

综述

心理韧性的研究进展

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[摘要] 心理韧性指个体应对逆境积极适应的动态过程, 与精神障碍症状密切相关, 可通过干预进行提升。该文对心理韧性的定义、评估方法及干预进行综述, 提出心理韧性可作为与压力源暴露相关的精神障碍症状的指标, 对改善个体心理韧性、促进个体心理健康发展具有一定的参考和借鉴意义。

[关键词] 心理韧性; 精神障碍; 评估方法; 干预

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Advances in resilience research

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[Abstract] Resilience refers to the dynamic process of individual's positive adaptation to adversity, which is closely related to the symptoms of mental disorders and can be improved through intervention. This paper reviews the definition, evaluation method and intervention of resilience, and proposes that resilience can be used as an indicator of mental disorders related to stressor exposure, which has certain reference significance for improving individual resilience and promoting individual mental health development.

[Key words] resilience; mental disorder; evaluation method; intervention

中国精神卫生调查显示, 国内精神障碍(除痴呆症外)的终身患病率约为16.57%, 常见精神障碍包括焦虑症、心境障碍、物质使用障碍、冲动控制障碍及精神分裂症等^[1]。在一定程度上, 上述疾病均与压力事件的发生相关, 如创伤性事件、重大挑战、生活转变、躯体疾病等压力事件均会诱发个体的焦虑、抑郁甚至幻觉、妄想等精神症状; 在应对压力事件时, 部分高心理韧性的个体可以保持或迅速恢复良好的心理健康状况, 而低心理韧性的个体则不然^[2]。相较于以往以精神障碍症状为导向的心理健康指标, 心理韧性这一健康指标则可在群体中筛选易感人群, 将症状导向的研究模式转变为以健康为导向的研究模式, 实现精准化心理健康干预^[2]。

1 心理韧性的定义

“Resilience”常被翻译为“韧性”“弹性”“复原力”等, 强调个体的复原能力。在目前的研究中, 尚未对心

理韧性的界定形成统一标准, 但多数定义均围绕“逆境”和“积极适应”2个核心展开^[3]。

较为公认的心理韧性的定义主要基于以下3个角度考虑: 个体特质或能力、逆境积极结果、动态适应过程。如Connor等^[4]认为心理韧性是个体应对逆境(如压力、创伤等)时仍能保持适应性行为的能力。Masten^[5]则将心理韧性视为一种发展框架或一个适应系统, 强调个体经历压力事件后所产生的积极结果。Kalisch等^[2]在总结前人研究的基础上, 发现个体在成功应对压力事件的过程中会出现4个变化, 即人生观层面的改变、新优势或能力的出现、对未来压力源的部分免疫以及表观遗传学或基因表达模式的改变; 且该研究认为, 心理韧性并非一种稳定的个体特质, 也不是特定的基因型或大脑结构, 其应是适应特定压力生活环境的动态过程, 强调个体主动、动态适应, 不仅取决于个体特质、基因型或大脑结构, 还取决于压力源的性质和其他复杂因素。

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2 心理韧性的评估

随着心理韧性研究的不断深入,其评估工具和方法也在临床上得到了同步发展。目前,量表评估是心理韧性最为常用的评估方法。研究者多侧重于心理韧性的保护性因素或内在结构编制心理韧性量表,具有良好的信效度。Wagnild等^[6]编制的心理韧性量表(Resilience Scale, RS)将心理韧性划分为能力、自我与生活接纳共3个维度。Connor等^[4]基于能力、特质角度编制的心理韧性量表(Connor-Davidson Resilience Scale, CD-RISC)是临床上应用最为广泛的评估量表,包括个体能力、忍受、变化接受度、控制、精神影响5个维度,共25个条目。该量表在社区、保健门诊、普通精神科门诊等的就诊人群中均表现出良好的信效度。Yu等^[7]根据本土化结果将CD-RISC的5个维度修改为3个,即坚韧、自强和乐观,并修订了该量表的中文版。CD-RISC英文版和中文版均采用5级评分,得分越高表示个体心理韧性水平越高。且横断面研究^[4]发现,CD-RISC得分较高的心理韧性个体的心理健康问题较少。

除针对心理韧性的量表测量外,基于结果角度的定义,研究者们发现可通过压力事件发生后个体的心理症状反映其心理韧性水平。如McAndrew等^[8]以心理健康综合评分(the Mental health composite score, MCS)作为经历战争部署后的军队士兵心理韧性的指标。针对创伤后患者,常以创伤后个体的相关症状或适应性功能的缺乏作为其心理韧性的衡量指标,如创伤后应激障碍症状量表(Post-Traumatic Stress Disorder Symptom Scale, PSS)^[9]。同时,有研究采用抑郁自评量表(Self-Rating Depression Scale, SDS)和焦虑自评量表(Self-Rating Anxiety Scale, SAS)来评估个体在应对压力过程中的心理韧性水平的动态变化^[10]。此外,还有部分研究通过脑成像^[11]、头发皮质醇^[12]、基因组^[13]等神经生物学指标来反映个体心理韧性水平。而研究者们有针对性地采用量表评分与神经生物学指标相结合的方式全面评估个体的心理韧性,或将为心理韧性的动态变化提供更多维度的指标。

3 心理韧性与精神障碍症状的关系

研究^[14-15]显示,心理韧性可以概念化为与压力源暴露相关的心理健康指标,可缓冲因压力源暴露后的个体的不良心理健康状态。如,CD-RISC得分对积极情绪具有强预测性,提示心理韧性在以积极情绪中断为特征的

精神障碍(如抑郁症)中具有重要作用^[16]。横断面研究^[17-20]发现,心理韧性与个体的抑郁焦虑程度、创伤后症状水平均呈显著负相关;同时,其可在创伤和个体心理健康状况之间发挥中介作用^[21]。心理韧性与创伤后应激障碍(post-traumatic stress disorder, PTSD)、焦虑症、抑郁症等精神障碍的发生也密切相关^[22-23]。Xi等^[23]对九寨沟地震发生后3个月的重灾区民众进行调查发现,心理韧性对民众的PTSD有直接影响,同时还可通过焦虑、抑郁症状对PTSD产生间接影响。Liu等^[24]针对新冠疫情背景下的美国898例18~30岁成年群体的横断面调查发现,心理韧性与低水平的焦虑、抑郁症状相关。

研究^[25]发现心理韧性还会削弱焦虑症状与赌博成瘾之间的联系,并认为成瘾类精神障碍的心理治疗可针对性地改善患者的心理韧性^[26]。另有研究^[27-28]考察了心理韧性与网络游戏障碍(internet gaming disorder, IGD)间的关系,结果显示IGD组相较于健康对照组心理韧性更低,究其原因可能与IGD患者的抑郁症状有关;同时,上述研究还发现心理韧性可通过增加个体的积极情绪来减轻IGD症状。由此可见,心理韧性与个体应对压力后是否表现出精神障碍症状密切相关。

4 心理韧性的干预

研究^[29]提示,心理治疗可以改善个体的心理韧性,减轻精神障碍症状,从而提高其心理健康水平。常规心理治疗如认知行为疗法(cognitive-behavioral therapy, CBT)能够帮助个体进行认知重塑,对压力事件做出更积极的解释,从而有效减少创伤后的负面症状^[30]。冯彩英等^[31]开展的随机对照研究发现,与干预组相比,骨折患儿术后24 h施行干预+CBT可显著增强其心理韧性及康复依从性,有效缓解其负性情绪。非随机对照研究^[32]发现,为期6周的CBT能够增强共病PTSD和药物使用障碍的退伍军人的心理韧性,且心理韧性的改善与PTSD症状的减少显著相关。同时,有研究发现正念(mindfulness)对心理韧性的改善也具有一定的积极效果:对有犯罪问题的青少年进行10 d正念干预及生活技能训练,结果发现正念与青少年心理韧性及情绪行为问题的改善显著相关^[33];且通过随机对照试验(randomized controlled trial, RCT)发现,仅4 d的短程正念练习也能够提高个体心理韧性得分^[34]。

Zamirinejad等^[35]报道,对个体心理韧性的干预能够改善抑郁症患者的抑郁症状。Christopher等^[36]基于正念的韧性干预(mindfulness-based resilience training,

MBRT)结合了正念与韧性的改善;Penn韧性项目(Penn resilience program, PRP)是基于认知行为理论开发的一项针对学生的韧性训练计划,注重提高个体的认知行为技能^[37];压力管理、心身增弹训练(Stress management and resiliency training, SMART)是一个针对性提升个体心理韧性的12周项目^[38]。经过RCT验证发现,上述针对性干预能够显著降低干预组的压力水平,改善个体的心理韧性。一项针对重症监护病房护士的心理韧性训练研究^[39]显示,干预后护士的CD-RISC得分显著增加,职业压力水平显著下降;但该研究未设置对照组。对现役军人韧性训练的有效性进行验证,发现韧性训练可帮助军人改善焦虑、抑郁症状或睡眠问题^[40],也有助于减少创伤对军人心理健康的有害影响^[41]。因此,韧性训练能够有效帮助个体改善症状,且不同韧性项目的侧重亦有所不同。研究者们可进一步开发更具针对性的心理韧性干预方式,改善个体的心理韧性,以考察心理韧性与个体症状之间的关系。

同时,针对心理韧性的干预研究的设置并不统一,且干预形式也存在较大差异^[42]。如:研究中的评估时间点应遵循疗效研究的设置,至少需包括干预前测、干预后测及干预后随访;干预期间内可开展多次评估,以更精确地研究个体心理韧性在干预中的变化轨迹;亦可开展长期随访评估,以确定个体在后续面对压力源时的心理健康状况及心理韧性变化。

除研究设置外,目前针对精神障碍患者的干预研究鲜少以心理韧性的改善为指标,而多采用精神障碍症状

进行衡量^[30];且以心理韧性为指标的干预研究对象多集中于儿童青少年、高风险职业群体(如军人、医疗工作者等)或重大疾病患者。研究^[30, 43]发现,心理韧性干预在已遭受创伤的群体中的效果较低。因此对高风险职业群体的心理韧性干预还需要在压力源暴露之前进行,从而改善此类群体的心理韧性、增强其应对压力的能力。

5 总结

由于心理韧性易受到多种因素的影响,其概念具复杂性和模糊性,具体的保护性因素和风险性因素也需进一步探讨^[44]。目前,心理韧性评估指标尚不足以体现其概念,研究者应有意识地将其视为一种动态过程,而非单一的结果或稳定的特质。

心理韧性的可改变性也验证了其基于过程的动态性定义的合理性。将心理韧性作为心理干预的疗效指标是可行的,但相关干预研究也存在较多问题,如研究设计无法体现其有效性、疗效研究设置不科学、研究对象集中等。

总之,心理韧性的研究正处于转型期,基于过程的动态性心理韧性定义将为研究者提供新的视角与理解,同时也将提出新的评估与研究要求^[45]。除此之外,临床心理治疗师也应在治疗过程中注重对来访者的心理韧性的培养;后续相关研究也可有针对性地开发改善个体心理韧性的干预方法,将心理韧性作为心理干预疗效或心理健康状况指标,以健康为导向,促进个体心理健康发展。

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