

原著

# 短期集中内観が奏効した身体化障害の1例

笹野友寿

川崎医療福祉大学 川崎医科大学 学生相談室 地域医療学教室

1998-11-11 00:00:00+09受理

## A Case Study of a Somatization Disorder Treated by Naikan Therapy

Tomohisa SASANO

*Department of Counseling Room Department of Family Practice Kurashiki, 701-0193, Japan  
Kurashiki, 701-0192, Japan*

*(Accepted 1998-11-11 00:00:00+09)*

**Key words:**Naikan therapy, somatization disorder, polysurgery, drug abuse

### Abstract

Naikan therapy, a method of psychotherapy, was dramatically effective in the treatment of a female patient with somatization disorder. The patient was in her fifties and had been suffering from recurrent and multiple somatic complaints for nine years. The somatic complaints were pain in the eyes, ears, teeth, neck, shoulders and hands, an abnormal sensation in the throat, difficulty in urinating, syncope and paralysis of the arms and legs. Before the Naikan therapy, she had been receiving unnecessary medical care in the forms of surgery and drugs from a number of physicians because she was constantly seeking out doctors. After the Naikan therapy, all her somatic complaints disappeared and, in addition, the psychotherapist-patient relationship improved. She had a deep respect for the psychotherapist, and yet she was able to converse easily with him. One factor in the success of the Naikan therapy is suggested to have been the structure of the therapy, that is, its intensity. The therapist conducted a series of one and half hour interviews over a 15 hour period from 7 a.m. to 10 p.m.. Another factor is suggested to have been her knowledge of a model demonstration of the Naikan meditation in advance. This led her to believe the therapy would be successful.

### 要約

目, 耳, 歯, 首, 肩, 手の痛み, 喉の異常感覚, 排尿障害といった多発性の身体症状が9年間持続し, その間, 失神や運動麻痺などの解離性症状が散発性に出現し, 治療歴として頻回手術や薬物乱用などがみられる50代の身体化障害の女性に, 短期集中内観を行ったところ, 身体症状は著明に改善した. 集中内観後の治療者・患者関係は, 治療者を尊敬する一方で安心して何でも

話せるという、穏やかで安定したものとなった。内視療法が奏効した要因として、連続15時間の集中内視を行い、面接は1.5時間おきに合計11回という濃厚な治療構造であったこと、主治医が内視の導入から面接まで全て一人で担当したことなどが考えられた。また、内視導入までに治療者・患者関係がある程度確立していたこと、あらかじめ患者が自発的に内視テープを聞いていたこと、患者が自発的に集中内視を希望したことなども奏効要因として考えられた。

---