

正念疗法在社交焦虑障碍中应用的研究进展

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【摘要】 随着认知行为疗法第三代浪潮的到来,越来越多的基于正念的心理疗法被应用于社交焦虑障碍中。基于正念的心理疗法主要包括正念减压疗法、正念认知疗法和接纳承诺疗法。一些研究已证实基于正念的心理疗法能够减轻社交焦虑症状,增加自尊、正念技能和心理灵活性。现对正念的定义、正念疗法的介绍以及正念疗法在社交焦虑障碍中的应用进展进行阐述。

【关键词】 社交焦虑障碍; 正念减压疗法; 正念认知疗法; 接纳承诺疗法; 综述

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【Abstract】 With the arrival of the third wave of cognitive behavioral therapy, more and more mindfulness-based psychotherapy has been applied to social anxiety disorder. Mindfulness-based psychotherapy mainly includes mindfulness-based stress reduction therapy, mindfulness-based cognitive therapy and

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acceptance and commitment therapy. Some studies have shown that mindfulness-based psychotherapy can reduce symptoms of social anxiety and increase self-esteem, mindfulness skills, and mental flexibility. In this paper, the definition of mindfulness, the introduction of mindfulness therapy and the application of mindfulness therapy in social anxiety disorder are illustrated.

【Key words】 Social anxiety disorder; Mindfulness-based stress reduction therapy; Mindfulness-based cognitive therapy; Acceptance and commitment therapy; Review

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社交焦虑障碍(social anxiety disorder, SAD)也称社交恐惧症,是一种致残性的心理障碍。当患者置身于可能被他人审视的社交情境,如与权威人士说话、演讲、吃饭时,会感到强烈的焦虑和恐惧。SAD患者害怕自己的表现会引起他人的负面评价,以至于会回避或不得不忍受这样的社交情境^[1]。SAD是一种较为常见的心理障碍,平均发病年龄为13岁^[2]。研究表明,SAD女性的患病率高于男性,这种差异在青少年中可能尤为显著^[3]。WHO世界精神卫生调查的SAD跨国流行病学显示,SAD的30 d、12个月和终生患病率分别约为1.3%、2.4%和4.0%。此外,低/中低收入国家以及非洲和地中海东部地区的SAD患病率低于高收入国家以及美洲和太平洋西部地区^[4]。SAD患者通常与其他疾病(如抑郁症)共病^[5]。面对这些社交情境,患者可能会表现出身体上的一些症状,如颤抖、脸红和心悸^[6]。当症状严重时,会影响其学习、工作和生活^[7]。

认知行为疗法(cognitive behavior therapy, CBT)是治疗SAD的主要方法^[7],传统的CBT主要通过暴露、认知重建、社交技能训练和放松训练减轻SAD患者的症状,提高生活质量^[8]。但随着研究的不断深入,也暴露出一些问题。首先,高质量的研究较少且许多研究使用等待名单作为对照组,但等待名单对照组夸大了该心理治疗的效果^[9];其次,一些SAD患者对CBT治疗无应答,导致患者治疗后仍有症状^[10];最后,有很多SAD患者不愿意参加CBT^[11]。因此,有必要探索传统治疗的替代或补充疗法。

本文从正念的定义、正念疗法的介绍以及正念疗法在SAD患者中的应用进行综述,以期对SAD患者的治疗提供一定的依据。

一、正念的定义

正念(mindfulness)是有意识地将注意力聚焦在当下,并对当下不加评判的一种觉知力^[11]。其起源于东方的佛教禅修,后经西方学者融合心理学技术而成为心理干预方法,被广泛应用于临床和非临床人群^[12]。

二、正念疗法

正念疗法是一系列基于正念的心理疗法的总称,是CBT的第三代^[13]。正念疗法主要包括正念减压疗法(mindfulness-based stress reduction, MBSR)^[11]、接纳承诺疗法(acceptance and commitment therapy, ACT)^[14]和正念认知疗法(mindfulness-based cognitive therapy, MBCT)^[15]。与传统的CBT不同的是,正念疗法的重点不是消除症状,而是让患者学会对当下保持接纳和不评判,以此可以带着症状更好地生活^[16]。

MBSR由卡巴金在1979年创立,是一个正念训练团体课程,标准的课程为期8周,每周1次,1次2 h左右^[11]。最初其是为了减轻慢性患者的疼痛和压力,后来研究者们将其应用于各种身心疾病中,如癌症、肥胖症和创伤后应激障碍^[17-19],不仅被应用于有疾病的患者中,也被应用于健康人群,能够减轻健康人群的压力、焦虑,减少其负性情绪,从而提升生活质量^[20]。MBSR可能是通过改变认知-情感过程改变情绪反应^[21]。顾洁等^[22]的研究发现,基于网络的MBSR课程能够提高普通人群的正念水平,稳定其心境状态。MBSR包括多种形式的正念练习,如正式和非正式的冥想练习以及哈达瑜伽。正式练习包括正念呼吸、身体扫描、正念步行等练习^[20];非正式练习将正式练习中的技术应用到日常生活中,目的是将注意力转移到对当前时刻的觉知上^[21]。参与者们通过指导者发放的引导音频和工作手册进行课后练习。总之,这套正念练习旨在增强直接觉察这些体验内容本身的能力,特别是想法、情绪和身体感觉^[21]。

MBCT是由西格尔、威廉姆斯和蒂斯代尔创立,其将MBSR与认知疗法(CT)相结合,最初是用来预防抑郁症的复发^[15],现在被广泛应用于不同种类的生理和心理疾病^[23-24]。Segal等^[25]的研究发现,基于网络的正念认知治疗同样对有残余抑郁症状的患者有效,并在12个月的随访期间保持不变。MBCT的训练项目包括吃葡萄干、身体扫描、正念步行和

3 min呼吸空间等练习^[15]。MBCT的核心要义包括提升注意力技能和培养正念,即以非评判性的方式专注和有意识地关注当前体验的技能,这样患者会更加清楚地意识到自己的身体感觉和感受,并能在潜在的负性思维模式变成威胁之前识别出来^[26]。

ACT由海斯创立,植根于关系框架理论,通过接纳、认知解离、以己为景、承诺行动、明确价值观六个核心过程,旨在提高人们的心理灵活性,促进有价值的行为改变^[15]。ACT练习的项目主要有正念呼吸、体验式练习、隐喻故事等^[15],在各种精神疾病如药物滥用、抑郁症和慢性疼痛中具有良好的效果^[27]。

三、正念减压疗法在SAD中的应用

近年来,MBSR在SAD患者中实施的研究较为深入,更多的经验性证据支持MBSR在SAD治疗中的有效性。Goldin和Gross^[21]对16例SAD患者进行8周MBSR治疗,并用功能性磁共振成像(functional magnetic resonance imaging, fMRI)探究其与治疗相关的大脑行为指标变化,结果表明该疗法使得负性情绪体验降低,杏仁核活动减少,注意分配涉及的脑区活动增强,从而有助于改善焦虑、抑郁症状和提高自尊。Hjeltnes等^[28]通过对53例SAD青年患者实施MBSR的治疗,发现该疗法能显著减轻SAD症状和整体心理困扰,增加正念技能和自我同情。Jazaieri等^[29]进行的一项随机对照实验,将MBSR与有氧运动治疗相比较发现,在干预后立即和干预后3个月,MBSR和有氧运动都能使其临床症状减少和主观幸福感增强。Goldin等^[30]将108例未用药的SAD患者随机分为MBSR组、团体认知行为疗法组(cognitive-behavioral group therapy, CBGT)和等待对照组,结果表明两种治疗在社交焦虑症状、认知重评、认知扭曲、自我效能、正念技能、注意聚焦和反刍方面都产生了类似的改善,且干预后12个月的症状改善仍然保持不变。最新研究表明,MBSR能提高SAD患者的睡眠质量^[31]。MBSR缓解SAD患者症状的机制研究较少。重评、注意力集中和注意力转移的频率增加可能是MBSR减轻社交焦虑症状的机制^[30]。因此,需要更多的实证研究探索MBSR改善社交焦虑症状的机制。在比较MBSR和CBT治疗SAD患者效果方面的结果是混合的。Koszycki等^[32]对53例广泛性SAD患者随机分为8周的MBSR组或12周的CBGT组,结果发现CBGT在减轻SAD症状方面较MBSR更有效;但Thurston等^[33]的研究显示,CBGT和MBSR在调节SAD成人的自我观方面

可能同样有效。因此,未来的研究应该提供更多高质量的RCT,充分比较MBSR和CBT在SAD治疗中的疗效。MBSR具有可接受性、可获得性、成本较低和较低的病耻感等优点,对于不愿参与CBT和对CBT无应答的患者而言可能是更好的选择^[29]。然而,MBSR也可能面临一些负面影响,Hjeltnes等^[16]对经过MBSR治疗的14例SAD患者进行质性访谈,研究表明部分SAD患者在MBSR干预过程中感到焦虑、抑郁和不舒服,所以了解MBSR的益处和潜在的危险至关重要。在研究对象方面,更多的研究针对的是成年人,在未来的研究中,应对青少年进行更多的研究,以更好地预防和治疗SAD患者。

四、正念认知疗法在SAD中的应用

MBCT主张去中心化,即聚焦当下的能力,对想法和感受不做评判,并接纳它们,从行动模式向存在模式转变^[34]。行动模式包括反刍(思考过去和担忧未来),而存在模式是一种正念的状态(接纳,活在当下而不评判)。通过去中心化和心智模式的转变可以减轻焦虑^[34]。SAD的主要认知特点是害怕负面评价和扭曲的自我信念^[35]。MBCT在MBSR的基础上增加了认知成分,所以其可能更适用于SAD。虽然目前关于MBCT在SAD患者中应用的文献较少,仍处于探索阶段,但这些研究均表明MBCT对SAD患者是有效的。例如,Ebrahiminejad等^[26]对SAD的女高中生进行8周的MBCT治疗,结果表明MBCT可以提高自尊和减轻社交焦虑。Strege等^[36]的研究表明,MBCT能有效缓解社交焦虑症状,且这种治疗效果可能与积极情绪的改善有关。虽然Piet等^[37]的研究显示MBCT的治疗效果可能不如传统的CBT,但其仍然是一种容易实施、低成本和有效的干预手段。

五、接纳承诺疗法在SAD中的应用

ACT的目标不像传统的CBT那样纠正认知错误,而是学习如何充分和公正地体验这些经验,以实现个人价值目标^[27]。ACT有望成为CBT的替代治疗,首先,与传统的CBT相比,ACT可能会进一步提高一些领域的功能和生活质量,因为其侧重于更广泛领域的价值澄清;其次,由于SAD患者通常会出现一系列社交回避行为,患者在进行基于暴露的治疗时会非常焦虑和恐惧,这种治疗鼓励其体验恐惧,从而能够减少回避行为^[27]。Azadeh等^[38]对SAD女高中生施行ACT治疗,结果发现ACT可以提高其心理灵活性。Dalrymple和Herbert^[27]的研究表明,ACT能减轻社交焦虑症状和提高生活质量。Ivanova等^[39]和Gershkovich等^[40]的研究表明,基于

网络的ACT对SAD的有效性、可接受性和可推广性对于由于病耻感、地理位置和费用而不能或不愿参加面对面心理治疗的SAD患者而言,这可能是一个比较好的选择。Craske等^[41]对87例SAD患者进行了一项随机对照试验,发现在干预结束时和干预后的12个月,为期12周的ACT与CBT一样有效,且都比等待对照组更有效。ACT与CBT疗效间的比较研究较少,未来的研究应增加ACT与不同的积极对照组相比较的研究,可为干预方法的选择提供参考依据。ACT治疗SAD的理论基础和作用机制有待进一步探索。

六、小结与展望

以上研究表明正念疗法对社交焦虑患者是有效的,从而使正念疗法成为SAD的辅助或替代治疗成为可能。由于其中一些研究是试点研究,未来的研究应该重复或改进这些研究,从而验证和形成更多高质量的研究,并将正念疗法扩展到其他疾病。结合事件相关电位(event related potential, ERP)等客观指标探讨正念疗法对SAD的疗效,并开展质性研究,进一步探讨SAD患者对正念疗法的主观感受,以提高干预质量,更好地为患者服务。由于针对SAD的儿童、青少年和老年人的正念干预研究较少,未来应将其研究对象扩展到这几类人群。因为MBCT是MBSR和CT的结合,包含了与抑郁症相关的认知成分,未来的研究可以将其他心理障碍的认知成分与MBSR相结合,以干预特定的精神障碍。当今世界是信息大爆炸的时代,互联网和手机给人们带来了极大的便利,SAD患者可能更愿意选择基于互联网和智能手机软件的正念课程,因为其方便快捷,不受地域和时间的限制,不用参加面对面的团体治疗^[39]。在未来,需要对治疗成分进行拆解研究,以检验哪些治疗成分在其中发挥着独特的作用。正念疗法能否成为SAD患者的替代治疗方法还需要进一步的系统研究。

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