

社会支持对产后女性心理健康的调控作用

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收稿日期: 2024年12月31日; 录用日期: 2025年3月7日; 发布日期: 2025年3月19日

摘要

产后女性心理健康问题的高患病率及其对个体与家庭系统的多重损害, 社会支持因其多维度、低成本的干预特性受到关注。然而, 目前研究领域仍存在以下局限: 对产后常见心理健康问题的探讨未能充分凸显产后阶段的独特性, 社会支持维度划分与协同机制不清晰, 动物模型与人类研究成果整合薄弱。本文通过梳理社会支持的作用模型, 结合临床研究与动物实验证据, 旨在厘清不同支持维度的作用边界, 为制定社会支持导向的产后心理健康干预策略提供理论依据。

关键词

社会支持, 产后抑郁, 产后焦虑, 心理健康调控

The Regulatory Role of Social Support in Postpartum Women's Mental Health

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Received: Dec. 31st, 2024; accepted: Mar. 7th, 2025; published: Mar. 19th, 2025

Abstract

The high prevalence of mental health issues among postpartum women, coupled with their complex and detrimental effects on individuals and family systems. Social support has gained increasing attention due to its multidimensional nature and low-cost characteristics as an intervention. However, current research in this field faces several limitations: First, discussions of common postpartum mental health issues often fail to sufficiently address the unique aspects of the postpartum period. Second, the various dimensions of social support and their synergistic mechanisms remain poorly understood. Lastly, the integration of findings from animal models and human studies is still limited. This paper aims to clarify the boundaries of different support dimensions by reviewing existing

models of social support and synthesizing evidence from both clinical research and animal studies. In doing so, it provides a theoretical foundation for developing social support-based intervention strategies to support postpartum mental health.

Keywords

Social Support, Postpartum Depression, Postpartum Anxiety, Mental Health Regulation

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1. 引言

产后女性心理健康问题作为全球公共卫生领域的重要议题，其干预紧迫性源于高患病率与多维度损害效应。产后精神疾病的患病率逐年攀升[1]，不仅导致母婴互动质量下降、家庭功能紊乱，更对产妇的内分泌系统[2]、情绪调节能力[3]及社会适应能力(如母亲角色适应)[4]造成持续性损伤，亟需系统的、安全的干预手段。

当前学界针对产后心理问题的干预手段主要包括药物治疗、认知行为疗法及社会支持系统构建。药物治疗虽能快速缓解症状，但存在副作用风险且无法解决环境诱因；心理治疗虽有助于认知重构，但存在实施成本高、专业资源稀缺等局限。相比之下，社会支持干预因其多维度、低成本的优势受到广泛关注。其独特性体现在：一方面通过情感支持直接调节神经内分泌功能(如降低皮质醇水平)[5]，另一方面通过信息支持增强母亲角色适应性[6]。更重要的是，社会支持兼具预防性与治疗性功能——既可通过提升自我效能感预防心理问题发生[7]，又能通过压力缓冲机制减轻已发症状[8]。这种生态化的干预特性使其更契合产后女性所处的家庭系统。

尽管社会支持的作用已获普遍认可，现有研究仍存在三个关键局限：首先，对产后常见心理健康问题的探讨多停留在病理层面，未体现出产后阶段的特殊性；其次，社会支持维度划分的不清晰导致干预方案缺乏规范性，未能阐明感知支持与实际资源获取的协同机制；最后，动物模型与人类研究的结论尚未有效整合，限制了对调控机制的跨物种解释力。本综述通过梳理社会支持的双向调节模型(直接调节与间接调节)，结合临床研究与动物实验证据，为开发基于社会支持网络的精准化干预方案提供理论依据。

2. 产后女性主要的心理健康问题

近年来，产后女性心理健康问题已成为临床心理学和公共卫生领域的重要研究议题。产后女性心理健康问题可能导致认知功能受损、社会适应能力下降等持续性负面影响，这可能在一定程度上影响母婴互动质量[9]及家庭功能[10]，但其对产妇自身心理健康的多维度损害效应尤为突出，涉及生理、心理和社会功能等多个维度，亟待深入研究与干预。

产后女性可能面临抑郁症、焦虑症、双相情感障碍以及精神分裂症等精神健康问题的困扰，其中最突出的是产后抑郁[11]和焦虑[12]。研究表明，产后女性出现抑郁、焦虑等心理健康问题的风险显著增加[13][14]，这种风险可能因经济困难、社会关系问题以及低社会阶层等因素而加剧。研究数据显示，产后抑郁症的患病率高达 17% [15]，焦虑症患病率为 15.2% [16]，且这些精神疾病的患病率呈现逐年上升的趋势。由于产后女性的心理行为表现受到激素水平剧烈波动等特定生理因素的调控，使得产后精神疾病具有独特的研究价值和临床意义。

2.1. 产后抑郁症

产后抑郁症是指女性在产后出现的一种抑郁情绪状态，通常在分娩后 4 至 6 周之间显现，但也可能延续至产后数月[9]。在名词定义与临床诊断上，产后抑郁症很容易与产后“蓝调”(baby blues)相混淆，二者主要区别在于发病周期的长短。产后“蓝调”是指短暂的情绪波动，通常持续几天到两周左右[17]，而产后抑郁症持续时间较长，可能延续至产后数月，且症状更为严重[18]。从发病周期来看，产后抑郁症与普通抑郁症也不尽相同，普通抑郁症没有特定的时间界限，可能在任何阶段发病。另外，由于产后抑郁症常被忽视或误认为是产后“蓝调”，导致延误治疗[19]，而普通抑郁症往往更容易在早期被察觉，因为其表现更为典型。因此，明确产后抑郁症的生理行为表现以及病因形成的独特性尤为重要。

产后抑郁症主要表现为情绪抑郁、自尊心低、兴趣丧失、无价值感、情绪烦躁、食欲不振、感觉疲劳、注意力不集中等[20]。这些症状看似与普通抑郁症没有明显区别，但产后抑郁症的症状表现往往比普通抑郁症更为强烈，并且可能伴有对婴儿的不适当想法或行为，如自杀念头或伤害婴儿的冲动[21]。产后抑郁的症状在某些方面与普通抑郁症相似，均表现出低能量水平及部分焦虑症状[22]。但在情绪表达维度上，两者呈现显著差异：普通抑郁症以显著而持久的情绪低落为核心特征，而产后抑郁症则更多表现为精神运动性激越(即因情绪紧张或焦虑引起的过度身体活动)及执行功能损害(包括注意力障碍和决策能力受损)[22]，这表明与普通抑郁症相比，产后抑郁可能更倾向于表现为行为上的改变。

产后抑郁症的发病风险受多重因素影响，主要包括既往精神障碍病史、激素水平变化以及社会支持系统缺陷等[23]。产后抑郁症的病因与普通抑郁症高度相关，具有既往抑郁病史的产妇在产后抑郁症的发生率上显著高于无抑郁病史的产妇[24]。激素水平的变化是产后抑郁症的一个重要生物学基础。虽然通常认为抑郁症患者普遍存在神经递质系统的功能障碍，但妊娠这一特殊事件所引起的激素水平变化造成了产后抑郁症生理表现的独特性。产后妇女体内的激素水平，特别是孕激素和雌激素的急剧下降，被认为是触发产后抑郁的关键因素之一[2][25]。产后抑郁症与普通抑郁症在激素水平变化方面的具体差异主要体现在雌二醇(E2)、孕酮(P)和催乳素(PRL)的水平上。产后抑郁症患者的血清催乳素水平在分娩后的第 5 天和第 42 天均高于正常产妇，孕酮水平在分娩后的第 5 天也高于正常产妇[26]，这表明催乳素水平的升高可能与产后抑郁症的发生有关。而雌二醇水平在分娩前较高[26][27]。这些激素的突然减少可能会影响大脑中的神经递质平衡，如血清素和多巴胺，从而影响情绪状态[25]。此外，甲状腺功能的变化也可能与产后抑郁有关[2]。产后的一系列生理变化影响了女性心理状态与行为表现的转变。

2.2. 产后焦虑症

与一般性焦虑不同，产后焦虑具有特定的临床表现，其核心特征是对婴儿健康、育儿能力和母亲角色转变的过度担忧与恐惧[28]，而一般焦虑所涉及的问题可能更加广泛[29]。

产后焦虑症产生的原因是多方面的，包括生理因素、心理社会因素以及环境因素等。从产妇生理指标的变化来看，产后焦虑与 HPA 轴调节、甲状腺功能、催产素、泌乳素和孕酮水平的变化有关[30]。这些激素的变化可能影响产妇的情绪状态，导致焦虑感增加。此外，抑郁史、严重恶心、极度疲劳、社会支持不足和负面生活事件等心理社会因素可能增加产妇的心理负担，从而导致焦虑[31]。产后焦虑症患者所表现出的紧张不安、睡眠障碍以及头痛疲劳等身体状况[32]与普通焦虑症的症状相似，但产后焦虑症的患者可能会经历过度担忧和思考，这些担忧可能与婴儿的健康、照顾婴儿的压力以及自身的健康有关[33]。

产后焦虑症常与产后抑郁症共存，这两种精神疾病之间存在强烈的关联[34]，如果产后焦虑症未能得到及时干预，可能会迅速发展为产后抑郁症[35]。另外，产后焦虑症可以视作产后抑郁的早期预警信号，产后焦虑症可能导致产妇出现持续的抑郁症状，这些症状可能持续到孩子出生后至少 11 年[35]，这种长期的抑郁不仅影响产妇自身的心理健康，还可能导致在照顾孩子时出现情感和行为上的问题，如对新

儿的忽视或虐待[36]。因此对产后早期焦虑的干预与筛查有助于预防更严重、更复杂的心理健康问题。

3. 社会支持对产后心理问题的调控作用

社会支持网络与多种心理状态密切相关,包括抑郁、焦虑、压力水平以及创伤事件应对能力[37][38]。广泛且稳固的社会支持网络往往与较低的压力水平、较高的主观幸福感和自我效能感呈正相关;反之,狭窄的社会关系网络和不足的社会支持则容易导致负面情绪的产生[38][39]。

值得注意的是,社会支持对产后女性心理健康的影响存在双重维度:主观感知层面与客观可获得性层面。提升社会支持的主观感知度可显著降低产后抑郁、焦虑和压力水平[40];但若客观支持资源不足,单纯依靠主观感知将难以产生实质性的心理调适效果[41]。只有当个体既感知到充分的社会支持,又能实际获得相应的支持资源时,才能最大化发挥其直接和间接的调控作用。这一发现为理解社会支持的作用机制提供了重要理论基础。

在此前提下,不同类型的社会支持对产后女性心理健康的影响存在显著差异,其中情感支持和信息支持是最具代表性的两种形式。情感支持通常指的是来自家人、朋友或伴侣的情感关怀和理解,从直接调控机制来看,情感支持能够直接调节产后女性的情绪状态,通过降低压力激素水平、改善神经内分泌功能等生理途径,这对于缓解产后抑郁和焦虑症状尤为重要[40][42]。信息支持是指提供有关育儿技能及产后心理健康调控的实用信息,就间接调控机制而言,这可以帮助产后女性更好地应对生活中的挑战,减少因信息不足而产生的压力和焦虑[43],这种支持形式对于那些角色适应困难的母亲尤其重要。这些发现为深入探讨社会支持的具体调控路径提供了实证依据。

3.1. 社会支持对产后心理健康的直接调控

社会支持在普通人群中的益处已得到广泛证实。丰富的社会关系和良好的社会支持网络可以培养更高效的沟通技巧,有助于在一定程度上预防抑郁和其他精神疾病[44]。良好的社会支持还可以保护人们免受疾病[45]的侵害,并有助于提供额外的压力应对机制[46]。对于产妇而言,社会支持具有特殊的保护作用。与同龄人相比,拥有良好社会支持的孕产妇更有可能改善精神、心理和情绪健康[12][41]。研究表明,高水平的社会支持能够显著降低产妇发生产后抑郁的风险[47],同时也能改善产后女性的心理健康状态,降低抑郁症状水平[48]。从作用机制来看,社会支持较低的产妇往往面临多重风险。她们可能与他人的信任感较低,难以获得丰富的信息来源,从而面临更大的压力,增加产后抑郁的风险[49]。除此之外,这类产妇对家庭的满意度较低,与社会环境的互动较差,容易产生孤独感,导致情绪调节和压力应对能力下降,进而增加焦虑症状[49][50]。这一发现与 Sufredini 等人的研究结果一致,即孕期女性的社会支持水平与她们的状态焦虑水平呈负相关[51]。

在深入探讨人类研究的基础上,动物模型为我们提供了补充性的研究视角,啮齿类动物丰富的社会行为系统使其成为研究社会支持影响产后母体心理健康机制的理想模型。社交压力在产后期间对母鼠的影响主要表现为焦虑样行为增加。研究发现,产后经历慢性社交挫败应激的母鼠在哺乳期间表现出母性照顾的缺陷及焦虑样行为增加[52]。社会隔离对母鼠的影响也得到了证实,产后社会隔离可能通过影响单胺类神经递质的功能,进而引发焦虑样行为[53]。社会支持系统匮乏会引发母鼠的焦虑样行为,相反,丰富的社会环境将改善母鼠的产后负面情绪。更多的社交互动机会能够恢复产后母鼠的社会能力,并减少焦虑样行为[54],这些行为变化与大脑中特定神经肽系统的改变有关[52]。

3.2. 社会支持对产后心理健康的间接调控

社会支持在改善产后心理健康问题的过程中发挥着双重作用,除了可以直接提供心理安慰,还可以通过减轻外部压力源、提升个体特质等间接方式来发挥作用。

社会支持通过缓解压力来发挥正向作用,即所谓的“压力缓冲”理论[8]。社会支持可以减轻产妇的生活压力、提高产妇的生活满意度,从而正面影响产妇的态度和行为[55]。具体而言,社会支持可以作为压力的缓冲器,减轻生活中的压力对产后抑郁的影响。例如,在 COVID-19 大流行期间,社会支持被发现可以减轻产后女性感受到的压力、酒精使用和药物使用对重度抑郁障碍的影响[56]。对于产后焦虑而言,社会支持不仅可以直接减少产后焦虑,还可以通过缓解生活压力来间接减少焦虑[57]-[59]。

除了减少压力源,社会支持还可以通过改变产妇的个体特质,使其能够更从容应对产后的一系列困难,从而改善产后心理问题。比如通过增强产妇的自我效能感来减少产后抑郁的发生。相关性研究表明,社会支持与产妇的自我效能感之间存在正相关,而产妇的自我效能感则与产后抑郁呈负相关[7]。这种相关性暗示着社会支持可以通过提高产妇的自我效能感来降低产后抑郁症状[60],部分中介了其产后抑郁之间的关系[61]。产妇的自我效能感除了中介社会支持与产后抑郁的关系,更可能是调节二者联系的关键因素。一项研究提出了一种调节模型,社会支持通过调节产妇的自我效能感来影响产后抑郁[62]。另外,社会支持能够显著影响母亲的角色适应性,甚至是影响母亲角色适应性的最重要因素之一[6]。研究表明,社会支持与产妇对育儿角色的适应性之间存在显著正相关[63][64]。此外,自尊在领悟社会支持与产后焦虑之间的关系中起到部分中介作用[65]。这些研究表明,社会支持通过影响个体的心理状态和应对策略,进而影响产后抑郁、焦虑的程度。

4. 总结与展望

本文系统梳理了社会支持对产后女性心理健康的调控作用及其机制。研究发现,产后抑郁与焦虑的高发性与激素波动、社会支持不足密切相关,其症状特征及调控机制具有产后阶段的独特性。社会支持通过直接调节和间接调节(如缓冲压力、改善产妇的个体特征)双重路径发挥作用,但需主观感知与客观资源协同方能实现最优干预效果。动物模型进一步证实社会支持缺失会引发母性行为异常及情绪障碍,提示跨物种调控机制的生物共性。现有研究仍存在支持维度划分模糊、人类与动物证据整合不足等局限。

基于以上内容,实践层面可从三方面构建精准化社会支持干预体系:第一,构建“感知-资源”联动体系,通过产前心理教育课程[66]和产后正念沟通工作坊[67],提升产妇对社会支持的主动识别与接纳能力,同时由医疗机构联合社区建立“产后支持资源库”[68],确保资源可及性。第二,分层实施支持类型,优先强化情感支持,鼓励伴侣参与“共情育儿计划”(如情绪日记共享)[69],并定期进行情感状态评估;同时精准化信息支持,开发“需求-供给”智能匹配平台,根据产妇角色适应程度推送定制化育儿技能培训与心理健康知识。第三,结合压力缓冲与自我效能双路径干预,社区开设“压力分解工作坊”,并通过“母亲能力认证计划”(如成功育儿案例展示、技能实操认证)提升自我效能感[70],切断“低效能-高焦虑”的恶性循环。

未来研究应重点关注三个方向:第一,进一步细化社会支持的维度划分,明确情感支持、信息支持等不同类型的支持的具体作用机制及其协同效应,尤其是探索主观感知支持与实际资源获取之间的动态关系,为开发更具针对性的干预方案提供理论依据。第二,加强跨物种研究的整合,结合啮齿类动物模型与人类临床研究,深入揭示社会支持调控产后心理健康的神经内分泌机制(如催产素、皮质醇等激素的作用),并验证其跨物种共性,为干预手段的生物学基础提供支持。第三,关注社会支持的时序效应,本文已强调了产后阶段的特殊性,进一步追踪产前至产后不同阶段社会支持需求的变化规律,探索不同时期干预的敏感窗口,有助于开发时序特异性的支持方案。

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