

内感受与情绪健康的关联

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摘 要

内感受作为具身认知的重要组成部分, 由身体内部器官、自主神经系统和中枢神经系统相互作用产生。目前采用多种研究方法测量内感受, 并发现内感受加工与情绪感受和多种情绪障碍存在密切关联, 评估与干预内感受可能对情绪障碍的诊断及干预具有重要价值。

关键词

内感受, 情绪, 身心健康, 心理健康评估

The Association between Interoception and Mental Health

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Abstract

Interoception, as an important component of embodied cognition, arises from the interaction between internal organs, the autonomic nervous system, and the central nervous system. Various research methods are currently used to measure interoception, and studies have found that interoceptive processing is closely associated with emotional experiences and various emotional disorders. Assessing and intervening in interoception may hold significant value for the diagnosis and treatment of emotional disorders.

Keywords

Interoception, Emotion, Body and Mental Health, Mental Health Assessment

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1. 引言

内感受指由神经系统产生的来自身体内部的感受,如心跳、呼吸、饥饿、口渴、疼痛和温度等等(Brewer et al., 2021)。个体的心理功能,不仅依靠脑对外部刺激的加工,也受到内感受信号的影响。内感受通路建立身心连接,影响个体的情绪和认知加工(Khalsa et al., 2018)。内感受主要通过外周和中枢神经系统的交互活动产生(Nord & Garfinkel, 2022; Weng et al., 2021),包括除皮肤和骨骼肌外,来自身体内部的信号。内感受一般无法在意识层面被感知,但在内感受稳态发生扰动时,身体内部的感觉可以进入意识。在不同内感受中,呼吸和心跳相比其他内感受更容易被觉知,如剧烈运动或处于应激状态时,心跳和呼吸加快更可能被个体觉知到(Weng et al., 2021)。同时,对呼吸和心跳的监测也常用于测量个体内感受觉知的敏感度(Brewer et al., 2021)。内感受的表征不仅反映身体内部的生理状态,也影响情绪和认知过程,内感受的异常可能引起情绪和认知障碍(Brewer et al., 2021; Khalsa et al., 2018),而对于内感受的干预也有助于心理障碍的恢复(Weng et al., 2021)。目前部分神经科学研究探究了内感受对情绪和认知加工的影响,了解内感受信号对高级心理功能的影响,有助于更好地揭示身心互动的机制,为心身障碍提供有效干预方案。

2. 内感受生理机制

孤束核在内感受信息从身体到脑的传递中发挥重要中继作用,来自内脏的信息经与内脏相连的外周传入神经纤维传递至脑神经或脊神经,到达脊神经的信号投射到脊髓背角,然后经过脊髓1层传递至脊髓丘脑束,到达脑神经的信号继续上传最终汇聚于孤束核(Critchley & Harrison, 2013)。孤束核投射至导水管周围灰质,导水管周围灰质与目标导向行为相关,调节内分泌、自主神经系统和行为,以维持内稳态(Brewer et al., 2021)。

脑岛也是表征内感受的重要脑区,孤束核同样投射至丘脑基底部腹内侧核团,与尾状核背内侧核团和腹后侧核团建立通路,投射到脑岛。后脑岛接收来自丘脑腹内侧核的身体痛觉、温度感觉和心血管活动等内感受信息,前脑岛对身体内感受进行重新表征,产生有意识的身体感觉。采用直流经颅电刺激对脑岛进行刺激后,被试内感受估计的正确率上升(Sagliano et al., 2019)。脑岛与前扣带回、眶额皮质、杏仁核和下丘脑等脑区存在双向联系,因此,来自外周神经输入的内感受信号,经过孤束核与丘脑的中介,和边缘系统建立通路,对情绪、决策等心理过程产生影响(Brewer et al., 2021)。在完成内感受准确性评估和情绪感受评估时,右侧脑岛和额下顶盖区都显示出激活,脑岛在身体的内感受信息与情绪感受之间建立连接(Zaki et al., 2012)。除脑岛外,其他脑区也共同参与对内脏信号的加工,包括海马、杏仁核、前扣带回、膝下扣带回、眶额皮层、腹内侧额叶皮层、辅助运动区以及运动前区等,与脑岛构成内感受处理网络(Brewer et al., 2021; Engelen et al., 2023)。

3. 内感受测量方法

对内感受的测量可分为内感受准确性、内感受敏感性和内感受觉知水平三个方面,即个体能否准确

感受到自身的内部状态。内感受准确性即个体能否正确感知自身内部状态,常通过心率监测和觉察任务评估。心率监测任务要求被试在一段时间内计算自己的心跳次数,或计算自己心跳次数达到给定次数所需的时间(Brewer et al., 2021; Kritzman et al., 2022; Zaki et al., 2012)。被试主观计数与客观心跳次数的差异可以反映内感受评估的准确性,差异越小代表被试对内感受的觉知越敏感。心率觉察任务要求被试判断实验中视觉和听觉刺激的呈现频率是否与自己的真实心率一致,也可以反映被试内注意的准确性(Brener & Kluvitse, 1988)。内感受敏感性则指个体将注意指向内部感觉以及感受到内部感觉变化的程度。心跳诱发电位(heartbeat evoked potential, HEP)可以反映个体对内感受的注意程度,HEP 一般在心率峰值过后 500~600 ms 后达到最大值(Petzschner et al., 2019)。与注意外部听觉刺激相比,完成心率监测任务时,HEP 幅值显著上升(Kritzman et al., 2022)。而内感受觉察水平反映个体在元认知层面对自己内感受准确性和敏感性的评估,通过自我报告评分与真实状况比较体现(Garfinkel & Critchley, 2013)。

与外感受不同,来自身体内部的信号更加难以在意识水平上被觉察,因此,内感受觉知任务难度更大,仅不足 40% 的被试能够在完成心率监测任务时准确感受到自己的心跳(Khalsa et al., 2009)。而在心率觉察任务中,被试只能在同步和不同步两种选项之间进行迫选,因此,对于内感受觉知能力较差的被试,心跳监测和觉察任务的敏感性较差(Brewer et al., 2021)。近期研究基于心率觉察任务进行修改,提出相位调整任务,被试需将其心跳频率一致但相位不同的声音刺激调至与心跳同时发生。被试的内感受觉知能力可以通过调节后相位与真实心跳相位偏差反映,相比心跳觉察任务,能更好地反映不同被试内感受的觉知能力的个体差异(Plans et al., 2021)。

呼吸相比心跳更容易在意识水平上被觉察,因此,测试被试对呼吸的评估也被用于测量内感受能力(Weng et al., 2021)。呼吸觉察任务可以测量被试的呼吸内感受的觉知,与心率觉察任务类似,在呼吸觉察任务中,被试需判断视觉刺激是否与自己当前的呼吸节律一致(Wang et al., 2019)。被试对呼吸努力程度的主观评估,也可以用于内感受能力的测量。该方法流程为,在被试的呼吸循环中,通过仪器为被试施加呼吸阻力。令被试评估呼吸过程中需要付出多少努力,以反映被试呼吸内感受的觉知准确性(Nikolova et al., 2022)。

4. 内感受与心理障碍

4.1. 内感受与述情障碍

内感受觉知能力与情绪感知能力存在密切联系。根据情绪的外周理论,来自身体的信号是情绪感受的重要组成部分(James, 1884; Lange, 1885)。对内感受信号的评估,影响主观情绪体验(Zhou et al., 2021)。述情障碍是一种难以识别和表达自身情感的心身症状。内感受觉知能力较差的个体,对日常生活的负性情绪调节能力也更差(Zamariola et al., 2019),更难通过文字描述自己的情绪,述情障碍的症状更加严重(Smith et al., 2022)。由于无法对内感受信息进行正常加工,个体难以识别自身状态,产生情绪命名困难(Zamariola et al., 2019)。述情障碍患者常将由心理问题表现为躯体化症状(Zhou et al., 2021)。

内感受加工问题也会影响述情障碍患者的学习与决策等高级认知功能。根据 Damasio 提出的躯体标记假说,个体在进行决策时,身体的状态包括骨骼肌和内脏等本体感觉,也会为决策提供线索,在无意识层面影响个体做出选择(Damasio, 1996)。对心脏活动感知能力更好的健康被试,完成爱荷华赌博任务的决策表现也更好(Werner et al., 2009),内感受加工能力较差的个体,不能有效感受到进行决策时和收到反馈后来自身体内部的信号,无法根据躯体感受的经验指导后续决策。内感受也可能通过影响情绪加工对个体决策产生影响,患有述情障碍的被试进行决策时,受到情绪框架效应的影响更小,而内感受能力更好的被试,决策受到框架效应的影响更大。内感受信息为个体感知情绪提供线索,述情障碍患者无法准确感知到决策时的情绪,因此无法有效利用自身感觉和情绪线索进行决策(Mazoor et al., 2021)。

4.2. 内感受与情绪障碍

除情绪障碍外,内感受加工异常和抑郁焦虑等情绪问题也存在关联。当外界环境不存在高威胁线索时,焦虑患者交感神经系统仍过度兴奋,生理处于高唤醒状态(Correia et al., 2023; Kausche et al., 2022),这种身体状态与脑认知加工分离的模式可能与内感受加工异常相关。对身体信号的过度关注也与焦虑患者的躯体症状相关,躯体化问题是焦虑患者的常见症状。焦虑患者将更多注意投向与疾病无关的内感受变化,并将该变化错误解释为异常状态,因而感受到更多焦虑情绪与躯体不适(Mansell et al., 2003)。焦虑水平较高的被试,在完成呼吸内感受评估任务时,对完成任务准确性的信心评价分数更低,同时前脑岛激活也更弱。内感受觉知能力更差的被试,在加工引起焦虑情绪的威胁性刺激时,无法准确地建立身体反应与情绪感受之间的关系,更容易产生难以调节的焦虑情绪(Harrison et al., 2021)。

抑郁症患者也表现出了内感受功能的异常,抑郁的典型躯体症状包括疲劳、睡眠问题、食欲变化和身体不适感等,这些躯体症状可能与机体内稳态变化有关(Nord & Garfinkel, 2022)。快感缺失也是抑郁的核心症状,该症状可能与内感受相关脑区激活较低存在关联。与正常被试相比,抑郁症被试内注意任务中的脑岛、杏仁核、壳核及尾状核激活水平更低(Burrows et al., 2022)。其内感受加工脑区激活下降,说明抑郁症患者感受到的内部生理激活程度更低,因而产生的情绪强度也更低(Brewer et al., 2021)。

4.3. 内感受与其他障碍

除情绪障碍外,内感受异常与进食障碍、物质使用障碍等问题也有密切联系。胃肠内感受功能失调可能导致问题进食行为,神经性厌食症患者忽视饥饿感而限制卡路里摄入,尽管进食少量食物,患者仍报告强烈饱腹感(Khalsa et al., 2022)。同时,进食障碍患者也存在内感受元认知异常。进食障碍患者对当前身体内部状态觉察能力较弱,更难根据身体信号调整饮食行为,从而陷入情绪,产生更多情绪性进食行为(Young et al., 2017)。饥饿感知异常不仅与饮食障碍存在联系,内感受问题也是影响物质使用障碍患者渴求感的关键因素,胃饥饿素浓度与酒精渴求感存在正向关联(Farokhnia et al., 2019)。此外,药物使用能够改变身体内稳态,个体将药物使用导致的身体变化信号与渴求产生关联,从而对药物产生依赖(Brewer et al., 2021)。

人格解体也与内感受信号加工异常有关,内感受是来自机体内部的信号,可能是自我概念产生的重要部分,内感受加工出现问题可能影响自我相关信息加工(Candia-Rivera et al., 2024)。更高的内感受评估准确性能够促进自我相关的学习和记忆加工(Brewer et al., 2021),而内感受加工异常则可能使个体无法产生一致的自我概念。内感受敏感度更低的被试,在完成自我相关记忆测试时,回忆正确率更低(Messina et al., 2022)。内感受作为自我状态相关线索影响自我信息加工。内感受能力与记忆的关联可能以海马为生理基础,海马同时参与了内感受信息与记忆内容的加工,被试对内感受的评估,可能基于过去身体活动的模式,需要依靠记忆功能共同完成内感受评估,因此,内感受觉察能力较差的被试,自我参照记忆测试表现也更差(Stevenson et al., 2018)。

5. 内感受干预方法

直接调控内感受通路可以有效地改善内感受及相关心理障碍。直接作用于神经系统的药物如肾上腺阻滞或激动剂、选择性 5-羟色胺再摄取抑制剂、苯二氮卓类药物、肌肉松弛剂和阿片类药物都能有效缓解如抑郁、创伤后应激障碍等障碍的相关症状(Khalsa et al., 2018; Nord & Garfinkel, 2022)。神经调控也能直接改变内感受相关神经活动,作为内感受加工的重要中枢,刺激脑岛能够显著提高内感受准确性(Sagliano et al., 2019)。除对中枢进行刺激外,调控周围神经活动也能改善内感受相关障碍,迷走神经是自主神经系统的重要组成部分,参与心血管、呼吸和胃肠等多种内脏活动的调节控制。对将内脏信息上

行传导至孤束核的迷走神经进行刺激调控,从而调节皮层及皮层下神经活动能够改善多种障碍(Weng et al., 2021)。

正念冥想是改善内感受的常见心理干预方式(Khalsa et al., 2018; Nord & Garfinkel, 2022; Weng et al., 2021)。正念要求训练者以非评判的态度觉察此刻的身体感受,能够提高训练者对内感受的元认知觉察,同时促进训练者对不同身体感受的接纳,减轻身体不适感带来的消极情绪(Bernstein et al., 2015; Dunne et al., 2019)。完成注意呼吸的正念冥想时,脑岛的激活显著增强(Ganesan et al., 2022)。同时,默认模式网络脑区与其他认知控制相关脑区如背侧前扣带回、背外侧前额叶连接增强(Brewer et al., 2021)。由于觉察内部感受是正念练习的主要任务之一,默认模式网络与认知控制脑区连接增强可能表明个体对内部过程觉察的提高。已有大量研究表明,正念对与内感受异常相关的多种心理障碍,如焦虑、抑郁、饮食障碍、物质使用障碍、应激后创伤障碍等,都有显著的干预效果(Hopwood & Schutte, 2017; Li et al., 2017; Maj et al., 2015; Masuda & Hill, 2013; Spinhoven et al., 2022)。

6. 总结与展望

目前有关内感受的研究发现,内感受由基于内脏器官、支配内脏器官的自主神经系统和中枢神经系统的相互作用产生。个体的内感受除对生理健康产生影响外,对心理健康也存在影响。个体的内感受是情绪感知的重要组成部分,也与不同心理障碍存在密切关联。但目前研究对于内感受、情绪和以及内感受如何导致情绪障碍的相互关系探究还不够深入,部分研究共同关注了内感受对情绪和认知的影响,但未从机制方面进行深入探讨(Baiano et al., 2021; Ma et al., 2017)。未来研究可结合贝叶斯模型深入探讨内感受与情绪认知之间的相互作用,及内外感受对情绪认知等心理过程的影响(Barrett & Simmons, 2015),更加清晰地揭示内感受异常与不同心理障碍之间的作用机制。

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