

儿童情绪行为问题影响因素研究进展

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【摘要】 儿童情绪行为问题具有发生率高、表现隐匿且可能与后续精神障碍风险增加相关等特点,对儿童社会情绪发展、学习适应及同伴关系产生持续负面影响。本研究从个体、家庭和社会 3 个层面梳理儿童情绪行为问题的主要影响因素及其作用机制,在多层次整合视角下深化对其作用机制的认识,并提出未来应重点围绕体能提升、睡眠改善及减少久坐等因素,加强学校、家庭与社区的协同干预,以促进儿童情绪行为问题的早期预防与健康发展。

【关键词】 情绪;行为;危险因素;儿童

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Research progress on factors associated with emotional and behavioral problems in children

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【Abstract】 Children's emotional and behavioral problems are characterized by a relatively high incidence, concealed manifestations, and a potential correlation with an increased risk of subsequent mental disorders. These problems have a sustained impact on children's social-emotional development, learning adaptation, and peer relationships. The study reviews the main influencing factors and their mechanisms of action regarding children's emotional and behavioral problems from three levels: individual, family, and social. Under a multi-level integrated perspective, it deepens the understanding of these mechanisms and proposes that future efforts should focus on factors such as improving physical fitness, enhancing sleep, and reducing sedentary behavior. Furthermore, it suggests strengthening collaborative interventions among schools, families, and communities to promote the early prevention of children's emotional and behavioral problems and support their healthy development.

【Keywords】 Emotions; Behavior; Risk factors; Child

儿童情绪行为问题是指个体在情绪体验、情绪调节及行为控制过程中出现的持续性或显著偏离常态发展的表现^[1]。现有研究普遍从内化性问题与外化性问题两大维度对其进行界定^[2]。内化性问题主要包括焦虑、抑郁、社交退缩、躯体化症状等,其表现为情绪调节障碍与内在痛苦体验,具有隐匿性强、易被忽视的特点^[3]。外化性问题则表现为注意力缺陷/多动障碍、对立违抗障碍、品行问题以及攻击性和破坏性行为,其特征为冲动控制困难与外部规则违反,常导致明显的功能损害和社会冲突^[4]。情绪行为问题所产生的影响会贯穿个体发展的整个阶段,对其社会情绪发展、学习适应、课堂表现以及同伴关系均具有持续性影响^[5-6]。

近年来,儿童情绪行为问题在全球范围内具有较高的发生率,给儿童个体发展和社会公共卫生体系带来严峻挑战。一项针对中国 27 987 名 3~6 岁儿童的横断面研究发现,学龄前儿童情绪行为问题的总体发生率为 11.2%,其中多动问题与同伴交往问题发生率相对突出^[7]。中国一项对 71 929 名 6~16 岁儿童青少年进行调查的研究发现,儿童青少年情绪行为问题总体检出率为 17.6%,男童(18.6%)高于女童(16.6%),12~16 岁组(19.0%)高于 6~11 岁组(15.9%)^[8]。另一项基于尼泊尔 3 820 名 6~18 岁儿童的调查显示,情绪与行为问题总体发生率为 18.3%,以内化性问题为主,并在性别、族群及城乡地区之间存在差异^[9]。来自坦桑尼亚社区样本的研究发现,低

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年龄组儿童情绪与行为问题总体发生率较高^[10]。此外,纵向研究表明,童年期的情绪和行为问题可预测青少年乃至成年早期的精神障碍发生风险^[11]。Roza 等^[12]基于 14 年追踪数据的研究表明,儿童期情绪与行为问题能够有效预测未来焦虑与心境障碍的发生,凸显了早期识别的重要性。

随着社会结构与家庭形态的转型、数字媒体使用的普遍化以及儿童成长压力的持续加剧,儿童情绪行为问题的表现形式日益复杂和多样,其发生发展的机制亦呈现出更强的情境性与系统性特征^[13]。这一变化趋势凸显了从综合视角系统审视相关影响因素的必要性。基于此,本研究从个体、家庭与社会 3 个层面系统梳理儿童情绪行为问题的主要影响因素,在多层次整合视角下深化对其作用机制的认识,为儿童心理健康政策制定与干预实践的精准实施提供系统化的科学依据。

1 个体因素

1.1 体能水平与儿童情绪行为问题的关系 体能是儿童整体健康发展的基础指标,与儿童情绪行为表现存在密切联系。研究表明,体能水平较低的儿童更容易出现注意力维持困难、冲动行为增加与情绪易激惹等外化表征^[14]。肌力、柔韧性与协调性不足则常与自我效能感较低、同伴互动受限及内化问题发生率升高相关^[15]。体能状况较差的儿童在日常活动中体能负荷更高、更容易疲劳,从而降低参与学校活动的意愿并增加负面情绪体验^[16]。较差的体能往往伴随体重超标、身体自我概念受损以及体育活动回避行为,进一步削弱了儿童的社交机会与正向反馈,形成情绪与行为问题的恶性循环^[17]。

体能不足往往与注意力维持困难、易怒、退缩与多动、冲动等表现相关,尤其在学龄期更为显著^[18]。研究显示,低体能儿童在学业任务中易出现疲劳感、挫败感和自我效能感下降等症状,从而形成“低体能-低参与-差表现-负情绪”循环^[19]。值得注意的是,体能不仅是健康结果,也是可调控的保护因子。学校体育活动项目可在短期内提升儿童体能水平^[20],并伴随一定的情绪改善效应,为学校卫生干预提供了可操作的切入点。

1.2 执行功能与儿童情绪行为问题的关系 执行功能在调节儿童情绪反应和行为表现中起关键作用^[21]。当儿童的执行功能发展不足时,其在面对挫折或压力情境时更容易出现情绪失调、冲动行为以及注意力不集中等问题,进而增加外化和内化问题的风险^[22]。纵向研究进一步揭示了这种关联的动态发展特征,早期执行功能水平能够预测后续情绪行为问题的发展轨

迹。例如,一项针对学龄前儿童的 2 年追踪研究发现,日常生活中的执行功能困难早在 3 岁时即可识别,并能稳定预测 4 和 5 岁时孤独症症状及情绪行为问题的严重程度,表明执行功能缺陷可能构成多种心理病理发展的共同风险通路^[23]。另一项涵盖 1 140 名小学生的纵向研究表明,热执行功能涉及情绪背景下决策和动机调控的能力,与外化行为的关系尤为密切;而冷执行功能,指非情绪性、抽象的认知控制过程,则更广泛地关联于整体行为调节能力^[19]。

执行功能主要通过影响情绪调节与行为抑制过程关联儿童情绪行为问题。抑制控制与注意控制不足时,儿童在高唤醒或挫折情境中更易出现反应抑制失败与冲动反应占优,从而增加攻击、违纪等外化风险^[24];工作记忆与认知灵活性不足则可能削弱情境信息维持与重评能力,导致消极解释偏向与负性情绪持续,进而与焦虑、抑郁等内化问题相关^[25]。同时,“热/冷执行功能”框架提示,热执行功能与情绪背景下的决策控制更紧密关联外化表现,而冷执行功能更广泛关联日常课堂行为与一般行为调节^[26]。

1.3 睡眠障碍与儿童情绪行为问题的关系 儿童睡眠障碍不仅表现为入睡困难、夜间觉醒频繁或日间嗜睡等核心症状,还可能通过干扰神经生物学机制和执行功能,增加焦虑、抑郁、注意力不集中及外化行为的风险^[27]。一项基于 87 548 名日本学龄儿童的大规模横断面调查发现,夜间觉醒与学龄儿童情绪症状、行为问题和同伴关系均呈正相关^[28]。一项大型队列研究发现,18 个月大的幼儿若存在睡眠问题,其在 5 岁时出现焦虑、抑郁及注意力缺陷等情绪行为障碍的风险升高^[29]。纵向队列研究显示,5~10 岁期间持续存在睡眠障碍的儿童,到青春期早期出现临床情绪行为问题的风险增加约 2.3 倍^[30]。另一项针对德国健康儿童与青少年的纵向研究发现,睡眠问题与焦虑、抑郁、注意力不集中及攻击性行为均呈正相关;特定类型的睡眠障碍与不同行为维度存在差异化联系,入睡困难更多关联内化问题,而夜间觉醒频繁则更常伴随外化行为^[31]。

睡眠障碍对儿童情绪调节系统的发育具有重要影响。睡眠启动与维持困难、夜间觉醒增多或睡眠结构紊乱,会干扰慢波睡眠与快速眼动睡眠的正常进程,从而削弱情绪记忆的加工整合与负性情绪的恢复性调节,使儿童更易出现情绪波动增大和应激反应过强等表现^[32]。睡眠障碍往往伴随睡眠连续性下降与有效睡眠减少,进而损害执行控制过程,尤其是抑制控制与工作记忆,削弱儿童在挫折或社交挑战中的行为调控能力,表现为冲动性增强、情绪易激惹与攻击行为风险上升^[33]。

1.4 体力活动与儿童情绪行为问题的关系 研究表明,每天达到 60 min 中高强度体力活动的儿童,在多动、同伴交往、情绪症状等困难维度得分较低,亲社会行为得分较高^[34]。一项针对 1 446 名 11~14 岁英国学童的队列研究发现,较高体力活动与一年后较低的情绪问题显著相关^[35],提示体力活动可能减少情绪问题的发生。此外,Ishii 等^[36]的 2 年追踪研究显示,日本儿童体力活动水平的提升与其心理幸福感增强呈正向关联,而久坐行为则与情绪困扰增加有关。更为系统性的证据来自 Xie 等^[37]对注意力缺陷多动障碍儿童的 Meta 分析,结果显示体育干预能改善注意力缺陷/多动障碍核心症状,证实了运动作为非药物干预手段的有效性。

体力活动可能通过多种路径影响儿童情绪行为。首先,运动能促进大脑神经递质如多巴胺、血清素和去甲肾上腺素的分泌,这些物质在情绪调控中起核心作用^[38]。其次,规律的身体活动有助于改善睡眠质量,而良好的睡眠又是维持情绪稳定的基础^[39]。最后,集体性体育游戏或团队运动为儿童提供了重要的社会互动机会,增强了儿童归属感与自我效能感,从而降低孤独感和攻击性行为的发生风险^[40]。

1.5 静态行为与儿童情绪行为问题的关系 在儿童群体中,静态行为表现形式多为长时间看电视、玩电子游戏或与课业相关的静坐学习。儿童期过高的久坐时间不仅与肥胖、心血管疾病等生理健康问题相关,更与焦虑、抑郁、攻击和多动等情绪行为问题存在关联^[41]。一项针对低收入和中等收入国家儿童的系统综述发现,久坐行为与不良身体成分相关,同时也在多项研究中被识别为焦虑、抑郁和注意力缺陷等情绪行为问题的风险因素^[42]。特别是在 2~6 岁的幼儿群体中,主动使用屏幕媒体的时间增加与情绪行为问题呈正相关,其中包括注意力问题、睡眠障碍、焦虑/抑郁症状以及社交退缩等问题^[43]。久坐行为影响儿童情绪行为的机制涉及多个层面:首先,从生理角度看,长时间静坐可能干扰神经内分泌系统功能,影响血清素、多巴胺等神经递质的调节,进而增加情绪失调的风险^[44]。其次,久坐常伴随屏幕使用,过度接触电子媒体可能导致睡眠质量下降,而睡眠紊乱已被证实是连接久坐与情绪行为问题的重要中介变量之一^[45]。最后,久坐限制了儿童参与户外游戏、体育锻炼和社会互动的机会,从而减少了建立同伴关系、发展情绪调节能力和体验自然环境带来的心理恢复效应的可能性^[46]。

综上所述,睡眠、体力活动、执行功能及静态行为等个体因素与儿童情绪行为问题关系较为密切,其中部分因素具有较强的可干预性。

2 家庭因素

家庭因素在儿童情绪调节能力、行为规范建立及心理健康发展中发挥着核心作用。家庭结构、家庭功能、教养方式、父母心理状态以及家庭经济状况等与儿童内外化行为问题的发生存在稳定关联^[47-49]。研究表明,单亲家庭儿童在焦虑、抑郁或行为适应方面的风险更高,核心家庭相对更有利于提供持续稳定的支持系统,能够为儿童提供更可靠的情感与行为支持,而扩展家庭则在成员互动更为复杂的情况下,儿童的心理行为结局的差异性更大^[50-51]。家庭功能是维持家庭系统稳定与支持各成员心理需求的核心能力。研究表明,家庭功能的健康水平与儿童的情绪和行为表现显著相关,通过提升家庭内的情感回应性和问题解决能力,有助于缓解儿童的焦虑、抑郁等负性情绪,同时减少外化行为如攻击性或反社会行为的发生^[52-53]。相反,家庭功能失调可能导致父母与子女在沟通、角色扮演以及情感支持方面出现障碍,进而增加儿童情绪行为问题的风险^[54]。

教养方式在家庭环境中起着至关重要的作用,权威型教养方式与儿童较低的内外化问题相关^[55]。相较之下,专制型教养以高控制、低温暖为特征,常伴随严厉惩罚、情感疏离和否定性评价,被发现是儿童情绪调节困难、自尊受损和外化行为问题的重要预测因素^[56];放任型和忽视型教养则因缺乏结构或情感投入,往往与更高的儿童情绪调节困难和行为适应不良风险等问题密切相关,这些结果在学龄前及小学阶段儿童中尤为突出^[57]。父母的抑郁、焦虑等心理困扰,可能会削弱其情感关怀与支持能力,使家庭情绪氛围更为紧张、消极,从而增加儿童情绪失调、退缩或攻击等问题的风险^[58]。此外,社会经济地位与儿童情绪行为问题亦存在系统关联,低社会经济地位家庭的儿童更易表现出焦虑与社会适应困难等问题。如一项关于学龄前儿童的研究指出,家庭经济状况较差的儿童更容易表现出焦虑和社会适应问题,而这一现象与父母的教养压力升高以及儿童心理韧性降低密切相关^[59-60]。

综上所述,家庭因素对儿童情绪行为问题的影响主要体现在养育环境、情感支持和家庭经济等方面。加强家庭功能评估、亲职教育支持及高风险家庭识别,可能是预防儿童情绪行为问题的重要切入点。

3 社会因素

在社会因素方面,学校环境、同伴关系、社会文化与媒体环境共同构成儿童情绪行为问题的重要外部影响因素。研究表明,积极的学校氛围、良好的师生

关系以及清晰有序的课堂管理,有助于提升儿童的情绪稳定性和行为适应能力,而资源匮乏或管理失序的学校环境则更易诱发儿童情绪失调和问题行为^[61-62]。在课堂情境中,教师的管理方式和情绪支持水平对儿童行为表现具有直接影响,当教师压力增加或课堂情感氛围恶化时,儿童行为问题往往随之加重^[63]。与此同时,同伴关系在儿童社会化过程中发挥关键作用,稳定、支持性的同伴互动有助于促进自尊和社会适应,而同伴排斥与孤立则增加焦虑、抑郁等内化问题风险^[64]。校园欺凌作为一种高强度社会应激源,不仅与情绪障碍、攻击行为和社会退缩密切相关,还可能通过削弱学校适应和社会支持网络,对儿童情绪与行为健康产生持续的不良影响^[65]。除学校情境外,社会文化背景与媒体环境的快速变迁亦深刻影响儿童情绪与行为模式。学业竞争压力、家长期望及育儿信念差异,均可能通过增加心理负荷影响儿童情绪调节能力^[66];同时,电子媒体和社交媒体的广泛使用,也与儿童注意力问题、情绪困扰及行为冲动风险增加相关,其影响呈现出明显的情境依赖性和双重效应^[67-68]。

综上所述,社会因素主要通过学校环境、同伴关系及媒介暴露等方面影响儿童情绪行为发展。营造良好的学校氛围、减少欺凌暴露并加强媒介使用引导,对促进儿童情绪行为健康具有一定意义。但社会因素受年龄、文化背景及具体情境影响较大,今后仍需在不同人群和情境下开展进一步研究,以提高证据的一致性和实践指导价值。

4 小结

综上所述,睡眠、体力活动、执行功能与体能等与儿童情绪行为问题关联较为稳定,且具备较强可干预性;家庭功能与教养方式、父母心理困扰及社会经济处境与内外化问题相关;学校氛围、同伴关系与欺凌、媒体暴露等社会因素同样重要,但效应更易受年龄阶段与学校情境影响。未来研究可在生物-心理-社会模型下推进,加强客观指标与纵向随访,统一核心测量并采用多种信息来源;同时开展家庭、学校和社区协同的分层支持与随访研究,形成“筛查-干预-评估”闭环以增强实践可用性。

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