

性偏好症在DSM-5的沿革

Revision of DSM-5 Diagnostic Criteria for Paraphilic Disorder

薛克利 醫師

文鳳診所身心科

一、性偏好症（Paraphilic Disorders）診斷概念的改變：

（一）『性偏好症(paraphilic disorders)』

及『性偏好(paraphilias)』的區隔：

DSM-5 性偏好工作小組認為，並非所有的性偏好都是精神疾病（Mental disorder），因此，必須將『性偏好症』與『性偏好』做定義上的區分。性偏好症的定義必須在該性偏好出現：1.導致個人痛苦（distress）或損傷（impairment）；2.性滿足涉及傷害（harm）自己或他人。意即，『性偏好』是『性偏好症』的必要但非充分條件，『性偏好』本身非屬臨床必要介入的理由。

事實上，藉由 DSM-III-R 對『性偏好』的診斷準則 A 與 B，就能清楚地界定『性偏好』及『性偏好症』：其中，準則 A 針對各類性偏好特性做描述；

準則 B 則敘述性偏好的負面結果，包括：痛苦、損害、傷害自己或他人的危險。

DSM-5將符合診斷準則A與B者定義為『性偏好症（paraphilic disorders）』；只符合 A 而非 B 者為『性偏好（paraphilias）』。臨床上，前者構成疾病的診斷，後者則建議用「確定」（ascertainment）而非「診斷」（diagnosis）的概念。

區分 paraphilias 與 paraphilic disorders，尚有下列的考量：

1. 並不影響『常態（normative）性行為』與『非常態（non-normative）性行為』的區辨。
2. 避免將『非常態性行為』直接標記為具精神病理（psychopathological）。
3. 根除 DSM-IV-TR 未清楚區隔 paraphilias 與 paraphilic disorders 而產生的診斷矛盾：除非同時符合診斷準則A + B (DSM-5的paraphilic disorder 診斷)，否則既不構成 Paraphilic disorders，也無從透過診斷準則確定 (ascertainment) 個案是否有paraphilia (DSM-5的paraphilia概念)。

(二) 性偏好疾患的病程標記 (Course Specifiers) :

性偏好症經過處遇治療仍有可能改變其狀態。臨床上，也需要去釐清性偏好疾患個案所處的狀態，以便讓個案及治療評估者更清楚掌握病程。

以往的診斷系統從未對性偏好症的狀態變化與病程提供判準。因此，DSM-5對所有的性偏好症診斷，加入包括：『In a Controlled Environment (在控制性的環境)』及『In Remission (緩解中)』兩種病程標記。值得注意的是，病程標記的內容，並未針對性偏好的性興趣本質 (paraphilic interest per se) 改變與否做說明。

『Remission』意指：在「非控制性的環境 (Uncontrolled Environment)」下，無任何不適、障礙或復發行為，持續時間達五年或更久。

『In a Controlled Environment』意指：在「控制性的環境」(如：監獄)，致無法對性偏好衝動與外顯行為的傾向 (propensity)，提供客觀評估。

二、『戀童性偏好症 (Pedophilic Disorder)』

診斷準則的改變：

有關 Pedophilia 的診斷準則，在 DSM 及 ICD 診斷系統定義上有所不同：DSM-IV-TR 對戀童的定義為：『反覆出現強烈的性興奮、性幻想、性衝動及性行為，內容涉及青春期前孩童 (一般而言，指年紀13歲或更小的孩童) 相關的性活動』(APA, 2000)。ICD-10 對戀童的定義為：『對青春期前或青春期早期孩童出現性偏好 (sexual preference)』(WHO, 1992)。

ICD 與 DSM 兩大診斷系統，對戀童定義的不同在於：對『青春期早期孩童性興趣』的取 (ICD) 或捨 (DSM)。青春期早期孩童的性興趣由 Glueck (1955) 所發現並定義為戀少年 hebephilia，其性反應的對象為 11-14歲、Tanner stage 2-3 (註一) 的孩童。

性偏好工作小組建議，將『青春期早期孩童的性興趣』，納入 DSM-5 戀童性偏好症的診斷準則中，成為一種亞型 (subtype) — 戀少年症『Hebephilic Type』。其立意如下：

1. 讓 DSM 與 ICD 兩大診斷系統在戀童的定義上更趨一致。

2. 杜絕對不同成熟程度孩童性興趣，沒有任何診斷指引的“Paraphilic Disorder Not Elsewhere Classified (NEC)” 診斷垃圾桶遭浮濫使用的現象。
3. 青春期早期（指Tanner stages 2-3）的外顯身體特徵〔註一〕，應仍視為未成熟孩童。
4. 提升戀童性偏好症診斷的正確性，讓診斷更一目了然，減少臨床診斷與照字面定義診斷兩者間的不一致。

三、『戀童性偏好症 (Pedophilic Disorder)』

診斷準則的最新改版：

（一）強調性反應的相對強度，而非絕對存在：

診斷準則A：「對青春期前或青春期早期孩童，出現反覆強烈的性興奮」更改為「對青春期前或青春期早期孩童，出現反覆強烈性興奮，且程度上等於（equal）或大於（greater）對身體發育成熟對象的性興奮」。意即，戀童性偏好症的診斷，強調「對孩童性反應」之於「對身體成熟對象性反應」的相對強度，不能僅根據對孩童出現性反應就確定診斷。

『戀童性偏好症』診斷準則A的重大改變，也使得DSM更接近 ICD對孩童具性偏好“a sexual preference for children” 的定義。

（二）強調身體成熟度，而非法定年齡：

對『青春期前 (Prepubescent) 孩童』及『青春期 (Pubescent) 孩童』的分界點，捨棄「年齡小於11歲」及「年齡介於11至14歲」，改以“Tanner Stage 1”及“Tanner Stage 2-3”。意即，DSM-5『戀童性偏好症』亞型的具體說明 (Type Specifiers)，強調對身體外顯成熟特徵的心理反應，放棄法定年齡的界定方式。

四、DSM-5新增「尚需進一步研究」的診斷：

『性偏好強制障礙 (Paraphilic Coercive Disorder)』

『性偏好強制障礙』（診斷準則A）強調患者對「強制性行為的興奮度」（就其幻想、衝動或行為表現），須等於（equal）或大於（greater）「雙方同意下發生性行為的興奮度」。且須排除『性凌虐性偏好症 (Sexual Sadism Disorder)』（診斷準則C），才能確定診斷。

五、DSM-5 性偏好症 (Paraphilic Disorder)

診斷改版的臨床意涵：

綜言之，DSM-5在性偏好症診斷主要的改變在於：

(一) 破除『非常態 (non-normative)

性行為』屬精神病理現象的迷思：

強調性偏好須出現負面結果（詳見上文），才構成性偏好症（Paraphilic Disorder）的診斷。將非常態的性興趣—性偏好（Paraphilia）「去疾病化」（不構成診斷）。

(二) 重新定義『戀童性偏好 (Pedophilia)』：

1. 修正DSM-IV-TR 的診斷標準A：對青春期前孩童（泛指13歲或更小）出現性興趣，即成立戀童性偏好，下分專屬型（Exclusive type）及非專屬型（Non-exclusive type）兩種亞型。DSM-5 改採對孩童的性興趣程度，等於或高過對身體成熟對象的性興趣程度，以更嚴謹的定義來確診戀童性偏好症，避免過度診斷的亂象。
2. 引用公認對孩童青春期身體發育成熟度分類清楚的『Tanner Stages』

來定義孩童〔註一〕：避免僅依據法定年齡所可能產生的爭議與訛誤，並在DSM-5增加對青春期早期孩童（Tanner Stage 2-3）的性興趣，歸類為Hebephilic type。

3. 廢除DSM-IV-TR『僅近親相姦 (Limited to Incest)』的亞型：DSM-5對戀童性偏好症的診斷，建議不論家庭內或家庭外兒童性侵害個案，一律對焦於孩童身體發育成熟度，釐清個案對身體外顯成熟特徵的心理反應，避免過度使用『性替代 (surrogate) 工具』的模糊解釋。

〔註一〕：請參考第16頁至第17頁。

The Tanner Stages

Because the onset and progression of puberty are so variable, Tanner has proposed a scale, now uniformly accepted, to describe the onset and progression of pubertal changes (Fig. 9-24). Boys and girls are rated on a 5 point scale. Boys are rated for genital development and pubic hair growth, and girls are rated for breast development and pubic hair growth.

Pubic hair growth in females is staged as follows (Fig 9-24, B):

- **Stage I (Preadolescent)** - Vellus hair develops over the pubes in a manner not greater than that over the anterior wall. There is no sexual hair.
- **Stage II** - Sparse, long, pigmented, downy hair, which is straight or only slightly curled, appears. These hairs are seen mainly along the labia. This stage is difficult to quantitate on black and white photographs, particularly when pictures are of fair-haired subjects.
- **Stage III** - Considerably darker, coarser, and curlier sexual hair appears. The hair has now spread sparsely over the junction of the pubes.
- **Stage IV** - The hair distribution is adult in type but decreased in total quantity. There is no spread to the medial surface of the thighs.
- **Stage V** - Hair is adult in quantity and type and appears to have an inverse triangle of the classically feminine type. There is spread to the medial surface of the thighs but not above the base of the inverse triangle.

The stages in male pubic hair development are as follows (Fig. 9-24, B):

- **Stage I (Preadolescent)** - Vellus hair appears over the pubes with a degree of development similar to that over the abdominal wall. There is no androgen-sensitive pubic hair.
- **Stage II** - There is sparse development of long pigmented downy hair, which is only slightly curled or straight. The hair is seen chiefly at the base of penis. This stage may be difficult to evaluate on a photograph, especially if the subject has fair hair.
- **Stage III** - The pubic hair is considerably darker, coarser, and curlier. The distribution is now spread over the junction of the pubes, and at this point that hair may be recognized easily on black and white photographs.
- **Stage IV** - The hair distribution is now adult in type but still is considerably less than seen in adults. There is no spread to the medial surface of the thighs.
- **Stage V** - Hair distribution is adult in quantity and type and is described in the inverse triangle. There can be spread to the medial surface of the thighs.

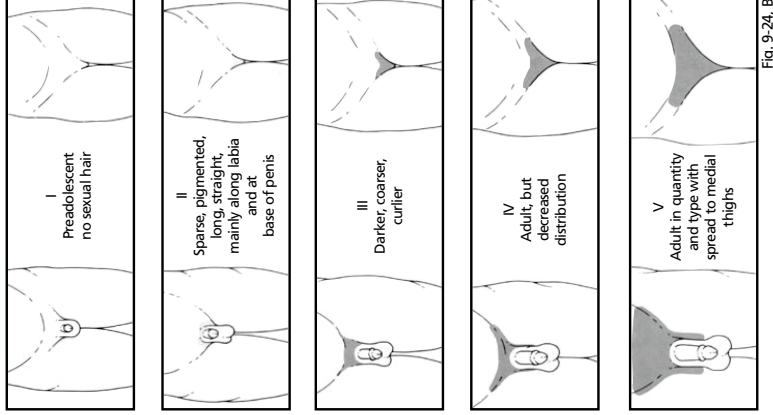


Fig. 9-24, B

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In young women, the Tanner stages for breast development are as follows (Fig. 9-24, C):

- **Stage I (Preadolescent)** - Only the papilla is elevated above the level of the chest wall.
- **Stage II - (Breast Budding)** - Elevation of the breasts and papillae may occur as small mounds along with some increased diameter of the areolae.
- **Stage III** - The breasts and areolae continue to enlarge, although they show no separation of contour.
- **Stage IV** - The areolae and papillae elevate above the level of the breasts and form secondary mounds with further development of the overall breast tissue.
- **Stage V** - Mature female breasts have developed. The papillae may extend slightly above the contour of the breasts as the result of the recession of the areolae.

The stages for male genitalia development are as follows: (Fig. 9-24, A):

- **Stage I (Preadolescent)**- The testes, scrotal sac, and penis have a size and proportion similar to those seen in early childhood.
- **Stage II** - There is enlargement of the scrotum and testes and a change in the texture of the scrotal skin. The scrotal skin may also be reddened, a finding not obvious when viewed on a black and white photograph.
- **Stage III** - Further growth of the penis has occurred, initially in length, although with some increase in circumference. There also is increased growth of the testes and scrotum.
- **Stage IV** - The penis is significantly enlarged in length and circumference, with further development of the glans penis. The testes and scrotum continue to enlarge, and there is distinct darkening of the scrotal skin. This is difficult to evaluate on a black-and-white photograph.
- **Stage V** - The genitalia are adult with regard to size and shape.

Source:

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