Academic/Research Paper

Hikokomori – a sociocultural mental health phenomenon: An examination of the research on extreme social isolation

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The onset of the Covid-19 pandemic in early 2020 brought social interaction to a sudden and unexpected halt, forcing isolation on large swathes of the global population for many months

Some researchers in the mental health community feared these conditions would only result in an increased occurrence of voluntary social withdrawal even after quarantine restrictions were relaxed (Kato et al., 2020). These concerns were rooted in studies of Hikokomori Syndrome (HS), a formally diagnosable type of social withdrawal that emerged primarily in Japan over the past two decades and is defined by a number of conditions; notably by voluntary isolation within a person's own home for a period of six months or longer. Though no single cause has been identified, it's believed cultural factors may be a significant influence on the development of HS (Pozza, et al., 2019). The Covid-19 pandemic saw cultural encouragement of isolation develop in many regions where it had previously been absent; laying the potential foundation for an increase in long-term social withdrawal.

Social isolation is a difficult psychological condition to address, as it has a multitude of causes and symptoms. In many cases, a brief period of social withdrawal may be a positive and healthy behaviour, reflective of self-exploration and improvement (Coplan, Bowker, & Nelson, 2021). Extreme examples like HS may seem to suggest that negative isolating behaviours have clear differences, however it may not always be immediately obvious that destructive aversion to social interaction has manifested (Biordi & Nicholson, 2013). By the time social withdrawal is realized, a patient is likely to present a number of symptoms from related psychopathologies, such as depression and anxiety. This has left an open question in the research on social withdrawal as to whether it is the root cause of co-occurring pathologies or vice versa (Pozza, et al., 2019).

Literature Review

Social withdrawal is one of many conceptions of isolation present in the literature on mental health. This complicates research as isolation is referred to as a symptom of many social, medical, and psychological conditions and is not always considered a cause for concern. Though social withdrawal itself is specific enough to be differentiated from most of these conceptions, it is present in a diverse subset of recognized mental health conditions, making

its definition nebulous at best. The following literature review spans previous research on the notions of social withdrawal, voluntary social isolation, and HS.

Voluntary Social Isolation

The notion of voluntary social isolation is often referred to as 'solitude'. Coplan, Bowker, and Nelson (2021) provide a broad theoretical review of solitude in psychological literature for the purposes of showing that it is a paradoxical subject. Depending on the context, solitude can be a reward or a punishment, welcome or unwelcome, and healthy or destructive. Partially because of this, there is little agreement on how the notion of solitude should be operationalized or studied. Coplan, Bowker, and Nelson specify that social withdrawal occurs when a person seeks, "to remove themselves from opportunities for social interaction […] as a means of avoiding social contexts perceived as stressful or unpleasant" (2021, p.5). They note that, consistent with the paradoxical nature of solitude, even though the isolation is desired in this case, the associated emotions remain unwelcome (Rubin, Coplan & Bowker, 2009).

Hikikomori Syndrome

A type of social withdrawal that began emerging in Japan in the 1970's and reached a level of prevalence by the 1990's, attracted significant concern from the psychological community. The history, symptoms, and spread of this social avoidance are discussed by Kato et al., (2019). Though there are a number of affiliated symptoms, the primary criterion for an HS diagnosis is the cessation of any social interaction, typically by no longer attending to work or school, for at least six months and spending most of this time confined to one's home. Like many studies of social withdrawal, Kato et al., (2019) note that HS can be the result of a vast variety of psychosocial conditions. They also point that, though HS originated in Japan, similar conditions have emerged in other countries. In discussing HS outside of Japan, Pozza, et al., (2019) reveal that the criteria for this syndrome have been further narrowed to exclude the presence of others psychoses, such as agoraphobia or schizophrenia, that may cause isolation. The social withdrawal in HS must be voluntary and not induced by fear, hallucination, or similar condition. Pozza, et al., (2019) discuss an emerging trend of HS in Italy and make special note of the fact that it most commonly develops during major life transitions, especially the transition from high school to university.

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Kato et al., (2016) have done much to promote the recognition of HS as a diagnosable psychiatric condition, including publishing a 2016 case study of a patient displaying extreme social withdrawal. The patient, referred to only as "Mr. T", was a 39-year-old male that had confined himself almost exclusively to his room for nearly 19 years. Refusing to leave his parents' home for the purposes of finding a job or otherwise supporting himself, Mr. T relied on his family's generosity for survival. To gain insight into Mr. T's psychosis, Kato et al., (2016) conducted an unstructured, qualitative interview with him in conjunction with a review of previous psychiatric treatment. They found that Mr. T felt no sense of concern for what hardship his life choices may have caused his family. Instead, he saw his parents' home as something akin to a "complimentary hotel" (Kato et al., 2016, p.113). In addition to social withdrawal, the authors note that Mr. T also displayed guarded and, on occasion, agitated behaviour when forced to be around others, suggesting a potential comorbidity with schizophrenia.

The case study of Kato et al., (2016) is valuable as it suggests that psychotherapy may be a potentially effective treatment option for HS. This approach did not resolve Mr. T's HS; nevertheless, it did noticeably improve his willingness to leave his home. There are a number of unique features, however, that surround Mr. T's psychotherapy. Most notably, this therapy occurred as part of an involuntary hospitalization that was forced on Mr. T after he became aggressive towards his mother. During the lengthy period of Mr. T's social withdrawal, mental health professionals had tried a number of treatments, including pharmacotherapy. In comparison to these, psychotherapy, specifically family therapy, was far more effective. After this therapy, Mr. T showed a much greater willingness to accompany his parents when they left home and be generally more helpful around the house. Though therapy did not entirely resolve Mr. T's HS, Kato et al.,'s (2016) study of his case provide a significant step towards intervention guidelines and measurement for this condition.

Nagata, et al., (2013), performed a more rigorous study of patients formally diagnosed with social anxiety disorder (SAD) that the authors believed may better be described as HS. Like Kato et al., (2016), Nagata, et al., (2013) believe HS is associated with certain symptoms, such as hypersensitivity to criticism, that justify its recognition as a diagnosable disorder. The researchers performed structured interviews with several patients diagnosed with SAD for the purposes of discerning whether they met the criteria for HS. Qualifying factors included social withdrawal lasting more than six months, along with no desire to attend school or work, and spending most of the time at home. Patients found to be suffering from HS were treated with the standard pharmacotherapy utilized for SAD with the addition of cognitive behavioural therapy (CBT) and group activity. CBT was specifically focused on restructuring hypersensitivity to peer relationships, an aim believed to work in conjunction with therapeutic group activities to reduce aversion to leaving home.

Out of 141 patients interviewed, 27 were found to meet the criteria for HS. This equates to roughly 19% of patients interviewed in the study. Nagata, et al., (2013) found that, similar to Kato et al., (2016), HS frequently displayed comorbidities such as depression, eating disorders, and general anxiety. Furthermore, anxiety was noted to develop earlier in HS patients than those suffering from SAD alone. The researchers interpreted this observation to suggest that HS is likely more prevalent than it may appear, however comorbidities may disguise this fact. Anxiety not only develops earlier in HS sufferers, but also tends to be more severe. Those suffering from HS were also more likely to develop obsessive compulsive disorder. These factors may disguise HS as the underlying cause of other symptoms. Unfortunately, this fact also complicates treatment. Nagata, et al., (2013) noted that HS patients responded to treatment substantially less than those suffering from SAD. The work of Nagata, et al., (2013) remains valuable for the insight it provides into discerning HS from other potential diagnoses.

Though several studies cited in this review note the existence of HS outside of Japan and Asia, it is often considered a condition unique to its country of origins

Yong and Kaneko (2016) sought to contribute further insight to the understanding of HS by directly accessing the voices of those experiencing it. The researchers conducted informal interviews with individuals exhibiting symptoms of HS that had not yet sought professional treatment. This population was specifically targeted because Yong and Kaneko (2016) wanted to assess whether those personally experiencing HS found it to be a negative experience. Their research was based in the phenomenological paradigm and was based around the leading question, "What is it like to be in a social withdrawal state for more than six months without maintaining interpersonal relationships with others?" 8 subjects were recruited for this study through a mixture of sampling methods. To reduce social anxiety, interviews were held by phone.

After thematically coding the interviews, Yong and Kaneko (2016) found the most prominent theme to be "coping with difficulties". Most interview subjects reported confining themselves in their bedrooms as a means of avoiding pressures from work, school, and similar social activities. Related terms included "hopelessness", "relationship fatigue", "inevitability", and "fear". As in other studies, these results showed HS to be uniquely associated with major life transitions and similar events. Yong and Kaneko (2016) also described a second category of responses characterized by terms like, "mistrust", "anonymity", "hindrance", and "transposition". The authors suggested these terms reflected a lack of social expression. This inability to express emotions, in turn, generated feelings like "mistrust" and "hindrance" that only further perpetuated HS. Ultimately, Yong and Kaneko (2016) found that it was the predictability of the home environment that most attracted people with HS. Though the experiences that triggered HS were highly context specific, the results left HS sufferers afraid of the lack of control and predictability of daily life. They concluded that a more relaxed social environment may help people with HS recover, however this is an untested conclusion. Most valuable from the research of Yong and Kaneko (2016) is the insight that HS is specifically related to anxiety regarding the unpredictability of everyday social situations.

Though several studies cited in this review note the existence of HS outside of Japan and Asia, it is often considered a condition unique to its country of origins. This has been noted in Malagon-Amor, et al., (2014) and Pozza, et al., (2019) as a barrier to the recognition of HS in the DSM. Kato, et al., (2012) sought to counter this belief early in discussions of submitting HS for recognition as a formal pathology. They submitted two case studies to mental health specialists in a variety of countries for consideration as to whether they had personally

observed symptoms suggesting HS. It was found that nearly every specialist contacted confirmed they had, suggesting HS exists in many cultures and contexts.

Potential Causes of Social Withdrawal and Hikikomori

The circumstances or experiences that may give rise to HS remain relatively unknown. The case studies presented by Yong and Kaneko (2016), Nagata, et al., (2013), and Kato et al., (2016) all focus heavily on the comorbidities associated with HS. These included SAD, depression, and hypersensitivity. This focus on comorbidities begs the question as to which conditions come first. Furthermore, the early development of anxiety among those diagnosed with HS further blurs the causal sequence as to whether anxiety gives rise to HS and other symptoms or vice-versa. Other potential causes for social isolation and HS have been suggested in the literature, however, that are completely separate from psychiatric conditions.

Malagon-Amor, et al., (2014) conducted the first study of Hikikomori within Europe, examining individuals that matched the criteria for HS in Spain. The study was based around a combined methodology of structured interviews, review of psychiatric history, and in-home psychiatric treatment. This study produced similar results to other case studies on HS, notably that psychiatric comorbidities were a common feature of the condition. Malagon-Amor, et al., (2014) drew several novel conclusions, however, that contradict many previously held beliefs regarding HS. Notable among these is that HS is not necessarily a condition seen predominantly among youth. Many of the patients visited as part of this study were around the age of 40, though there was significant variation. Furthermore, Malagon-Amor, et al., (2014) found a substantial number of cases that qualified as HS within Spain, adding further evidence to the suggestion that HS is not a condition unique to Asia.

The relationship between HS and technology addiction is unclear, however it has occasionally been suggested as a contributing factor to this unique form of social withdrawal

The most valuable contribution from Malagon-Amor, et al., (2014) was a finding that family dynamics played a significant role in the development of HS. Most patients diagnosed with HS had a number of close relatives with a history of psychiatric illness. Beyond this, extremely close or otherwise unusual parental relationships were very common among those with HS. Malagon-Amor, et al., (2014) discuss one specific case as an example in which a mother was extremely opposed to her son receiving psychiatric treatment. The mother had been catering to every need of her adult son for his entire life and could be seen as an enabler of his HS. Her reasoning for preventing psychiatric treatment for her son was that she refused to entertain any notion that their relationship was unhealthy. This mirrors the case of Mr. T presented in Kato et al., (2016), who had relied heavily on his mother to prepare meals, provide shelter, and supply other basic necessities.

Though not specifically focused on HS, Porcelli, et al., (2019) performed an insightful study of the neurobiology behind general social withdrawal. The authors conducted an extensive literature review on the neuroscientific processes behind social interaction. A central finding of this review is that these processes are profoundly complex, to the degree that the neurobiology behind socialization remains poorly understood. Despite this, some general conclusions have been drawn regarding patterns that surround progressive social withdrawal. A notable finding is that withdrawal from social interaction is degenerative. Specifically, withdrawal typically follows from an increasing reduction in established regular interactions with family and friends. This degenerative and sequential path for social withdrawal suggests, according to Porcelli, et al., (2019) that a potential primary focus for treatment should be on the maintenance of social relationships rather than on their initiation. This is reflective of the conclusions of Malagon-Amor, et al., (2014) in their case study of HS. Further reflecting HS research, Porcelli, et al., (2019) note that social withdrawal is often the earliest sign of other pathologies, such as schizophrenia, depression, and anxiety. This suggests a complex relationship between social withdrawal and these pathologies.

Social withdrawal apart from HS has a history of research outside of it being a problematic pathology. There exist many contexts in which social withdrawal is a natural inclination that is not necessarily cause for concern in and of itself. In their study of solitude, Biordi and Nicholson (2013) discuss self-imposed isolation in the wake of a traumatic event. A potent example they give is that of a person diagnosed with a terminal disease. Such a person may want to distance themselves from their social connections to avoid being perceived as a burden as well as to ready their close friends for their absence after

death. Excessive use of the internet is another oft-mentioned cause of isolation that deserves special mention. A study by Hampton, et al., (2009) observed that direct social relationships can easily be replaced by less substantive, geographically dispersed relationships via this technology. The relationship between HS and technology addiction is unclear, however it has occasionally been suggested unique form of social withdrawal. This suggested relationship, however, may be due to the strong association of HS with Japan and its culture.

Conclusion

All of the existing case studies found by the researcher were presented in the literature review. Unfortunately, none of them were specifically focused on social withdrawal individuals as they went through the therapy process. Rather most focus on understanding the basic experience of HS or the success of therapy after-the-fact through interviews. Additionally, this scarcity of literature significantly limits the material by which the conclusions of future case studies examining the therapeutic process of individuals presenting with extreme social withdrawal may be cross referenced. Though it remains unclear if HS can be considered a rare condition, it is a condition that is still in the process of becoming known in the greater psychiatric community. As such, no clinical trials or similarly rigorous studies regarding its diagnosis and treatment exist yet. These circumstances somewhat necessitate the use of single case studies.

Though a single case study provides insight, it contains a number of inherent shortcomings that limit its application. With a sample of only one individual, it is clearly impossible to arrange any sort of experimental set up with a control. Thus, would prevent the study from yielding any conclusion regarding a causal influence between the Covid-19 pandemic and the client's HS. The researcher simply must trust that their intuition regarding the connection between these two circumstances is real. There is also the fact that a single individual cannot be considered much of a representative sample. These two factors, lack of causal inference and a lack of representation, prevent the conclusions of the case study from being generalizable to other individuals (Nissen & Wynn, 2014).

As is the illustration with case studies, they can only provide suggestions for treatment based on one therapist's experience. Consequently, extreme social withdrawal presents a unique challenge to the therapist who must design a therapeutic process as the case studies indicate, as HS is generally resistant to most treatment. Nevertheless, in the case study of Kato et al., (2016), it suggests that psychotherapy may be an effective approach to HS. For the time being HS remains a relatively understudied phenomenon in the greater psychiatric community, hence, why there are a limited number of case studies. Perhaps more experimental research designs, such as randomized control trials, may provide further insight into what causes HS as it becomes an increasingly recognized diagnosis.

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