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抑郁症快感缺失的社会心理特征及其干预策略研究进展

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摘　要

快感缺失(anhedonia)是指患者对日常活动的愉悦体验能力持续减退，是抑郁症(MDD)的核心症状之一。快感缺失的病理机制复杂，但长期以来，对于抑郁症快感缺失的研究多聚焦于多巴胺奖赏通路异常。然而，近年来大量研究证据表明，社会心理因素不仅独立影响快感缺失的形成，更与神经生物学机制有着复杂的联系。因此深入研究抑郁症的快感缺失症状和社会心理因素的关系，对了解抑郁症患者快感缺失的形成、提升患者的治疗效果乃至提高患者的生活质量具有极为重要的意义。本文旨在对社会心理因素在抑郁症快感缺失中的研究进展进行综述，为日后研究提供新的方向。

关键词

快感缺失，抑郁症，临床心理学特征

Research Progress on the Psychosocial Characteristics and Intervention Strategies of Anhedonia in Depression

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Abstract

Anhedonia, defined as a persistent reduction in the capacity to experience pleasure from normally rewarding activities, is a core symptom of major depressive disorder (MDD). Although the pathophysiology of anhedonia is complex, research has long centered on dopaminergic reward pathway dysfunction. In recent years, however, a growing body of evidence has highlighted the significant role of psychosocial factors, which not only independently influence the development and maintenance of anhedonia but also interact dynamically with neurobiological mechanisms. Understanding the interplay between psychosocial determinants and anhedonia is therefore crucial for elucidating its underlying mechanisms, optimizing therapeutic interventions, and improving the overall quality of life among individuals with MDD. This review provides a comprehensive overview of current research progress on the psychosocial features of anhedonia in depression and discusses emerging directions for prevention and intervention strategies.

Keywords

Anhedonia, Major Depressive Disorder, Clinical Psychological Features

1. 引言

抑郁症(Major Depressive Disorder, MDD)是一种以持续情绪低落、兴趣减退以及快感缺失为核心症状的精神疾病，目前已成为全球最重要的致残原因之一(Cui et al., 2024)。近年来，MDD 发病率上升趋势明显，尤其以青少年及老年人更甚。MDD 严重影响患者生活治疗，同时加重社会经济负担，每年全世界因 MDD 导致的各类经济损失超 1 万亿美元(Arnaud et al., 2022; Mo et al., 2024)。现有研究显示，MDD 在全球尤其是低收入地区的治疗缺口仍超过 50% (Kishi et al., 2023)，而目前主流传统药物包括 5-羟色胺再摄取抑制剂以及 5-羟色胺和去甲肾上腺素再摄取抑制剂的治疗方式效果并不理想(Cipriani et al., 2018; Webb et al., 2019)。尽管近年来以氯胺酮和经颅磁刺激(repetitive Transcranial Magnetic Stimulation, rTMS)为代表的各种新型疗法在改善 MDD 患者症状时展现出不错的疗效，但其长期安全性缺乏足够的验证(Cui et al., 2024; Kazemi et al., 2025)。以上因素都提示 MDD 存在极大的社会危害。

快感缺失(Anhedonia)作为 MDD 的核心症状之一，表现为对日常愉悦体验能力的持续减退，其神经生物学机制涉及纹状体、前额叶皮层(PFC)等多脑区功能异常(Pizzagalli, 2022)。与单纯的情绪低落相比，快感缺失导致的社会功能障碍更为持久，且伴随该症状的 MDD 患者通常对抗抑郁药物的疗效反应不佳(Pizzagalli, 2022; Treadway & Zald, 2011)。进一步研究发现，伴快感缺失的 MDD 患者更容易出现学业或职业功能受损、社交回避以及非自杀性自伤行为，其自杀风险也显著高于不伴快感缺失的 MDD 患者(Dunn et al., 2023; Grèzes et al., 2023)。因此，探究影响 MDD 患者快感缺失的社会心理因素，对于理解其病程特征及制定干预策略具有重要意义。

2. 快感缺失现状

流行病学调查表明，约 50%~80%的 MDD 患者存在显著快感缺失症状(于雅琼等，2024)。而代谢综合征、睡眠障碍等共病进一步加剧快感缺失的病理进程(Zhao et al., 2024)，例如有研究表明，伴快感缺失的 MDD 患者的代谢综合征患病率更高(Moreira et al., 2019)。而一项覆盖 16,494 人的大型荟萃分析表明：快感缺失并非 MDD 所独有，在精神分裂症、帕金森病、物质依赖及慢性疼痛等多种精神或神经疾病中亦可见到，其结果显示，上述疾病患者在斯奈思－汉密尔顿快感量表(Snaith-Hamilton Pleasure Scale, SHAPS)上的得分普遍高于健康对照组，而 MDD 患者的得分又显著高于其他疾病组(Trøstheim et al., 2020)。

3. 社会心理因素的影响

3.1. 社会支持缺乏

近年来的研究表明，社会支持在个体快感体验中起到关键作用。多项研究显示，良好的社会联系与快感缺失症状呈显著负相关。Li 等人在 2023 的研究指出，拥有可以倾诉的亲密对象以及能获得的实际帮助与快感缺失严重程度之间存在负向关联(Li et al., 2023)；同年，Ruzickova 等人通过行为激活干预进一步证实，提升社会支持水平可直接改善快感缺失症状(Ruzickova et al., 2023)。此外，Warth 等也在针对女性 MDD 患者及其伴侣的研究中发现，强化伴侣间互动不仅改善了患者的情绪状态，也提高了关系满意度(Warth et al., 2020)。以上研究均提示积极的社会交互或对 MDD 患者的快感恢复具有潜在益处。整体而言，这些研究结果共同表明，社会支持的提升可能在缓解快感缺失方面发挥直接的保护性作用。

同时，来自不同人群的研究也揭示了社会隔离与快感缺失之间的紧密联系。多项通过对青少年、老年的研究均显示，孤独感之于青少年和被排斥感之于老年人在各自的症状网络中占据核心位置，并通过强化负性情绪直接驱动快感缺失(Caycho-Rodríguez et al., 2025; Kim et al., 2021; Wahid et al., 2022)。

在神经生物学层面，社会支持缺乏对快感缺失的影响也有明确证据支持。研究表明，社会支持水平与左后扣带皮层体积呈负相关，该区域灰质减少与奖赏加工功能受损密切相关，提示长期社会支持不足可能通过特定脑结构萎缩以削弱奖赏敏感性(Jiang et al., 2023)。在青少年阶段若缺乏社会支持，孤独体验可能导致前额叶－边缘系统的功能失衡，阻碍腹侧纹状体等奖赏相关脑区的成熟(Kim et al., 2021; Mullarkey et al., 2021)。此外，Dudek 等人指出，社会隔离可引起默认模式网络与奖赏网络的功能连接异常，神经回路的这种重塑会削弱个体对积极刺激的神经反应(Dudek et al., 2021)。以上证据显示，社会支持不足不仅在心理层面影响快感体验，还可能通过改变脑结构与功能，为快感缺失的形成提供神经生物学基础。

3.2. 童年创伤经历

以往研究表明，特定类型的童年期创伤经历可能在快感缺失的形成过程中发挥重要作用(Cohen et al., 2019)。其中，情感忽视会剥夺个体在早期发展阶段对情感支持的基本需求，从而削弱其感受积极情绪的能力，该类型创伤不仅与抑郁情绪的严重程度密切相关，还可独立预测快感缺失的出现及其随时间的恶化轨迹(Cohen et al., 2019)。除此之外，情感虐待直接通过持续的负性评价削弱个体的自我价值感，进而使快感缺失与抑郁情绪交互影响，加重抑郁症状表现(Wang et al., 2023b)。

在中国青少年样本中的一项横断研究发现，女性在情感忽视与快感缺失之间的关联更为显著，且这种关联部分受感知压力的中介作用的影响更为明显。研究者认为，女性对情绪线索的敏感性较高，可能导致其奖赏系统对情感忽视的反应更强(Han et al., 2023)。而一项跨诊断分析进一步支持这一结论：在临床高风险精神疾病及 MDD 群体中，童年创伤可通过增强感知压力间接导致快感缺失，而女性在这一路

径中的效应量较男性高 30% (O'Brien et al., 2023)。值得注意的是，躯体或性虐待与快感缺失之间的关联相对较弱，提示情感层面的创伤在快感缺失的发生机制中具有更高的特异性(Kenézlői et al., 2023)，这一结果与一项网络分析结果相一致，Wang K 等人认为，情感虐待与情感忽视在连接外部环境风险与快感缺失症状的路径中起“桥梁”作用(Wang et al., 2023a)。

神经生物学研究也为童年创伤可以导致快感缺失提供了新的依据。Harnett 等人的研究指出，在女性创伤幸存者中，穹窿白质纤维结构的紊乱程度与快感缺失的严重性及恢复速度呈负向关联，且该关联强度约为男性的两倍，更为重要的是，这一结构异常仅在经历情感忽视的个体中显著，而在躯体虐待组中未观察到类似结果，进一步提示情感性创伤与快感缺失之间存在更为紧密的联系(Harnett et al., 2021)。同时一项对 56 名高创伤暴露女性的研究发现，血浆炎症标志物水平升高与腹侧纹状体–内侧前额叶功能连接减弱显著相关，而这种连接功能的下降能够预测快感缺失的出现(Mehta et al., 2020)。动物实验同样表明，早期持续性压力会降低成年小鼠对高奖励刺激的敏感性，从而重现快感缺失的行为特征(Hisey et al., 2023)。

3.3. 成年期应激

近年研究表明，成年期应激事件，尤其是职业压力与经济困境，对快感缺失的形成与持续起到具有重要作用。研究表明，已有证据显示，职业倦怠与快感缺失的共病现象在医疗卫生从业者群体中尤为突出。其中，情绪衰竭被认为可以通过消耗个体的情感资源，直接促进抑郁症状的出现，而快感缺失与情绪衰竭之间呈显著正相关(Wang et al., 2024)。国外流行病学调查亦表明，约半数受访者每年至少出现一次职业倦怠发作，而该状态与快感缺失水平高度相关(Vaisman et al., 2024)。近年来在国内的疫情背景下，医护人员在工作中的沮丧感(Demoralization)能显著预测快感缺失(Lin & Yeh, 2023)。值得注意的是，工作场所暴力(如患者/同事施加的言语或身体暴力)作为特殊应激源，被证实与快感缺失密切相关(Yun et al., 2023)。

经济压力方面，国外研究揭示，低收入男性青年的快感缺失症状存在明显的“阈值效应”，即当经济压力累积至一定水平后，快感缺失的发生率显著上升(Wahid et al., 2021)。同时中国香港一项针对首发精神病女性患者的研究也提示，经济困难组在阴性症状量表(Scale for the Assessment of Negative Symptoms, SANS)的快感缺失–社交退缩维度的得分显著高于对照组。综合以上研究结果，成年期应激，特别是职业倦怠与经济困境，均可通过情绪耗竭与社会心理资源损耗等途径影响个体的快感缺失水平，提示在针对快感缺失的防治中应重视应激管理与社会支持系统的构建。

3.4. 人格特征

近年来有研究表明，人格特质与快感缺失之间存在密切联系。神经质水平较高的个体往往同时表现出更严重的快感缺失与焦虑症状，两者呈显著正相关，这提示高神经质个体可能通过强化负性情绪反应而加重快感缺失症状(Liao et al., 2019)。另一项研究则表明，外向性与奖赏敏感性之间存在显著联系，外向性较低的个体或许由于奖赏系统功能受抑而更易出现快感缺失(Blain et al., 2021)。

近年来，受到新冠疫情这一长期应激的影响，高神经质个体在恐惧情绪轨迹上的波动更为显著，而低外向性的个体快感缺失症状受此影响呈持续恶化趋势(Zinbarg et al., 2023)。同时，神经质水平较高及外向性水平较低的个体对抗抑郁药物治疗的反应性普遍降低，上述人格特质可作为评估抗抑郁药物疗效的独立预测因素(Webb et al., 2019)。

在神经生物学层面，有研究发现，快感缺失与前丘脑辐射的 FA 值呈正相关，而神经质与钩束的轴向扩散系数呈负相关，表明不同人格特征可能通过不同的白质通路影响快感缺失(Pfarr et al., 2021)。Martone 等的综述指出，快感缺失与低外向性相关的基因可能成为个体化治疗的潜在靶点(Martone et al., 2024)。

4. 社会心理干预策略

4.1. 认知行为疗法

认知行为疗法(Cognitive Behavioral Therapy, CBT)作为 MDD 的主要心理干预方式之一，其核心理念是通过修正负性认知偏差和行为激活(Behavioral activation, BA)来缓解抑郁相关症状(Dunn et al., 2023)。该方式具有较强的可操作性与推广性，能够借助互联网技术实现广泛应用(Santopetro et al., 2024)。有研究指出，基于互联网的 CBT (internet-based cognitive-behavioral therapy, iCBT)可以通过结构化任务引导患者重新接触正性刺激，显著提高奖赏回路的反应性，表明 CBT 可能通过调节包括伏隔核(NAc)和膝下扣带回(sgACC)在内的奖赏回路来缓解 MDD 患者的快感缺失症状(Hanuka et al., 2023)。作为 CBT 的重要组成部分，BA 旨在通过系统性地增加患者参与愉悦性活动的频率，以改善其动机缺乏与快感体验受损(Webb et al., 2023)。预期性快感缺失作为快感缺失的重要亚型，已被证实与 Nac、PFC 的低激活相关，而在经过 BA 治疗后，这些区域活动的增强也可以表明 BA 针对预期性快感缺失具有更佳的有效性(Jung & Han, 2024)。此外，近期研究还发现 BA 能够调节特定的强化学习机制改善快感缺失(Huys et al., 2022)。

值得注意的是，一些新型干预策略在传统 CBT 框架上进行了扩展。例如，增强抑郁疗法(Augmented Depression Therapy, ADepT)通过融合 CBT 与正念训练，在提升快感体验与幸福感方面显示出的效果优于传统 CBT (Dunn et al., 2023)。而诸如 CBT 与运动训练等联合干预策略也能通过增强神经可塑性，显著改善快感缺失症状(Meyer et al., 2024)。这些研究都提示，CBT 与其他疗法协同能够取得更好的疗效。

尽管 CBT 及其衍生方法对快感缺失具有显著疗效，但仍存在一定局限。研究显示，在急性治疗阶段，CBT 与 BA 均可有效减轻快感缺失，但患者在治疗结束后症状的严重程度仍高于健康人群，且长期随访中未观察到持续、显著的改善(Alsayednasser et al., 2022)。针对青少年人群的研究也表明，虽然 CBT 可降低快感缺失评分，但奖赏系统的敏感性提升仅出现在基线奖赏反应性较高的个体中(Webb et al., 2023)。因此，对于重度快感缺失患者，可能仍需结合 rTMS 等其他治疗方式增强治疗效果(Dalhuisen et al., 2022)。此外，传统 CBT 在应对文化压力或创伤相关快感缺失方面仍显不足，未来应开发更具文化适应性和创伤针对性的干预方式(Kuan et al., 2024)。

4.2. 正念干预

正念干预(Mindfulness-Based Interventions, MBIs)是一种根据正念理念的心理治疗方法，通过关注于当下体验，以非评判的态度接纳自身感受而起到治疗作用(Garland, 2021; 中国心理学会临床与咨询心理学专业委员会正念学组，中国心理卫生协会认知行为治疗专业委员会正念学组，2019)。有证据提示，MBIs 可能通过调节默认模式网络与前额叶奖赏通路之间的连接性，增强个体对奖赏信号的敏感度(Cernasov et al., 2024)。一项针对慢性压力人群的随机对照研究发现，正念减压疗法可以通过提高正念水平改善 MDD 患者的社交快感缺失(Carlton et al., 2022)。而且，基于正念的认知疗法(Mindfulness-Based Cognitive Therapy, MBCT)在快感缺失患者中表现出与基于快感缺失的行为激活疗法(Behavioral Activation Treatment for Anhedonia, BATA)相似的疗效，提示 MBIs 可能通过减轻反刍思维、增强情绪调节能力等机制来缓解快感缺失(Cernasov et al., 2024)。

但 MBIs 也存在一定的局限性，一项为期 15 周的随访研究显示，经 MBCT 与 BATA 治疗后，患者快感缺失评分均明显下降，但后续随访阶段未出现进一步降低(Cernasov et al., 2024)，这一发现提示虽然 MBIs 对快感缺失的改善效果良好，但提示其疗效的长期稳定性尚待进一步验证。针对重度快感缺失个体，MBIs 干预的效果相对较弱，可能与治疗前后杏仁核等皮层下结构体积无显著变化有关(Gibson et al., 2024)。在线 MBIs 结合 BA 的混合治疗模式在提高奖赏敏感性方面虽有优势，但其疗效可能受个体依从性限制

(Potsch & Rief, 2024)。另外，类似东亚文化中的“面子观念”等文化因素也可能削弱 MBIs 的干预效果(Kuan et al., 2024)。

4.3. 家庭、社会支持治疗

现有研究表明，社会支持的增强可通过减少孤独感与消极的自我评价等负性社会心理因素，从而显著降低快感缺失的风险，尤其是亲密关系中的积极互动对症状改善具有显著促进作用(Li et al., 2023)。针对老年癌症患者的研究发现，对于缺乏家庭支持的个体，家庭系统性干预能够通过提升意义感与降低照护负担感，从而对快感缺失产生显著的缓解效果(Saracino et al., 2023)。Zhou 等人的研究通过“社会触摸体验问卷”进一步证实，童年情感忽视经历与成年期快感缺失水平之间存在显著关联(Zhou et al., 2024)，而家庭干预可能通过重塑安全依恋模式，改善个体的积极情感体验与奖赏反应(Li et al., 2023; Zhou et al., 2024)。

5. 小结与展望

近年研究结果显示，以情感忽视与情感虐待为主的儿童期不良经历，是个体在成年后发生抑郁症及快感缺失的重要社会心理风险因素，且该关联在女性中表现更为显著。社会支持可通过减轻孤独感与负性自我评价在一定程度上发挥缓冲与保护作用。人格特质方面，高神经质以及内向型个体更容易出现快感缺失。而快感缺失作为抑郁症的核心症状，与大脑奖赏环路功能异常密切相关，并且表现出跨诊断特性。治疗方面，单一的行为激活疗法、正念干预和经颅磁刺激对快感缺失有显著改善效果，而针对严重快感缺失患者，多种治疗策略的联合应用往往能够取得更理想的疗效。但目前为止，针对快感缺失社会心理因素的研究仍较少，且大多为横断面研究难以确定其因果关系，未来需增加更多的纵向研究，深入研究影响快感缺失产生的具体相关因素。如未来可通过结合功能性神经影像(如 fMRI)与生态瞬时评估方法，纵向追踪不同社会支持水平的个体在面对社会奖赏刺激时，其腹侧纹状体–前额叶通路激活模式的动态变化，进而探究社会支持影响快感缺失的神经行为机制。针对情感忽视与快感缺失的显著关联，未来研究可整合基因检测与多模态脑成像等技术追踪患者由早期心理创伤向快感缺失症状转化的神经生物学过程。CBT 针对快感缺失的疗效明确，未来研究可在 BA 或 ADepT 等 CBT 衍生干预的基础上，结合多模态脑影像等技术明确其改善快感缺失的神经机制，并尝试与 rTMS 等神经调控手段结合，以验证其协同增效及远期维持作用，为 MDD 快感缺失的个体化精准干预提供更准确的证据。

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