了同性恋和双性恋是心理疾病说法的来访者可能已经内化了对 LGB 行为的偏见。在这些个案中，探索内化的污名化的作用是很重要的，可以根据来访者的心理准备程度，直接或者间接的进行这种探索。Beckstead 和 Israel (2007) 提出一种建立治疗目标和检验偏见信念消极作用的合作性取向的咨询方式。APA“支持为了消除偏见，宣传关于性取向正确的、科学的、专业化的信息，反对个人和组织为了影响公共政策和观念，扭曲和选择性使用关于同性恋的科学数据。”

### 准则 3

**心理咨询师（治疗师）应理解同性间的吸引、情感和行为是人类性行为的正常变异，以及改变性取向的努力并不是有效或安全的。**

#### 理论根据：

改变性取向的治疗努力在近些年有所增长，并且变得更明显。意图改变、修改和控制被视为异类的非异性恋的性取向的治疗干预，被称为“改变性取向的努力”(sexual orientation change efforts 简称 SOCE)，大多数寻求改变性取向的来访者，是通过所谓的原同性恋者(ex-gay)项目或者求助于神职人员，绝大多数 SOCE 都来源于宗教基础上的原同性恋者运动，但也存在几个心理治疗取向，例如，NICOLOSI (1991) 描述了一个模型，在这个模型中，通过对发展性的同性间链接缺失的治疗性的解决，男同性恋者得到了治疗。

对过去几十年文献的综述发现，改变性取向的努力是无效的，这些综述强调这一领域的研究存在着许多方法学问题，包括取样偏差、被试的错误分类、评估仅依靠自我报告和很少或没有结果的测量，甚至大多数 SOCE 的积极拥护者也已经承认，性取向几乎是不可能改变的，这些研究中，少于三分之一的被试声称被成功治疗。因此，在现在的实证氛围中，SOCE 不可能被视为有效的治疗方式，另外，根据 APA 的“对性取向困扰和改变的恰当的积极回应的解决方法”，“被试在 SOCE 中报告的受益，可以通过不尝试改变性取向的方法获得。”

SOCE 对许多来访者存在潜在的伤害，也已经被证实，Shidlo and Schroeder 发现，大多数被试报告，在性取向的本质上，他们被治疗师所误导，关于同性恋和双性恋者的一般的生活体验也是这样。此外，被试也没有获得充分的关于治疗程序的知情权和同意权，这在 APA 的“对性取向困扰和改变的恰当的积极回应的解决方法”中已经被描述。Haldman 把改变性取向的失败治疗对来访者所产生的消极结果，以连续谱的形式描述出来，这些消极结果包括：回避亲密关系，性功能障碍，抑郁和自杀。

关于同性恋和双性恋的偏见和误导在社会中持续的广泛传播，这和许多来访者寻求改变性取向相关，Tozer 和 Hayes 发现，内化的关于同性恋和双性恋的消极态度和信念，是促使个体寻求改变性取向的一个主要因素，对潜在丧失的恐惧（如：家庭、朋友、职业和宗教团体）与容易受到侮辱、歧视和暴力可能导致个体害怕认同其同性恋或双性恋的身份。另外，有些来访者报告，非异性恋的性取向与他们的宗教信仰和价值观不一致。

## 应用：

治疗师要仔细评估来访者寻求性取向改变的动机。鉴于内化的对同性恋的消极观念与反同性恋的宗教信仰和价值观，对来访者寻求改变性取向的影响，治疗师在面对来访者的这种需求时，要深思熟虑后慎重地推进治疗过程，这很重要。另外，在来访者对性取向感到困惑，或者有错误的认知时，治疗师有责

任为来访者提供关于性取向的准确信息。治疗师要识别出来访者关于性取向的偏见和内化的歧视，因为这些偏见和认知对来访者的自我认知可能存在消极影响。治疗师为来访者提供社会压力源的准确信息，这些压力可能导致来访者对其性取向的困扰，这样治疗师就可能帮助来访者缓和污名化带来的的消极影响，或者为来访者抵御进一步的伤害打上预防针。

APA“对性取向困扰和改变的恰当的积极回应的解决方法”，为关心性取向意义的来访者工作的治疗师，提供了一个工作框架。“解决方法”强调 APA 伦理准则中，部分适用于与同性恋、双性恋的成年、老年、青少年来访者工作的咨询师，这些部分包括：禁止偏见性治疗干预（例如：治疗基于同性恋或双性恋有病理基础的观点）；对研究数据或临床数据的错误呈现（例如：缺乏事实依据的宣称性取向可以改变）；履行使来访者知情同意的义务，知情同意的内容包括：详细陈述 SOCE 的有效性——缺乏实证依据和存在的潜在风险，为感到困惑和接受了错误信息的来访者，提供关于性取向的准确信息。上述政策呼吁治疗师讨论其治疗取向的理论基础和合理结果，以及其他供选择的治疗取向。

尊重性取向与宗教认同和行为产生冲突的来访者，长期以来都是治疗师的一个挑战，对这些来访者来说，首要的一个合理的治疗目标是性取向和宗教认同的整合，也就是，来访者既对其兴趣从保守走向开放，接受自己是同性恋，又承认自己的宗教教派。但是，对有些来访者，特别是在其自我认同中，宗教信仰是比性取向更重要部分的来访者，这种转变是不太可能的，在这些个案中，来访者会优先选择自己的宗教信仰，而不是性取向，他们会为自己的选择寻找解释和和解，尽管这样，这和改变性取向是不同的，这是在治疗服务中建立的咨询目标或者来访者的个人整合。对性取向和宗教信仰产生冲突的来访者，如何计划干预方案，更详细的讨论见 APA。

SOCE 可能对许多来访者产生伤害，这一事实已经被注意到。治疗师要评估，来访者在尝试 SOCE 失败后的情绪压力和社会压力，情绪方面可能包括：回避亲密关系、抑郁和焦虑、性功能障碍、自杀、由同性恋身份和没有能力改变而产生的双重污名化的感受。和经历过某些形式的 SOCE 的男性来访者一起

工作的治疗师，要认识到在这些来访者中，“去男性化特征”（demasculinization）的感受是很普遍的，因为在这些项目中，来访者经常被指导说，“真正”的男人不可能是同性恋。另外，要认识到，出柜的 SOCE 参加者，由于对同性恋和双性恋团体的不熟悉，经常体验到社会适应的问题。他们也需要对潜在丧失的预防性的支持（例如，被家庭拒绝，或者信仰团体与其断绝联系）。鉴于对性取向的接受和自我报告的生活满意度之间的积极正相关，支持性的无偏见的治疗环境，能帮助来访者解决内化的污名化，创造建立在自尊基础上的整合性的生活。

## 准则 4

心理咨询师（治疗师）应意识到自己关于同性恋和双性恋问题的态度和理解可能对评估、治疗、寻求会诊和必要时的恰当转介具有重要意义。

### 理论根据：

APA 伦理准则规定，治疗师在治疗过程中要消除偏见的作用。要做到这一点，治疗师要努力评估自己的能力和专业方面的限制，特别是，在与和自己具有不同特质的来访者工作，提供评估和治疗服务的时候（例如，同性恋来访者、双性恋来访者），如果对自己的信仰、价值观、需要和限制没有高度的认识，治疗师可能在心理治疗过程中阻碍来访者的进步，这在评估和治疗同性恋、双性恋来访者的治疗实践中特别重要。

治疗师关于同性恋、双性恋的外显和内隐的消极态度，会对同性恋、双性恋来访者的心灵评估和治疗产生消极影响，比如，当同性恋和双性恋被视为心理疾病或心理障碍时，来访者的性取向容易被视为其心理障碍的主要来源，甚至性取向并没有成为问题时也会这样。此外，当治疗师没有意识到自己的消极态度以及异性恋偏见，这都会降低治疗的效果。异性恋偏见遍及语言、理论和

心理治疗干预中，因此，为了产生最佳的评估和治疗，治疗师要自觉的努力意识到并反抗这种偏见。事实如此，当把异性恋的自我认同、行为和关系的准则，应用到同性恋和双性恋来访者的身上时，他们的认知、情感和行为可能会被错解为异常的、不正常的和不好的。

另一种不同但同样无效的治疗取向是，在评估和治疗时，采取“性取向无差异”（sexual orientation blind）的观点，和“色盲”原理相似，这种观点忽略或否认了同性恋和双性恋群体在文化中有独特的生活体验，这种所谓“色盲”的观点，不是消除异性恋偏见，而是以一种对来访者没有帮助的方式，使异性恋偏见永久存在。

## 应用：

APA 伦理准则中规定，治疗师要意识到并尊重来访者的文化、个人和角色差异，包括由性取向产生的，并努力在治疗中消除基于这些因素的偏见。为了做到这一点，治疗师要意识到自己可能有的外显的和内隐的偏见，外显的偏见对治疗师和来访者都很明显，并且已经被描述为直接准确的偏见形式，与此相反，内隐偏见是没有被意识到的，尽管如此，内隐偏见对心理治疗过程有显著的消极作用。

治疗关系中的安全感，是推进治疗积极改变的关键因素，因此治疗师要使用恰当的方法进行自我探索和自我教育（如：个人体验，学习和规范的持续教育），来识别和减少自己关于同性恋和双性恋的内隐偏见与外显偏见。

心理咨询师（治疗师）试着去了解成长环境和个体因素（例如性别、性取向、异性恋主义、遗传、宗教意识）是如何影响男同性恋、女同性恋以及双性恋的评估以及治疗。此外，心理咨询师（治疗师）会尽量不去假设来访者是异性恋主义，即使已经发现一些标志异性恋身份的线索，例如婚姻状况和生育情况。因为许多心理咨询师（治疗师）并没有关于女同性恋、男同性恋、双性恋者的充分信息，因而当遇到这类人群的时候，应多鼓励心理学者们去多参加该方面的训练和培训，交流经验。心理咨询师（治疗师）主要掌握以下八个方面

的信息：1、性在整个人类历程中的发展；2、社会歧视对性取向以及身份认同的发展；3、出柜的过程以及年龄、性别、种族、宗教、残疾、社会地位对出柜的影响；4、同性关系；5、原生家庭的关系；6、与宗教团体之间的争斗；7、职业生涯以及工作场所歧视；8、成功的应对策略。

## 准则 5

**心理咨询师（治疗师）应该去了解双性恋个体的个人经历。**

### 理论根据：

双性恋的人经常受到来自他人以及社会的负面影响（Bradford, 2004a; Eliason, 2001; Evans, 2003; Herek, 2002; Mulick & Wright, 2002）。此外,双性恋可能不被视为一个有效的性取向（Dworkin, 2001）,而是被视为一个异性恋和同性恋之间的过渡取向状态，双性恋的人也可以视为滥交,发育迟滞,或心理上的受损（Fox, 1996; T.Israel & Mohr, 2004; Mohr, Israel, & Sedlacek, 2001; Oxley & Lucius, 2000）。性身份的可见性对双性恋者有更多的挑战,当他们在同性关系中会被认为是同性恋，而当他们处于混合的关系中时则被认为是异性恋者。

双性恋者不是统一的群体。性别、文化、身份发展、关系和双性恋的意义的多样性反映了双性恋的多样性。人们可以接受一个双性恋的身份,因为他们既可以被女性吸引也可以被男性吸引，因为性别不是选择一个亲密的伙伴的关键标准,或者因为他们发现传统的性取向的观念存在缺陷（Rose & Paul, 1992）。双性恋者比同性恋人更可能认可一夫一妻的关系,认为一夫多妻制是一个理想,尽管有很多双性恋者期望和维持一夫一妻制。身份的发展轨迹不同使他们既吸引了女性也吸引了男性。有些个体最初就认同自己是一个女同或男同的身份,有些是后来才认同自己一个女同或男同的身份,有些个体则一直认同自己的双性恋的身份（Fox,1996）。

尽管只有少数的研究人员针对双性恋者做过调查，有限的研究表明,双性恋

者可能有较高的抑郁、焦虑、自杀倾向和药物滥用的风险。根据针对女同性恋者和男同性恋者构建的少数压力模型理论，上述风险会导致社会隔离与歧视。

### 应用：

心理咨询（治疗师）在面对双性恋者时，需要尊重双性恋者经验的多样性与复杂性。因此，在治疗的过程中上，鼓励心理咨询师（治疗师）发展自身对性倾向的广泛理解。鼓励心理咨询师（治疗师）去检查有关他们对双性恋者人际关系以及某些双性恋者独特的非传统文化中的关系的态度和偏见。此外，心理咨询师（治疗师）应努力去了解双性恋身份的历史，包括双性恋文化和性别的差异。

心理咨询师（治疗师）应当知道，接受性治疗理论中的双性恋的来访者可能不同于男同性恋和女同性恋个体。例如，双性恋的男性和女性有时在混合性或同性的关系（包括婚姻）状态后会选择出柜，但是接下来他们还可能声明或者表达他们对异性的爱慕。（Keppel & Firestein, 2007）。治疗可能需要帮助他们与配偶进行谈判以达成一个新的关系，其中可能包括离婚。

## 准则 6

在与女同性恋、男同性恋和双性恋建立工作关系的过程中，心理咨询师（治疗师）应努力区分他们的性取向问题，即性别认同问题。

### 理论根据：

性取向和性别认同是个人（APA, 2006）的鲜明特色。一个常见的错误是认为男女同性恋者特别可能表现性别不符行为和/或要变性。同样地，性别表现不符可能导致在个体被认为是同性恋者，这种判断独立于人的实际性取向。由于性别不符很可能被污名化（例如：“伪娘”这种称呼），性别不符本身可

能会导致偏见和歧视，无论性取向如何。例如，一些关于学校的研究表明，性别不符的学生（不论性取向）在高中生中与女同性恋、男同性恋或双性恋学生引发了至少同等程度的排斥与反感。

女同性恋，男同性恋，双性恋来访者可能呈现出性别一致或性别不一致的方式。心理咨询师（治疗师）可能会遇到就是否出柜做斗争的当事人，以及对性取向以及性别符合预期矛盾的当事人。

## 应用：

应该鼓励心理咨询师（治疗师）帮助来访者了解两性之间的差异身份，性别有关的行为，性取向，尤其是来访者的这些问题有冲突时。心理咨询师（治疗师）也应积极地意识到潜在的性别不符在女同性恋，男同性恋和双性恋的来访者可能加剧他们的耻辱感。心理咨询师（治疗师）要积极有效地关注有关性别不符问题，并且心理咨询师（治疗师）要意识到他们自己有关性、性别差异和性取向的价值观和偏见问题。

在与当事人临床合作的过程中，心理咨询师（治疗师）现在拥有各种各样的资源可供使用，这些来访者的性别认同随着其性别混乱的频率在改变。心理咨询师（治疗师）在研究跨性别者、女同性恋，男同性恋和双性恋的工作中，他们可以使用新兴的专业文献以及网络资源及时了解不断变化的人口背景。

Gainor（2000）提供了一个全面的介绍以跨性别的女同性恋，男同性恋，双性恋和心理问题。M. Brown 和 Rounsley（1996）的工作则对易性癖帮助专业人士提供信息。有用的网站包括美国心理学协会网站  
(<http://www.apa.org/pi/lgbt/transgender>)，跨性别健康世界专业网站  
(<http://www.wpath.org>)，性别公众倡导联盟网站(<http://www.gpac.org>)，国家中心跨性别网站(<http://www.transequality.org>)时，西尔维亚里维拉法律项目网站(<http://www.srlp.org>)和变性人法律中心网站(<http://www.transgenderlawcenter.ORG>)。

# 关系和家庭

## 准则 7

心理咨询师（治疗师）应努力做到了解并尊重男同性恋、女同性恋和双性恋的重要性关系。

### 理论根据：

女同性恋，男同性恋和双性恋都和夫妇有相似之处也有不同。但它们形成的关系是出于同样的原因，类似的表达与它们的关系，并遵循类似异性夫妇的发展模式。出现这样情况的原因可能从以下几个因素来解释，不同的性行为方式行为，性别角色社会化以及他们的关系的耻辱。同性伴侣有时必须适应在人际关系中被敌视或贬低。这些包括反对同性婚姻的政治运动带来的心理效应（Rostosky et al., 2009; G. M. Russell, 2000）、针对同性恋家庭的法律禁令和医疗保护（如弗吉尼亚州和佛罗里达州颁布的相关法令）（Herek, 2006）。此外，女同性恋、男同性恋和双性恋个体的关系模式及选择可能会受到早期污名和边缘化的影响。

身体健康状况的变化可能会带来特别的压力，特别是对年长的同性恋和双性恋情侣（例如，年老的性少数者可能会与伴侣分离，可能会在养老院或其他住院机构与伴侣失联，或要面对养老院中其他住院者及工作人员的恐同）。女同性恋、男同性恋和双性恋的来访者可能已经如此习惯了污名与歧视对他们亲密关系的影响，他们可能并没有意识到污名对他们亲密关系带来的影响。女同性恋、男同性恋和双性恋夫妻的关系结构是变化的，可能会产生特殊的问题。非一对一或一对多的伙伴关系在男同性恋者和双性恋者群体内更常见也更易于接受，而女同性恋者或异性恋者更常选择一对一的伙伴关系（Herek, 1991a; McWhirter & Mattison, 1984; Peplau, 1991）。此外，许多女同性恋者和男同性恋

者会在与异性结婚几年后从异性婚姻中逃离。

## 应用：

心理咨询师（治疗师）应该去了解社会偏见和歧视对女同性恋、男同性恋及双性恋产生的负面影响。某些性少数伴侣可能无法意识到污名与边缘化对他们亲密关系的影响，即使这些亲密关系问题所有伴侣都可能会遇到。尽管如此，女同性恋、男同性恋及双性恋伴侣可能会因与异性伴侣相似的关系问题而寻求帮助（例如沟通问题、性问题、分割的生活圈子问题、承诺问题），也可能因独特的问题寻求帮助（如暴露性取向的问题、暴露性取向过程中伴侣双方的分歧问题、性别社会化衍生出的问题）。例如，当伴侣中的一个人向他的原生家庭或者其他人透露了自己的性取向，但另一个却没有。伴侣之间就可能因为该去哪里度假，或如何在访客面前掩饰两人的伴侣身份问题上产生冲突。因此，心理咨询师（治疗师）在治疗过程中应考虑其他社会和文化因素对女同性恋、男同性恋和双性恋伴侣的影响。

掌握非传统的关系结构可能会有助于心理咨询师（治疗师）更好的与同性婚姻来访者工作。一些男同性恋、女同性恋和双性恋伴侣可能需要设置一些界限或者承诺来解决分歧，应对恐同，建立适当的社会支持。

尽管在男同性恋之间有特殊情况，但在正常的男女交往之中，一男一女是种常态。在同性恋（男同性恋、女同性恋）和双性恋中个体关系是复杂多样的。由于社会缺乏对这样一个特殊群体之间关系的界定，他们就形成了一套自己的关系模式和保障体制。心理咨询师（治疗师）在研究同性恋、双性恋的工作中，要注意到他们个体关系的复杂多样性，同时要避免采用常规的异性恋思维模式。对待这样的群体要采用特别尊重的方式去对待他们。健康的性表达是亲密关系获得满足的要素之一。心理咨询师（治疗师）在研究这样的特殊群体过程中，关注他们日常的性交往行为和观念十分有必要（例如性生活频率、各种性功能障碍、对于性行为的观念）。心理咨询师（治疗师）应该认识到偏执的异性恋观念对发展健康的两性关系不利。心理咨询师（治疗师）也应该认识

到异性恋婚姻面临的特殊挑战，诸如防止同性恋、双性恋倾向进入他们的生活。另外，配偶家庭和单身家庭可能都需要治疗的帮助。

## 准则 8

**心理咨询师（治疗师）应努力去了解同性恋、双性恋者父母的感受。**

**理论根据：**

研究已经表明，同性恋和双性恋者父母对同性恋和双性恋的接受度和异性恋者的父母一样（参阅，Armesto,2002; Erich. Leung, & Kindle, 2005; Herek, 2006; Patterson, 2000, 2004; Perrin. 2002; Tasker, 1999）。事实上，Flaks、Ficher、Masterpasqua与Joseph（1995）发现女同性恋配偶比正常的男女配偶有更强的父母意识。Bos、van Balen与vanden Boom（2005,2007）称女同性恋中的母亲更加会和孩子互动，更加有责任心、在抚养孩子方面比异性恋中的父亲效果更好。这些研究发现非常值得关注，同性恋、双性恋父母面对的歧视（例如，法律对养父母、同性父母和再婚父母收养的限制；监护人缺失的危险；禁止同相同性别的伴侣居住；父母一方合法权利的缺失；美国公民自由协会（ACLU）同性恋权利法案，2002；Appell, 2004; Patterson,Fulcher, & Wainwright, 2002）。在即将要为人父母时，同性恋者和双性恋者面临挑战不同于平常夫妻所面临如受孕、代孕等问题（Gifford, Hertz, & Doskow, 2010）。同性恋者和双性恋者的担忧在于缺少家人和朋友的支持，害怕儿科医生、日常护理者和学校对同性恋者和双性恋者的反感。女同性恋家庭可能会一直坚持像照看孙辈、侄子侄女一样照看孩子（Ben-Ari & Livni,2006）。

渐渐地，研究集中在了同性恋者和双性恋者的孩子身上。三个主要的关注点（主要是在法律与社会的制度方面）集中在孩子的行为方面（Patterson, 2005）。这三个关注点是：（a）孩子的性别差异、性别行为和性别取向（b）孩子的个人发展（c）这些孩子的社会经验。Patterson（2005）在这些领域的每

个方面提出了一个广泛的文学观点。她的经验数据的观点（主要来自女同性恋的孩子）表明这些关注点是没有价值的。帕特森还指出在利己、控制力、智力、行为、学校评价、精神健康方面这些孩子与正常家庭的孩子没有很大区别。研究的发现也得出了有益于同性恋者和双性恋者的孩子的结果。在2002年《美国儿科学术杂志》发布了一份声明，以支持同性恋及双性恋家庭收养孩子（Perrin & the Committee on Psychosocial Aspects of Child and Family Health, 2002）

## 应用：

APA“鼓励心理咨询师（治疗师）去消除基于性别的在收养、儿童监护、健康服务等方面的歧视”（Paige, 2005, P.496）。尽管对同性恋者和双性恋者的孩子的偏见和无知在教育、法律、福利保障等方面任然存在，但是心理咨询师（治疗师）在他们的工作中要通过专业的知识去努力更正这些无知。鼓励心理咨询师（治疗师）努力去了解同性恋者和双性恋者所面临的问题，并且同他们探讨这些问题。例如，同性婚姻难以获得与异性婚姻相同的法律支持、经济支持与社会身份认可（APA, 2008）。同时心理咨询师（治疗师）应努力去研究同性恋和双性恋家庭所具有的优势。心理咨询师（治疗师）应努力研究同性恋和双性恋个体的多个方面（例如种族、文化、社会等级、残疾状况、宗教信仰、传统习俗等）交叉所产生的专属于他们的经验。

## 准则 9

**心理咨询师（治疗师）应努力发现女同性恋、男同性恋和双性恋的家庭成员中没有法律或者生物意义上亲属关系的人。**

## 理论根据：

很多同性恋、双性恋、性取向不明和（或）对亲密关系缺乏认知的人是由于对家庭情感疏远的缘故（Patterson, 2007）。对于同性恋和双性恋者来说，

一个亲密朋友网络可能能够形成一个可替代部分家庭功能的家庭结构，这一家庭结构并不是基于法律和/或生物关系。这一家庭结构中的家庭为同性恋和双性恋者提供社会关系和家庭环境，可能比个体的原生家庭更为重要。这样的家庭结构可以减少歧视的影响以及避免某些法律或机构对同性婚姻家庭的负面影响。

## 应用：

鉴于社会支持在关系满意度，污名管理和心理幸福感中的重要性，鼓励心理咨询师（治疗师）认识和重视女同性恋，男同性恋和双性恋的家庭结构。心理咨询师（治疗师）还应考虑当事人可能会遇到的压力，当他们的原生家庭，雇主，或其他人不承认他们的替代家庭结构时。当与女同性恋、同性恋和双性恋当事人工作时，询问他们的友谊网络、他们在该网络中的关系质量、他们是否视网络中的成员为“家庭”很有帮助。一个相关的问题是性少数个体与性少数群体的联系程度，与性少数群体的联系可以为个人提供榜样、社会支持、团结感等资源，有助于发展一个积极的身份。

## 准则 10

心理咨询师（治疗师）们应努力理解一个人的男同性恋、女同性恋或双性恋取向可能会对其原生家庭产生的影响以及与其原生家庭的联系。

## 理论根据：

对于家庭中有成员是同性恋或双性恋这件事，不同的家庭有不同的反应。一些原生家庭因为一些家族的、种族的或文化的规范；宗教信仰，或者消极的刻板印象，可能没准备好接受家人的同性或双性取向。对这些家庭来说，意识到这个问题可能会爆发家庭危机：和同性恋或双性恋成员决裂，甚至驱逐他

们；来自父母和同胞兄弟姐妹的排斥；对父母的内疚和自责，或者引发父母之间的冲突。另一方面，另一些原生家庭无条件接受家庭成员的性取向，是没有家庭危机的。然而，研究却指出，即使是支持性家庭可能也会经历一段调整期，去适应接受家庭成员是同性恋或双性恋者。

双性恋个体可能会和他们的原生家庭经历一些特有的冲突。那些确认是双性恋的个体，并且和一个同性对象坠入爱河，可能会遭遇来自原生家庭的压力去选择一个异性作为伴侣。而且那些处于混乱关系中的双性恋者，可能在他的原生家庭和扩展家庭中很难确认他的双性恋身份。

一些年轻人成人生活的过渡，例如择业、决定要孩子，对同性恋或双性恋者的家庭成员来说，将会变得尤为复杂。向家人解释性取向和与耻辱有关的经历可能会影响到工作和事业、性关系和养育小孩，这可能极具挑战。原生家庭和扩展家庭可能需要处理“如何看待同性伴侣和由同性夫妇养育的小孩”这些问题。

## 应用：

鼓励心理咨询师（治疗师）去探索同性恋或双性恋关于他们原生家庭和扩展家庭的任何问题。心理咨询师（治疗师）们试图理解可能对一个原生家庭带来的文化特异性危机。例如，如果少数民族公开孩子是同性恋或双性恋者，他们的家庭可能会害怕失去群落的支持，心理咨询师（治疗师）可以帮助当事人促进和家庭沟通他们的性取向身份以及文化污名。家庭可能需要帮助以便发展对性取向的新认识，面对关于同性恋或双性恋的消极社会态度在家庭内部也在上演，帮助家庭成员解决关于社会污名的难题。

家庭治疗的较新模型，超越了仅仅只是解决问题的旧模型，促进了具有建设性的系统变化。这一模型鼓励心理咨询师（治疗师）大力帮助家庭成员对他们的同性恋或双性恋成员建立长期支持。敦促心理咨询师（治疗师）用他们的努力去帮助同性恋或双性恋当事人，给这些当事人的家庭呈现关于性取向的正确的信息。最后，心理咨询师（治疗师）们正在试图理解不同家庭对同性恋或

双性恋家人的反应及适应方式的文化差异性。当地和国际资源都是可供利用的，可以为家庭成员提供信息、帮助和支持。

## 多样性问题

接下来的这些准则涉及到生活经历方面，可能会不同程度地对个体的身份认同感与以及他与社会文化环境的关系造成有害或有利的影响。“交叉性”这个概念被用于描述变化性、差异性和独特性，诸如种族、文化、性别、年龄、性取向、阶级和个人残疾。交叉性由多重的身份、差异和缺点来定义。对这些类别的理解是相互依赖的，并基于内涵（类别的多样性）、不平等性（权利与特权的相对层次）与相似性（类别间的共性差异极大）。接下来的准则每条都反映了一个独立概念，鼓励读者通过多个角度去解读它们。

### 准则 11

**心理咨询师（治疗师）应努力认识少数民族群体中的同性恋和双性恋成员面临的那些多元的又经常冲突的规范、价值观和信仰带来的挑战。**

#### 理论根据：

那些处于少数民族和少数文化群体中的同性恋和双性恋个体必须无视那些不管是主流还是少数文化加诸同性恋和双性恋成员身上的规范、价值观和信仰。一些证据表明，这些规范、价值观、信仰和态度的文化多样性会对同性恋和双性恋个体的身心健康造成巨大的心理压力。然而，近期有证据表明，从多元种族和文化背景中成长出来的同性恋和双性恋个体患心理疾病的概率更低。可能是由于个体从身份污名的某个方面习得的技巧实际上有助于个体应对污名并保护个体少受污名的影响。

尽管如此，多重身份的整合也会对从多元种族和文化背景中成长出来的同性恋和双性恋个体造成挑战。例如，当一个有色人种的同性恋或双性恋者对其所属性少数群体的期待与给他更强归属感的群体产生冲突时，可能会经历“忠诚冲突”，这种冲突可能导致同性恋和双性恋个体从一个多元种族和文化背景走向完全不再属于任何群体。

依照 Greene 的说法，除了解决他们的同性或双性性取向问题，一般说来，黑人同性恋或双性恋个体在同性恋或双性恋群体中仍然会受到种族主义和歧视。这些挑战对从多元种族和文化背景中成长出来的同性恋和双性恋个体来说可能更大，他们经受了其他形式的边缘化，涉及到诸如年龄、地理位置、移民身份、蹩脚的英语、文化适应、社会阶层和残疾这些因素。

## 应用：

心理咨询师（治疗师）应了解，多重少数群体身份可能会使当事人经历的困难以多种形式被复杂化、严重化。例如，鼓励心理咨询师（治疗师）将当事人可能会被其文化影响的方式看作治疗中的关键因素，了解他们的文化是如何看待和污名同性恋和双性恋的（Gock, 2001; Greene, 1994c），同样的，也应考虑主流文化中同性恋和双性恋群体中受到种族歧视的影响（Gock, 2001; Greene, 1994a; Morales, 1996; Rust, 1996a）。此外，对与多重社会身份及地位（例如社会阶层、性别角色、宗教信仰）相联系的复杂动态的敏感性，对于与这类群体进行有效工作至关重要（Chan, 1995; Garnets & Kimmel, 2003; Greene, 1994a; Rust, 1996a）。

心理咨询师（治疗师）试图理解和帮助当事人意识到，有效的应对策略和保护性因素可能在他们各种被边缘化的过程中已经发展建立起来了。同意鼓励心理咨询师（治疗师）去理解和帮助他们的同性恋和双性恋当事人去处理他们的愤怒、沮丧和受伤，既包括来源于多元种族和文化的个体，也包括同性恋和双性恋个体。

## **准则 12**

**心理咨询师（治疗师）应考虑宗教和精神信仰对女同性恋、男同性恋以及双性恋生活的影响。**

### **理论根据：**

宗教和精神信仰对同性恋或双性恋生活的影响是复杂、动态变化的，是矛盾的来源。因为他们的经历是多种多样、各不相同的，尤其是在有组织的宗教中，这正是原因所在。虽然某些宗教和精神信仰体系对多元性取向的态度相对中立，但是一些其他的宗教有史以来一直对这个问题存在责难。但是即使是在宗教传统中历来反对异性恋取向，在过去二三十年间，兴起和发展了一股接受和支持多元性取向的神学典范。同性恋或双性恋个体的宗教背景可能会对他们的心理功能和健康产生不同的影响。除了过去的经验与信仰不同，女同性恋，男同性恋和双性恋者的宗教和精神信仰在他们目前的生活中发挥的作用可能会有所不同。例如，某些人认为他们的信仰传统和精神信仰是身份的一个重要和不可分割的一部分，但其他人不这么认为。此外，异于异性恋者，信仰的影响和意义对女同性恋者、男同性恋者和双性恋者来说，纵贯一生可能会有所不同。

### **应用：**

心理咨询师（治疗师）努力意识到尊重女同性恋，男同性恋和双性恋者不同的宗教和精神信仰实践。特别是女同性恋、男同性恋和双性恋的心理咨询师（治疗师）可能会容易受到有意识或无意识的宗教偏见的伤害，这可能会影响他们与拥有强烈宗教认同的当事人的工作。鼓励心理咨询师（治疗师）理解宗教和精神信仰对女同性恋、男同性恋和双性恋当事人生活的历史和当前的作用和影响。特别是，他们应考虑女同性恋，男同性恋，双性恋当事人可能会经历的受排斥和受伤的宗教经历。这些有时是不同的，认同中比较突出或者明显的

部分往往是心理咨询师（治疗师）与女同性恋、男同性恋和双性恋当事人一个重要的治疗目标，当事人会因为他们的宗教认同产生冲突。

美国心理学会的“分辨宗教，基于宗教和/或宗教衍生的偏见”号召心理咨询师（治疗师）研究他们自己的宗教信仰，防止这些信念在他们与女同性恋，男同性恋和双性恋当事人临床工作中的专业实践和标准中被优先考虑。大部分寻求 SOCE 的来访者都保持着宗教信仰，认为他们正拥有着和宗教不相容的性取向。鼓励心理咨询师（治疗师）考虑这些要求时格外慎重，可以参考美国心理学会颁布的“决议对性取向痛苦适当的肯定性反应与变革的努力”，并讨论与他们当事人做出改变的努力相关的目前的研究和可能的风险。此外，鼓励心理咨询师（治疗师）探究可能在这些请求中产生作用的社会和文化的影响。此外，鼓励心理咨询师（治疗师）熟知那些肯定和欢迎女同性恋、男同性恋和双性恋者的信仰传统。

## 准则 13

**心理咨询师（治疗师）应努力认识女同性恋、男同性恋和双性恋个体中的代群和年龄差异。**

### 理论根据：

女同性恋，男同性恋和双性恋个体因为代群和年龄的影响，可能会有很大的不同。代群影响是广泛的历史力量，能塑造发展的环境；对女同性恋、男同性恋和双性恋个体来说，一个人生活和/或的时间段可以深刻地塑造发展任务，诸如声称的身份标签、身份信息披露、父母教养和政治参与。影响代际差异的因素的例子包括改变社会对性的态度；艾滋病毒/艾滋病对性少数人群社区的影响；改变宗教和精神的态度和做法；妇女、同性恋和民权运动；生殖技术的进步和家庭意识形态的变化；性和性别身份概念的变化，包括身份标签。代群效应与年龄差异有显著性差异。例如，一个在 20 世纪 50 年代出生的人与在过去

的十年里出生的人可能会有非常不同的经历。同样，一个今天 15 岁的人与一个今天 45 岁的人可能会有不同的经历。

由于异性恋的歧视，所有衰老带来的问题与变化（例如健康问题、退休问题、经济问题、社会支持；Berger, 1996; Kimmel, 1995; Slater, 1995）对性少数个体的老人来说可能更具挑战性。缺乏法律保护可能会引起医疗和财务决策、健康及临终决策的风险。这些决策与医疗保健、受照顾的权利、退休福利、遗产继承、生活安排及财产权利息息相关。代群效应（cohort effect）和年龄效应相互作用，正如年老的女同性恋，男同性恋和双性恋个体与医疗供应商有更频繁的相互作用（年龄效应）同时可能会有性取向的隐瞒（代群效应）；这种相互作用可能会对医疗保健受到负面影响（Fassinger & Arseneau, 2007）。

多重少数群体身份（例如性别、社会阶层、伤残及种族）也会对女同性恋、男同性恋和双性恋者的老年经历产生影响（Kimmel, Rose, & David, 2006）。例如，被感知到的污名对不同种族与年龄的女同性恋、男同性恋和双性恋的老年人产生的影响不同（David & Knight, 2008）。正如另一个例子呈现的那样，同性亲密关系中的女性可能会经历更大的经济困难，这是由于低收入的累积效应（Fassinger, 2008）。另外，在女同性恋、男同性恋和双性恋群体中，许多同性恋和双性恋老年人经历着年龄歧视（Kimmel et al., 2006）。

## 应用：

心理咨询师（治疗师）应考虑当事人所属群体的特定历史背景。在考虑到年龄时，心理咨询师（治疗师）们应认识到老年人是一个多样化的群体，衰老带来的一般变化可能是积极的也有可能是消极的，与病理学或性取向并不一定相关。考虑到代群和年龄的相互作用，鼓励心理咨询师（治疗师）注意一个特定的年龄相关问题可能会受到代群经历的影响。例如，与伴侣的死亡有关的悲伤，可以通过老年同辈异性恋加剧（代群效应），导致对悲伤的伴侣支持的缺乏。

心理咨询师（治疗师）应认识到联邦、州和地方的法律及条例影响着年长的性少数来访者，并且应意识到相关的资源可能会对来访者的医疗、法律及经济需求方面有所帮助。心理咨询师（治疗师）可能会找到资源帮助这三类人积极适应衰老的问题（Friend, 1990; Lee, 1987）。心理咨询师（治疗师）可能会帮助性少数群体的老人使用他们应对异性恋主义时所学到的策略来应对衰老带来的挑战（Fassinger, 1997; Kimmel et al., 2006）。

## 准则 14

**心理咨询师（治疗师）应努力去理解只存在于性少数年轻一代身上的独一无二的难题和风险。**

### 理论根据：

青少年不但需要在认知、情感和社会发展的变化中迷茫的探索，同时还需面临自身同一性问题的出现，这对于性少数的青少年来说是一个巨大的挑战。性少数者和问题青少年可能处在他们的异性同伴没有经历过的困难中，且风险不断在扩大（cf. D'Augelli, 2002; Espelage et al., 2008; Lasser, Tharinger, & Cloth, 2006; Thomas & Larrabee, 2002），比如，无家可归的性少数者（Urbina, 2007）、性工作者（Savin-Williams, 1994）和性病患者（Solorio, Milburn, & Weiss, 2006）。在同辈关系中，性少数者和没遵守性规范的问题青少年一样可能经历着不断增加的困难（D'Augelli et al., 2002; Wilson & Wren, 2005）。出柜的决定可能对有色人种的性少数者来说甚至是更大的困难，特别对那些反对种族主义歧视的一股重要力量的家庭和社区来说。性少数的青少年经常在学校会遇到和自身性取向相关的难题（Cooper-Nicols, 2007），例如社会的疏离（Sullivan & Wodarski, 2002）和欺凌（E. J. Meyer, 2009）。这些因素可能会增加物质滥用的风险（Jordan, 2000）或留下长期的后果，例如创伤后的压力（Rivers, 2004）。

对性少数者的社会污名会给性少数群体的年轻人造成压力，使得他们去顺

应异性恋的日常行为，隐藏自己的性取向并避免社会互动（Safren & Pantalone,2006）。试图去掩饰或否认他们性取向会将性少数者推向高风险的意外怀孕（Saewyc, 2006）、进行不安全的性活动（Rosario, Schrimshaw, & Hunter, 2006）、人际间的暴力（S. T. Russell, Franz, & Driscoll, 2001）和自杀的尝试（Savin-Williams, 2001）。

性少数的青少年经常会经历关于他们性取向负面的父母的反应（Heatherington & Lavner, 2008）。给予支持的家庭会是性少数者对抗大众压力消极影响的一个保护因素。然而，善意的异性恋父母会无法从异性恋主义的经历和异性恋信念的内化中去提供性少数青少年所需程度的理解和社会化来保护他们（R. J. Green,2004）。因此，提供支持的亲密关系是极其重要的，而且可以作为对抗来自家庭拒绝和（或）社会异性恋主义的痛苦缓冲带。一个强有力的朋友关系网是性别身份探索和发展的关键所在。

## 应用：

心理咨询师（治疗师）注重去考虑当前社会和政治事件和媒体对于性少数者的描述造成的心冲击。考虑到每个州在保密性、健康情况披露和合理性行为的看法都不尽相同的情况下，对道德和法律的了解是处理性少数者的问题时特别重要的。

青少年会不愿去表明和性取向相关身份。此外，性别身份可能在青少年阶段感受的不稳定（Diamond, 2007;Rosario, Schrimshaw, Hunter, & Braun, 2006）。在合适的时候，心理咨询师（治疗师）应努力去创造一个开放和确定的治疗环境去讨论性别和探索青少年自我同一性阶段的意义。心理咨询师（治疗师）同样应努力去帮助性少数者和问题青少年和他们的家庭去辨别可供选择的教育资源、支持机会和可靠的网站。

研究表明性少数的青少年在学校更易遭受高强度的性骚扰（E. J. Meyer, 2009）。鼓励心理咨询师（治疗师）去和老师及校方合作去帮助他们认清这类性骚扰的长期后果，比如辍学、糟糕的学业表现和自杀行为。心理咨询师（治疗

师)能作为协助学校员工的资源去减少学校的性骚扰。

Ryan (2009) 表示, 对性少数者来说, 即使较低水平的父母的认可和增长的心理幸福感也是相关的。这个研究发现, 在青少年和青年时期的更低水平的家庭的拒绝与更低水平的抑郁有关。当心理咨询师(治疗师)与性少数者问题青少年的父母合作时, 他们应该去评估他们对孩子性取向的接受或拒绝程度。干预可能会包括运用心理教育策略去提供性取向的精确信息和构建家庭的优势去增加对性少数者和问题青少年的支持。

## 准则 15

**心理咨询师(治疗师)应了解具有生理、感觉和认知-情绪障碍的性少数个体会遇到特殊困难。**

### 理论根据:

有缺陷的性少数个体会遭遇许多和社会污名相关的并与缺陷和性取向联系的具体的挑战 (Saad, 1997)。他们也会经历和同性别取向的与生理的、认知-情绪的和(或)感觉缺陷交叉地带相联系的隐形感 (Abbott & Burns, 2007; Lofgren-Martenson, 2009), 因为当今的社会观点认为缺陷是无论性别和个人的。此外, Shapiro (1993) 已经指出个体的自我概念会受到这些挑战的消极影响, 而且会对其自主意识、自我管理、性意识和自信产生负面影响。

有生理、感官和认知-情感缺陷的性少数者会面临很多特殊的挑战。例如, 智力和学习上有缺陷的男同性恋会有更大的风险去陷入不安全的性行为中 (Yacoub & Hall, 2009)。在残疾同性恋男性中, 有时“缺乏男子气概”也会让他们牵扯到更高风险的性行为中 (O'Neill & Hird, 2001)。在同伴关系中, 特别的问题和生活管理息息相关, 包括流动性、性意识和医院与法律的决策力, 都受到特殊的挑战。另外, 家庭的支持可能会因为个人性取向的消极反应而变的不是那么可靠 (McDaniel, 1995; Rolland, 1994)。有缺陷的性少数者可能也不会

拥有和无缺陷的性少数者一样的获取信息、支持及服务的机会（O'Toole, 2003; O'Toole& Bregante, 1992）。更重要的是，为了获得恰当的服务，性少数者会在养育者和保健人员前宣布出柜时产生额外的压力（O'Toole & Bregante, 1992）。

## 应用：

鼓励心理咨询师（治疗师）在与有缺陷的性少数者工作时，更多的去关注障碍、种族、民族、性取向、性别、年龄、健康状况和社会经济状况的共同作用（Fraley,Mona, & Theodore, 2007; Hunt, Matthews, Milsom, &Lammel, 2006）。

污名带来的叠加效应会被重要关系中的问题放大（例如父母、家庭成员、养育者、照顾者）并且需要谨慎评估。此外，要求心理咨询师（治疗师）与有缺陷的性少数者相处时，要考性少数群体及更大的社会背景下的社会壁垒产生的潜在影响（Shapiro, 1993）。

由于很多性少数来访者具有被剥夺权力感和被忽视感，心理咨询师（治疗师）应该考虑以多种方式去赋予性少数来访者被尊重的权利（Shuttleworth, 2007）。可靠的支持团体是心理治疗的得力助手（Williams, 2007）。所有的缺陷治疗和性取向的交叉领域的精神病学方法都得到了发展（cf. Hanjorgiris, Rath, & O'Neill, 2004; Hunt etal., 2006）。鼓励心理咨询师（治疗师）去询问性行为史和有缺陷性少数者当前的性功能，同样可以得到有关的信息，有利于问题的解决，而这一问题常被忽视（Kaufman, Silverberg, &Odette, 2007; Olkin, 1999）。很多有缺陷的性少数者曾经历过强迫性性行为（Swartz, 1995; Thompson, 1994）。建议心理咨询师（治疗师）去细致的探索有关个人被侵犯的历史。

## 准则 16

**心理咨询师（治疗师）应努力去理解艾滋病对女同性恋、男同性恋和双性恋个体和群体的影响。**

## 理论根据：

因为艾滋病和性取向已被混为一谈，有病的人背负着污名（Herek, Capitanio, & Widaman, 2002）。使得艾滋病患者面临额外的偏见和歧视因素包括人们对病毒的误解和无知（Ritieni, Moskowitz, & Tholandi, 2008），对同性恋普遍的恐惧和种族主义（Brooks, Etzel, Hinojos, Henry, & Perez, 2005），一些个人或团体对可能传播病毒的行为感到反感（Kopelman, 2002）。虽然最初诊断为艾滋病等于宣判死刑，在治疗艾滋病毒/艾滋病的医学重大进步导致其概念重建为一种慢性疾病（Pierret, 2007）。

为了应对这受到歧视的疾病，艾滋病患者必须去面对无数的医疗问题和由病毒、药物带来的副作用（Johnson & Neilands, 2007）。许多艾滋病患者担心将自己的病情告诉自己的亲朋好友和性伴侣之后他们会与其决裂（Simoni & Pantalone, 2005）。此外，对艾滋病患者的心理健康的实证研究表明，他们始终处于一种严重的情绪和焦虑障碍中（Bing et al., 2001），同样会出现毒品和酒精滥用（Pence, Miller, Whetten, Eron, & Gaynes, 2006）。已有报告指出，艾滋病阳性患者比同辈的阴性患者有更严重的人际暴力冲动（Cohen et al., 2000; Greenwood et al., 2002）。患艾滋病的老年人会面对特殊的挑战。例如，与艾滋病老年人共存的老年人会在他们的治疗过程中出现身心的变化（e.g., Oelklaus, Williams, & Clay, 2007）。无论他们有多少关于安全性行为的知识，一些 HIV 阴性的老年人都可能会存在血清转化的风险，这是由于无约束的性行为重新得到释放，还有孤独感、抑郁、或其他的一些情绪的问题引发的（cf. Grov, Golub, Parsons, Brennan, & Karpak, 2010）。应对这种复杂的生理和心理的健康问题对艾滋病患者来说一个重大的挑战，对为他们提供服务的心理咨询师（治疗师）来说也是如此（J. R. Anderson & Barret, 2001; Berg, Michelson, & Safren, 2007）。另外，值得注意的是，艾滋病问题可能会在其他的生理健康差异的环境中出现。

## 应用：

当进行了初步评估后，心理咨询师（治疗师）应避免基于性倾向或其他人口特征对有关来访者的艾滋病毒血清做任何假设。这里没有任何可依赖的方法去知道来访者的 HIV 血清状况，除非直接询问。而且，通过开放地引入这个话题，心理咨询师（治疗师）创造了一个机会为所有的来访者对 HIV 有一个准确的预防教育信息（例如，安全、风险性行为），同时也为 HIV 阳性病人提供了支持（例如，鼓励他们去寻求或继续药物治疗）。鼓励心理咨询师（治疗师）去获得可以和他们的来访者讨论 HIV 预防策略的知识。

心理咨询师（治疗师）应努力理解和解释社会边缘化的影响，多重受压迫的身份和其他因素（例如，性少数群体，少数民族/民族，社会经济地位低，残疾）导致他们的来访者感染艾滋病毒/艾滋病。在年轻的同性恋男子中，他们的肤色，低自尊和其他因素（例如，社会网络）已被证明有助于高血清转换率（Brooks, Rotheram-Borus, Bing, Ayala, & Henry, 2003; Millett, Flores, Peterson, & Bakeman, 2007），鼓励心理咨询师（治疗师）与高危来访者讨论安全性行为。此外，心理咨询师（治疗师）应该认识到不同年龄的来访者会对HIV和艾滋有着不同的经验。例如，许多上了年纪的女同性恋者、男同性恋者和双性恋的女性和男性可能有明显的情感创伤、悲伤及丧失，因为在20世纪80年代和20世纪90年代初，他们的许多朋友和伴侣都因艾滋病死亡，在面对这些丧失时可能会需要持续的支持。

鼓励心理咨询师（治疗师）们提高自己对感染病毒者的生活及艾滋病毒/艾滋病的综合影响的认识。例如，由于感染了艾滋病毒，这些有艾滋或感染艾滋病毒的人的身份和角色可能会有巨大的变化（Baumgartner, 2007）。HIV感染对一部分人来讲可能是心理和灵魂成长的催化剂但是也会导致另一部分人的哀伤与悲痛（Moskowitz & Wrubel, 2005）。此外，HIV血清抗体阳转率会严重影响那些感染疾病的者的社会关系和亲密关系。HIV阳性的男性和女性可能会体验到来自家庭成员、朋友或同事的羞辱或排斥（e.g., Laryea & Gien, 1993）。这种人际关系拒绝可能会对那些以前由于披露了他们身份中耻辱部分而经历过同样困

难的人带来特别的伤害。此外，艾滋病毒会是亲密关系的障碍。尤其是在血清不同的伴侣关系中，这是由于这种关系中的个体需要考虑有关情绪及性生活的问题。此外，一个人的HIV阳性的状态可能会引起就业歧视或房屋设置歧视问题、经济问题和工作场所问题。

## 经济与工作场所问题

### 准则 17

心理咨询师（治疗师）应考虑社会经济状况对性少数来访者的心理幸福感的影响。

#### 理论根据：

数据指出，性少数的男人和女人相比于一般的异性恋竞争者经常处于经济的劣势。在 1995 的研究中，Badgett 发现，男同性恋者比异性恋男性少赚 11% 到 27% 的钱。研究同样表明，同性恋婚姻中的男人比异性恋婚姻中的男人赚的少（Allegretto & Arthur, 2001; Klawitter & Flatt, 1998）。Albelda 等（2009）发现，同性恋夫妇家庭更有可能比异性恋已婚夫妇的家庭贫穷，尤其是女同性恋夫妇也更可能会比异性恋情侣及其家庭更贫困。Elmslie 和 Tebaldi（2007）发现，从事管理和蓝领工作的男同性恋者比同龄的异性恋少赚 23% 之多，虽然男女同性恋者往往学历比他们的异性恋同伴学历更高（Carpenter, 2005; Rothblum, Balsam, & Mickey, 2004），但他们却赚得更少（Egan, Edelman, & Sherrill, 2008; Factor & Rothblum, 2007; Fassinger, 2008）。Badgett（2003）和 Fassinger（2008）指出，在工作场所对女同性恋和男同性恋存在明显的歧视，例如在零售超市中。性少数者因为他们的性取向会面临被开除、无法晋升、被给予消极的绩效评价并得到不平等的工资和福利待遇（Badgett, Lau, Sears, & Ho, 2007）。

对贫穷和心理健康问题关系的理解正在加深（e.g., Costello, Compton, Keeler, & Angold, 2003; Croteau, Bieschke, Fassinger, & Manning, 2008）。低收入个体相比高收入社会经济群体更容易患可诊断出的心理疾病（Bourdon, Rae, Narrow, Manderschild, & Regier, 1994）。因此，那些生活在贫穷环境中的性少数者有更多的社会剥夺及疏远的额外负担。

经济资源和教育可能会调节歧视的负面影响（例如，更强大的经济实力和选择，提升的自尊）。相反的，更低的社会经济地位可能造成额外的压力，增加边缘化，适应性取向带来的名声问题会有更大的挑战，而且获取合适获益支持的机会更少。Ray (2006) 指出，无家可归的性少数青少年害怕受到迫害并缺乏被认可。无家可归的性少数青少年更容易做出冒险行为。Van Leeuwen 等 (2006) 发现，性少数青少年有更多的自杀尝试、卖淫和吸毒的行为出现。

对于年长的女同性恋、男同性恋、双性恋成人，在传统的收入补助机制中有各种挑战存在（如社会保障、养老金计划,401 (k) 计划,Cahill & South,2002）。同性伴侣遭遇法律障碍（例如，缺乏法律上的婚姻或卫生保健福利）会导致社会经济差距（APA 2009）。

## 应用：

鼓励心理咨询师（治疗师）评估社会经济地位在低自尊、家庭冲突、和关系问题等方面对于女同性恋、男同性恋及双性恋者的影响。例如,考虑女同性恋、男同性恋和双性恋者的低社会经济地位的心理后遗症（羞耻、抑郁、焦虑）是有用的，因为这些可能会延续到整个生命全程，即使是之后社会经济地位得到提升（Martell, 2007; G. M. Russell, 1996）。此外,在他们的评估中，心理咨询师（治疗师）则不得不考虑基于性别取向的低社会经济地位和经济歧视可能会产生复合的影响。鼓励心理咨询师（治疗师）去避免做出基于性别取向社会经济地位的假设。

## 准则 18

心理咨询师（治疗师）应努力了解存在于女同性恋、男同性恋和双性恋个体的独特工作场所问题。

### 理论根据：

女同性恋、男同性恋及双性恋个体在工作场所面临独特的困难和风险，尤其是性别歧视（Herek,2007; Herek, Gillis, & Cogan, 2009）在职业决策制定、选择、实施、调整和成就（Croteau et al., 2008; Fassinger, 2008; Pope et al.,2004）方面的影响。女同性恋、男同性恋及双性恋者在职业发展和成功方面面临的障碍包括就业歧视（Fassinger, 2008; Kirby, 2002）；工资歧视（Badgett, 2003; Elmslie & Tebaldi, 2007）；没有福利（如家庭医疗休假,奔丧休假,照顾孩子,同性伴侣福利）（Fassinger,2008）、充满敌意的工作环境（Ragins & Cornwell,2001; Ragins, Singh, & Cornwell, 2007）；工作刻板印象（Chung, 2001; Keeton, 2002）；职业限制（如军事、神职人员）（Fassinger,2008）;基于性别、种族和民族、残疾和边缘化地位的其他方面偏见的交互影响（Bieschke et al., 2008; Van Puymbroeck, 2002）以及妥协的职业评估（M. Z. Anderson, Croteau, Chung,& DiStefano, 2001; Pope et al., 2004）。值得注意的是准则 4 中提到的通用评估准则同样适用于特殊情况的职业评估。

对于处在性别耻辱背景下的同性恋、男同性恋及双性恋工人，最突出的问题是身份管理（Croteau et al.,2008）。虽然研究表明身份披露比身份隐瞒表现出更多的与积极精神健康状况的相关（cf. Herek &Garnets, 2007），许多女同性恋、男同性恋和双性恋的工人采用身份管理策略来防止实际或预期的职场中的歧视（Croteauet al.,2008）。然而，身份隐藏策略包含了确切的心理代价，包括对共享信息持续不断的警惕、个人和工作生活的分离、对不诚实和不可见的感觉的应对、对社会和专业社团网络和支持的隔离以及隐藏身份的压力倦怠（Croteau et al.,2008;Fassinger,2008）。

## 应用：

心理咨询师（治疗师）们应当帮助自己的女同性恋、男同性恋和双性恋的来访者们识别和解决潜在的职业发展和成功上的障碍。心理学家们迫切需要协助女同性恋、男同性恋和双性恋的来访者克服可能影响他们职业选择和决策的有关自我内化的以及对职业的刻板印象（Adams, Cahill, & Ackerlind, 2005; Croteau et al., 2008; Nauta, Saucier, & Woodard, 2001; Tomlinson & Fassinger, 2003）。心理咨询师（治疗师）可以帮助女同性恋、男同性恋和双性恋者评估他们的工作环境以及探索适宜的工作场所性别取向披露策略（M. Z. Anderson et al., 2001; Croteau et al., 2008; Lidderdale, Croteau, Anderson, Tovar Murray, & Davis, 2007），包括寻找和获得工作的过程中出现的问题（Lidderdale et al., 2007）。

心理咨询师（治疗师）在为女同性恋、男同性恋和双性恋者提供有关工作和职业咨询时，应该明确多重压迫的问题，让他们准备好去应对种族歧视、性别歧视、异性恋主义、残疾歧视、年龄歧视和其他形式的排斥的影响（Bieschke et al., 2008）。心理咨询师（治疗师）应意识到，在对女同性恋、男同性恋和双性恋个体使用生涯评估清单时应进行特殊考虑（Chung, 2003a, 2003b; Pope et al., 2004）。

心理咨询师（治疗师）可以在职业决策和工作场所的选择上帮助女同性恋、男同性恋、和双性恋的来访者，通过鼓励他们了解当地和国家的职业资源。这些资源可能包括国家性的男、女同性恋的专业网络；当地的男、女同性恋社区资源；由男、女同性恋专家开展的特殊项目；与男、女同性恋专家的职业追踪学习的机会；在同性恋所属的或者所运营的企业或者男、女同性恋和双性恋者开展的监管项目中开展校外实习或合作教育（Pope et al., 2004）。

# 教育和培训

## 准则 19

心理咨询师（治疗师）的职业教育和培训方面应努力囊括女同性恋，男同性恋和双性恋问题。

### 理论根据：

尽管研究生教育和实习期间越来越强调多样化的训练，但研究表明，心理学专业的研究生和刚入职的职业心理咨询师（治疗师）在女同性恋、男同性恋和双性恋的问题上报告了教育以及培训上的不足（Matthews, Selvidge, & Fisher, 2005; Pilkington & Cantor, 1996），并且在接触这些群体的来访者时感觉措手不及（Allison, Craw-ford, Echemendia, Robinson, & Knepp, 1994; Phillips & Fischer, 1998）。Matthews（2007）指出，“心理健康专业人士和其他人一样生活在同一个异性恋主义社会，并受到渗透于文化中的偏见和歧视”（p. 205）。如果更深入地检查的话，学生可能会更肯定的描述他们的态度，培训已被证明可以澄清对于非异性恋取向的消极态度（Boysen & Vogel, 2008; T. Israel & Hackett, 2004），识别女同性恋、男同性恋或双性恋者不一定需要有关女同性恋、男同性恋及双性恋者的专门实践知识。Greene（1997）提出了一些有关非异性恋者的独特观点（例如对界限的担心、对来访者过分识别、拥护）。

### 应用：

有关女同性恋、男同性恋和双性恋者的培训程序或模块已被证明能够显著提升学生的知识和技能（Rutter, Estrada, Ferguson, & Diggs, 2008）。学院、督导和顾问应整合有关女同性恋、男同性恋和双性恋者问题的现有资料并将其贯穿于研究生专业训练的培训中去。这些资源可用于女同性恋、男同性恋及双性恋者项目课程（e.g., APA, 1995; Bieschke, Perez, & De Bord, 2000, 2007; Buhrke

& Douce, 1991; Cabaj & Stein, 1996; Croteau & Bieschke, 1996; Greene & Croom, 2000; Hancock, 1995, 2000; Pope, 1995; Ritter & Terndrup, 2002; Savin-Williams & Cohen, 1996) 以及培训和督导 (e.g., Halpert, Reinhardt, & Toohey, 2007; Mintz & Bieschke, 2009) 的教师。Halper 等人提出的督导模型, 可以适用于任何理论取向, 可以帮助学生成为合格的女同性恋, 男同性恋和双性恋来访者领域的文化从业者。研究生教育需要个人课程和贯穿整个课程的相关信息的指导 (Biaggio, Orchard, Larson, Petrino, & Mihara, 2003; Phillips, 2000)。

心理咨询师 (治疗师) 应该向他们的学生讲授异性恋特权的本质及影响 (T. Israel & Selvidge, 2003), 并且应敢于挑战异性恋主义者们的偏见 (Biaggio et al., 2003; Hancock, 2000; Simoni, 2000)。尽管目前有关男女同性恋以及双性恋者的信息很重要, 但仍有许多学者强烈建议开展对于态度和偏见的个人探索 (e.g., T. Israel & Hackett, 2004; Matthews, 2007; Phillips, 2000)。对心理咨询师 (治疗师) 进行教育和培训时, 对于态度和偏见的自我探索将最终帮助学生更诚实和准确的评价自己, 并且可以帮助他们为女同性恋、男同性恋及双性恋来访者提供更具敏感性的关注。在教授对于女同性恋、男同性恋及双性恋来访者的态度之前, 指导者 (无论其性取向为何) 一定要探索他们自己的态度。

有关制度环境和支持的问题在近几年的文献中也进行了讨论。Biaggio 等人 (2003) 建议优先考虑提升整个机构的多样性, 包括大学的平等就业机会、录取和招聘方面有关性取向的声明, 关注升职、财产以及其他个人决定的多样性。为机构内的女同性恋, 男同性恋双性恋成员提供支持系统 (例如资源中心、研究支持、导师项目)。拥有女同性恋, 男同性恋及双性恋专业知识的心理咨询师 (治疗师) 可以全职或兼职的为教师提供培训和咨询、研究指导以及学生的课程和临床督导。教师和临床督导应该继续寻求女同性恋, 男同性恋及双性恋知识的学习, 以便了解这些来访者的独特需求 (Biaggio et al., 2003)。

## 准则 20

**心理咨询师 (治疗师) 应通过继续教育、培训、督导和咨询来增**

加他们对于同性恋和双性恋的知识。

### 理论根据：

尽管针对不同人群的研究近年来得到了更多的关注，许多执业的心理咨询师（治疗师）对基本的关于女同性恋、男同性恋和双性恋者的信息缺乏了解。APA 的道德规范（APA, 2002 年 b）督促心理咨询师（治疗师）“着手于不断发展和维持他们的竞争力”（p. 1064）。不幸的是，心理咨询师（治疗师）受到的关于女同性恋、男同性恋和双性恋问题的教育，培训，实践经验，咨询，和/或督导往往是不足的、过时的或不可用的（Morrow, 1998; J. A. Murphy, Rawlings, & Howe, 2002; Pilkington & Cantor, 1996; Sherry, Whilde, & Patton, 2005）。历史研究已经揭露，治疗师在处理女同性恋、男同性恋和双性恋问题时的偏见和不敏感（Garnets et al., 1991; Liddle, 1996; Nystrom, 1997; Winegarten et al., 1994）。尽管近年来有较多治疗师在发表文献时声称对于女同性恋、男同性恋和双性恋来访者的问题持更积极的态度（Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2007），Bieschke, Paul, and Blasko（2007）指出，这些改进的观点只是肤浅的，而且并没有在治疗师的行为方面表现出来。

### 应用：

根据 T. Israel, Ketz, Detrie, Burke, and Shulman（2003）的研究，为了更有效的处理与女同性恋、男同性恋和双性恋来访者有关的问题，需要广博的知识，态度和技能。心理咨询师（治疗师）需要考虑在以下几方面的额外的教育、培训、实践、咨询或督导，它们分别是：

（一）人类性行为和多维性取向模型；（二）影响女同性恋、男同性恋和双性恋个体的心理健康问题；（三）女同性恋、男同性恋和双性恋者在异性恋社会中的身份认同发展，包括影响身份认同的民族和文化因素；（四）污辱对女同性恋、男同性恋以及双性恋的个体、夫妇和家庭所造成的影响；（五）多重身份的交点（如性取向、种族和民族、性别、阶层、残疾）；（六）女同性恋、

男同性恋和双性恋个体所面临独特的职业发展和工作场所问题；（七）非传统的关系形式；（八）女同性恋、男同性恋和双性恋个体宗教和信仰问题；（九）健康和保健的问题。许多心理咨询师（治疗师）可能会从有关双性恋来访者的针对性的训练以及双性恋的男性和女性的肯定性的心理治疗中受益。心理咨询师（治疗师）应该寻求有关女同性恋、男同性恋和双性恋者积极的继续教育课程，这样的课程内容很可能与 APA 方针和政策是一致的。心理咨询师（治疗师）应当进一步获取那些有关处理双性恋来访者的具体信息，以及有关治疗方面具体方法的材料（e.g., Firestein, 2006; Fox, 2006; Matteson, 1999）。

女同性恋、男同性恋及双性恋和个人，特别是那些质疑或新近意识到自己的性取向的个体，有时没有相关的知识，或者缺乏接近其他女同性恋、男同性恋和双性恋个体、社团及他们所提供资源的机会。性少数者意识到并且接近社区资源是非常重要的，研究表明参与女同性恋、男同性恋和双性恋社区与这些人的心理功能的提升相联系（e.g., D'Augelli & Garnets, 1995; Garnets, Herek, & Levy, 1992; Kurdek, 1988; G. M. Russell & Richards, 2003）。在与女同性恋、男同性恋和双性恋个体的工作中，心理咨询师（治疗师）应该努力使自己熟悉相关的资源（国家、州、地区、电子）。一系列关于心理健康、教育和社团的资源呈现在附录 A 中。

## 研究

### 准则 21

在使用和传播有关性取向的研究和相关问题时，心理咨询师（治疗师）应力求全面、准确，并留意对研究结果可能的滥用或者不实陈述。

## 理论根据：

正如偏见可以影响研究的结果，它也可以影响他人对研究的解释，以及研究结果的应用。关于团体污名的可靠研究结果对心理学原则以及一般社会准则的制定具有重要贡献。然而，有关女同性恋、男同性恋和双性恋者的研究已经被错误的使用以及解释在对女同性恋、男同性恋和双性恋个体的歪曲上（Herek, 1998; Herek, Kimmel, Amaro,& Melton, 1991; G. M. Russell & Kelly, 2003）。

## 应用：

心理咨询师（治疗师）应谨慎使用有关女同性恋、男同性恋和双性恋者的研究并且考虑研究的复杂性和局限性（Cochran, 2001; Laumann,Gagnon, Michael, & Michaels, 1994; Solarz, 1999）。此外，心理咨询师（治疗师）应努力意识到潜在的显性和隐性偏见（Banaji & Hardin, 1996; Banaji, Lemm, & Carpenter, 2001; Bargh & Chartrand, 1999; Bargh & Williams, 2006; Herek, 1998; Herek et al., 1991）并注意他们的报告是否彻底，有关研究结果的局限性是否完全披露与讨论。心理咨询师（治疗师）在没有被包含在研究样本中的女同性恋、男同性恋和双性恋者应考虑区分，并在应用和讨论他们的研究发现时将这一点考虑进来。

心理咨询师（治疗师）在引用第三方发表的研究成果时应当小心。研究人员大多以相同的方式指出自己研究的局限，心理咨询师（治疗师）在引用其他人的研究时通常全面的、精确的呈现那个研究，包括数据方面的局限。APA 道德规范（APA, 2002b）要求心理咨询师（治疗师）要避免虚假或欺骗性的声明（标准 5.01），并且准确地报告他们的研究结果（标准 8.10）。

将自己的研究结果与第三方来自流行媒体的研究结果进行交流是一项特殊的挑战。媒体成员通常没有接受过有关研究方法复杂性和研究结果恰当解释的良好培训。再加上媒体对戏剧性的故事情节的重视（Conrad, 1997），将导致

对研究结果的误导以及不准确的揭露。心理咨询师（治疗师）力争做到心中有数，并要积极主动地阻止不准确信息的传播（APA, 2002b, 标准 5.01）。心理咨询师（治疗师）应该提供清晰的解释，像记者求证他们是否理解了所提供的信息，提供研究的摘要或者是实际的研究报告，确认记者是否了解到所提供的信息，提供给记者研究或实际研究概要报告，并向记者强调研究结论的复杂性和局限性。

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## 附录 A 网络资源

心理工作者具备获取各种资源的能力是很有用的，这些资源包括治疗、教育、社会娱乐、家庭支持等等。有一些人已经提供了关于性少数群体的概览，这是很有价值的参考(比如, D'Augelli & Garnets, 1995; Esterberg, 1996)。Gates 和 Ost (2004)公布了全美人口普查中关于性少数群体的信息。

也有不同层面的在线资源。国家层面的资源基本上是稳定的，能够提供比较大范围的常见信息。另外，很多国家层面的信息也包含了地区的信息。

如果想要获得个别城市的资源，可以在线搜寻关键词“同志”再加上城市名。例如，输入“同志 圣路易斯”会发现很多有用的链接，可以找到当地与同志相关的健康、精神信仰、社会俱乐部、房地产等信息。

### 美国心理学会资源

#### **APA Office of Lesbian, Gay, Bisexual, and Transgender Concerns**

<http://www.apa.org/pi/lgbc/homepage.html>

#### **APA Division 44, Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues**

<http://www.apadivision44.org>

### 其他资源

#### **BiNet USA**

An umbrella organization and voice for bisexual people.  
<http://www.binetusa.org>

### **BiResource**

Committed to providing support to the bisexual community and raising public awareness about bisexuality and bisexual people.

<http://www.biresource.org>

### **Consortium of Higher Education LGBT Resource Professionals**

Works to critically transform higher education environments so that lesbian, gay, bisexual, and transgender students, faculty, administrators, staff, and alumni have equity in every respect.

<http://www.lgbtcampus.org/resources>

### **Children of Lesbians and Gays Everywhere (COLAGE)**

A national movement of children, youths, and adults with one or more lesbian, gay, bisexual, transgender, and/or queer parents.

<http://www.colage.org>

### **Gay, Lesbian and Straight Education Network (GLSEN)**

Strives to assure that each member of every school community is valued and respected regardless of sexual orientation or gender identity/expression.

<http://www.glsen.org>

### **Human Rights Campaign**

The largest national lesbian, gay, bisexual, and transgender civil rights organization.

<http://www.hrc.org>

### **Lambda Legal**

Committed to achieving full recognition of the civil rights of lesbians, gay men, bisexuals, transgender people, and those with HIV through impact litigation, education, and public policy work.

<http://www.lambdalegal.org>

### **National Gay and Lesbian Task Force (The Task Force)**

Works to build the grassroots power of the lesbian, gay, bisexual, and transgender community.

<http://thetaskforce.org>

### **Parents, Families and Friends of Lesbians and Gays (PFLAG)**

Promotes the health and well-being of gay, lesbian, bisexual, and transgender persons, their families, and their friends.

<http://pflag.org>

An umbrella organization and voice for bisexual people.

<http://www.binetusa.org>

### **Point Foundation**

Provides financial support, mentoring, leadership training, and hope to meritorious students who are marginalized due to sexual orientation, gender identity, or gender expression.

<http://www.thepointfoundation.org>

### **Queer Resources Directory (QRD)**

An electronic library with news clippings, political contact information, newsletters, essays, images, hyperlinks, and every other kind of information.

<http://www.qrd.org>

### **Religious Organizations (see Appendix B)**

### **Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE)**

The country's largest and oldest organization dedicated to improving the lives of lesbian, gay, bisexual, and transgender older adults.

<http://www.sageusa.org>

### **State Psychological Associations**

These often have therapist referral lists.

<http://www.apapracticecentral.org/advocacy/state/associations.aspx>

## 附录 B 性少数群体的宗教信仰团体组织

### **Affirmation**

Provides a forum for gay Mormons to associate with their peers.  
<http://www.affirmation.org/>

### **Al-Fatiha**

For lesbian, gay, bisexual, and transgender (LGBT) Muslims and their allies, families, and friends. <http://www.al-fatiha.org>

### **Association of Welcoming and Affirming Baptists**

For LGBT Baptists and their allies, families, and friends.  
<http://www.wabaptists.org>

### **Church Within a Church Movement**

A progressive Methodist movement dedicated to being the fully inclusive church.

<http://www.cwac.us>

### **Covenant Network of Presbyterians**

National group of clergy and lay leaders working for a fully inclusive church.  
[www.covenetpres.org](http://www.covenetpres.org)

### **DignityUSA**

For LGBT Catholics and their allies, families, and friends.  
<http://www.dignityusa.org>

### **The Evangelical Network**

Churches, ministries, Christian workers, and individuals established as a positive resource and support for Christian gays and lesbians.

<http://www.T-E-N.org>

### **Gay and Lesbian Vaishnava Association**

For LGBT Hindus and their allies, families, and friends.  
<http://www.galva108.org/>

## **Gay Buddhist Fellowship**

For LGBT Buddhists and their allies, families, and friends.  
<http://gaybuddhist.org>

## **Integrity**

For LGBT Episcopalians and their allies, families, and friends.  
<http://www.integrityusa.org>

## **The Institute for Judaism and Sexual Orientation**

Its mission is to achieve the complete inclusion and welcoming of LGBT Jews in communities and congregations. Based at a Jewish seminary, it has the largest online resource on the intersection of Judaism, sexual orientation, and gender identity. <http://www.huc.edu/ijso>

## **Institute for Welcoming Resources**

Resources supporting the unconditional welcome of people of all sexual orientations and gender identities and their families in the church home of their choice. Sponsored by the National Gay and Lesbian Task Force.  
<http://www.welcomingresources.org>

## **Interweave—Unitarian Universalists for LGBT Concerns**

For LGBT Unitarian Universalists and their allies, families, and friends.  
<http://www.interweavecontinental.org>

## **Jewish Mosaic: The National Center for Sexual and Gender Diversity**

Dedicated to helping the Jewish world become more open, accessible, and welcoming to LGBT Jews and their families.

<http://www.jewishmosaic.org>

## **Lesbian, Gay, Bisexual, and Transgender Ministries**

For LGBT Unitarian Universalists and their allies, families, and friends.  
<http://www.uua.org/obgltc>

## **Lutherans Concerned**

For LGBT Lutherans and their allies, families, and friends.

<http://www.lcna.org>

### **Metropolitan Community Churches (MCC)**

Metropolitan Community Churches is ecumenical in nature and has historically had largely lesbian, gay, bisexual, and transgender congregations.

<http://www.mccchurch.org>

### **Reconciling Ministries Network**

For LGBT United Methodists and their allies, families, and friends.

<http://www.rmnetwork.org>

### **Reconciling Pentecostals International**

For LGBT Pentecostals and their allies, families, and friends.

<http://rpifellowship.com>

### **Seventh-Day Adventist Kinship International**

LGBT-affirming organization for current and former Seventh-Day Adventists.<http://www.sdakinship.org>

### **Soulforce**

Committed to relentless nonviolent resistance to bring freedom to lesbian, gay, bisexual transgender, and queer people from religious and political oppression.

<http://www.soulforce.org>

### **United Church of Christ Coalition for LGBT Concerns**

Provides support and sanctuary to LGBT people and their families and friends.

<http://www.ucccoalition.org>