OUTSIDE

Activating Strategies to Fight Hikikomori Condition

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Module n.1

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MISSION EMPATHY

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MODULE 1: TRAINER AWARENESS PROGRAM

WHEN SILENCE SPEAKS: UNDERSTANDING DISENGAGEMENT

1. Introduction

The term "Hikikomori" itself literally means "withdrawing into oneself"; the deep core of this condition, in fact, is precisely the conscious withdrawal and progressive disinvestment from relationships and more generally from society and its obligations. Even the translations of the term Hikikomori in different countries tend to want to emphasize precisely this component of disinvestment and interruption of social relationships: for example, in Italy the phenomenon is described by the term "Social Withdrawal" and in England by the term NEETs (Not in Employment, Education or Training).

Self-exclusion and disinvestment are solutions the young person clumsily finds to cope with the sense of shame and experiences of inadequacy for many underlying the condition of hikikomori, which taking over drives escape and avoidance (Lancini, 2019).

Unlike other psychopathological or distress pictures, young people who manifest their distress by withdrawing from social and work life are more difficult to identify and support.

Social withdrawal and disinvestment from activities and relationships represent one of the key features of the distress expressed by Hikikomori youth. Unlike the distress expressed through externalizing behaviors (drug abuse, antisocial behavior, violence, aggression...) this condition is more difficult to identify and prevent. The disinvestment that these young people operate is a slow slide into oblivion so that it is often difficult to understand the true extent of the phenomenon and remedy it.

This module is intended to help with just that.

2. Social withdrawal

The term "Social withdrawal" encompasses many aspects of individuals' internal lives such as motivations, emotions and behaviors associated with disinvestment of social interaction with peers (Rubin, Coplan and Bowker, 2009). This phenomenon has long been studied describing it within different age groups both as a symptom and in its consequences. Many studies have shown that the company of others makes us happier and healthier (Coplan, Zelenski and Bowker, 2018) compared to being alone, which is instead linked more with increased levels of cortisol the stress-related hormone (Matias, Nicolson and Freire, 2011). The tendency to isolate oneself, withdraw from others, and avoid social interactions is associated with several psychological disorders, and for this reason, social withdrawal has been conceptualized as a symptom of clinical disorders rather than a specific disorder with its own etiology and prognosis.

Signs & Symptoms

According to the Child Neuropsychiatry, Psychiatry and Psychotherapy Portal, many syndromes that come to consultation are characterized, across ages, by a refusal to adapt to social demands or outright withdrawal.

Early Childhood (up to the second third year of life)

At this age the child may manifest withdrawal and disinvestment from the outside world by preferring a relationship with objects, rejecting relationships with people and not communicating.

Second childhood (up to 6 years old)

As children enter kindergarten very often, they can be observed to have difficulty speaking and forming relationships outside the family environment. In this case, the behavior seems to take on the characteristics of a real refusal to

Preadolescence (up to age 14)

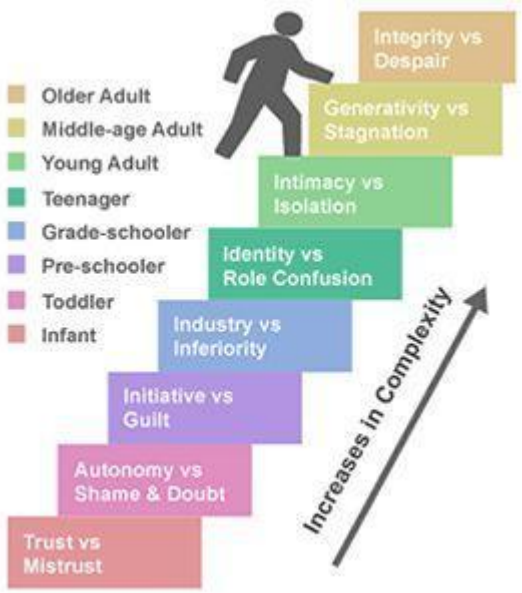
This is the age when withdrawal can easily manifest itself through rejection of school (to the point of taking on the characteristics of school phobia) without apparent motivation or learning problems. However, they may maintain relationships outside school (sports or recreation). If, on the other hand, such difficulties extend to other areas beyond school with obvious impairment of the child's functioning, one can speak of "Social Phobia." At this age (but also in adolescence) social disinvestment can also manifest itself with a real rejection of rules that are actively fought with oppositional and provocative attitudes.

Adolescence, post-adolescence and early adulthood

Adolescence is a period characterized by significant physical, emotional, social and cognitive changes, serving as a link between childhood experiences and the responsibilities of adult life.

- Physical changes associated with puberty that signal the end of childhood and prepare the body for the challenges of adulthood;
- Emotional and Identity Development Through the experiences of this period individuals explore who they are, what they believe and what their values are, creating a foundation for their adult identity.
- Social relationships assume a crucial role. Individuals learn to manage more complex friendships and navigate through social dynamics, preparing them for the more complex interactions that characterize adult life.
- Cognitive Development: abstract and critical thinking is developed by developing more advanced reasoning skills;
- Independence and Responsibility: an increase in independence is experienced. Individuals begin to make more autonomous decisions and take personal responsibility, paving the way for greater autonomy in adult life.

Erikson's (1995) theory of psychosocial development emphasizes how human development goes through a series of developmental stages each represented by a central crisis or developmental task if each stage is successfully completed the individual will be able to face the next stage with greater tools and capabilities until adult life.



- In adolescence, the central developmental task is precisely that of identity construction and self-definition. Success at this stage leads to the development of the ability to remain true to oneself, while failure leads to role confusion and a weak sense of self. This sense of personal identity is shaped by our experiences and interactions with others and guides our actions, beliefs and behaviors as we age.
- In the years after the teenage years, and the early period of adulthood (up to age 25-30), on the other hand, the main task will be to build one's relational world with solid and satisfying relationships. THE failure of this developmental task will lead to young people living in isolation and loneliness.

Adult age (from 30 years old)

In adulthood, social withdrawal may express itself as true isolation from the social environment by abandoning family, work, and established social relationships. Or it may manifest itself as a radical lifestyle change away from the usual environment. One of the motivations even under these conditions would be rejection of the situation and environment in which one is placed.

Some authors (Ranieri and Monticelli, 2023) investigating through the Infant Observation and Young Child Observation method the very early psychic withdrawal state that this may be a possible precursor to the onset of hikikomori distress in adolescents and young adults.

3. HIKIKOMORI

The term "Hikikomori" is a Japanese word that is derived from two verbs "Hiku" meaning to pull back and "Komoru" meaning to withdraw and can be translated as "to stand apart, to isolate oneself" (Laera, 2019). This term, although appearing earlier, began to be used in psychiatry since the late 1990s when Saitō (1998) gave an initial definition of this condition:

"A state that becomes a problem by the end of the twenties, involving locking oneself up in one's home and not participating in society for six months or more, without this appearing to have another psychological problem as its main source." (Saito, 1998)

Signs and Symptons

According to Japan's Ministry of Health Labor and Welfare (MHLW), the **condition of Hikikomori** predominantly affects adolescents and young adults under the age of 30 and is characterized by a period of **social withdrawal** that lasts an average of 3 years. The American psychiatrists Teo and Gaw (2010) consider the following characteristics to be discriminating in hypothesizing the presence of **Hikikomori:**

- A home-centered lifestyle (most often a single room).
- The lack of interest in school or work.
- At least 6 months duration of social withdrawal.
- People who despite being withdrawn continue to maintain social relationships are excluded.
- People with other medical conditions are excluded

Differential diagnosis

The picture of hikikomori is not included in the Diagnostic and Statistical Manual of Mental Disorders (DSM V, APA 2015) as an independent diagnostic category, and there is also no single disorder that can fully describe the complex picture of hikikomori.

Therefore, for the purpose of proper diagnostic and therapeutic framing, it seems of paramount importance to strive for a differential diagnosis between different frameworks, which we have partly already seen when discussing social withdrawal (cross characteristic).

We will list some of the most significant ones below:

- ✔ The schizophrenia and social withdrawal of the Hikikomori have significant overlaps in symptoms, making a clear distinction difficult using the DSM-5.

Common features	HIKIKOMORI	SCHIZOFRENIA
• Emotional restriction • Social isolation • Failure to achieve social goals • Difficulties in personal hygiene	They stem from feelings of inferiority and embarrassment related to their social situation	Difficulties are not always related to specific external events
	Can still implicitly communicate their discomfort	may exhibit illogical or repetitive behavior, making it difficult to understand their intentions

Table 1. Differential criteria between Hikikomori and Schizophrenia (Laera, 2019)

These elements can help distinguish between the two conditions, although the diagnosis remains complex given the overlapping symptoms.

- ✔ Depression and social withdrawal in hikikomori. Many studies state that very prolonged social withdrawal in the most complex situations can lead to the development of a depressive condition. Major Depressive Disorder, as defined in DSM-5, is characterized by marked changes in daily functioning for at least two weeks, with symptoms such as depressed mood, loss of interest or pleasure, sleep and eating disturbances, psychomotor agitation or slowing, and thoughts of death.

COMMON TRAITS.	HIKIKOMORI	DEPRESSION
loss of interest/pleasure alterations in nutrition alterations in sleep	do not typically show feelings of guilt	show feelings of guilt and self-evaluation
	Isolation and lack of request for help	request for help and love
	Antidepressants can help but not as decisively	Antidepressants are effective in the treatment of primary depression

Table 2. Differential criteria between Hikikomori and depression (Laera, 2019)

- ✔ Schizoid personality disorder and social withdrawal in hikikomori: The DSM 5 defines schizoid personality disorder as "a pervasive pattern of detachment from social relationships and a narrow range of emotional expression in interpersonal situations that begins in early adulthood and is present in a variety of contexts" (APA,2015). Its symptoms include: lack of desire and pleasure in emotional relationships, tendency to choose individual activities, taking pleasure in few or no activities, indifference to others' praise and criticism, affective flattening (APA, 2015)

HIKIKOMORI	SCHIZOID PERSONALITY DISORDER
Was an active subject before the problem began	impairment in social functioning is due to more or less stable personality traits
Not indifferent to the criticism or appreciation of others	Indifferent to others' praise/criticism
He desires to have social relationships from which he would be able to experience pleasure.	Lack of desire and pleasure in emotional relationships

Table 3. Differential criteria between Hikikomori (Saito,1998) and schizoid personality disorder (Laera, 2019)

- ✔ Autism and social withdrawal in hikikomori. According to DSM 5 (APA, 2015), autism spectrum disorders can be defined by persistent

deficits in social communication and social interaction in multiple contexts.

HIKIKOMORI	AUTISM SPECTRUM DISORDERS
No deficits in communication and interpersonal skills appear to be present in childhood	Communication and interpersonal skills deficits since childhood
fear of others' judgment	deficits in interpersonal skills

Table 4. Differential criteria between Hikikomori and autism spectrum disorders (Laera, 2019)

The conditions just described are clinical pictures that need to be known so that a correct diagnosis of the phenomenon of kikikomori can be made. However, much more often the boundaries between the various syndromes are not so well delineated in some cases. Currently, psychiatry (Takahiro et al., 2019) conceptualizes the condition of hikikomori as a mutlifactor condition that generates severe mental distress but has a sometimes nuanced diagnostic picture (see Figure 1).

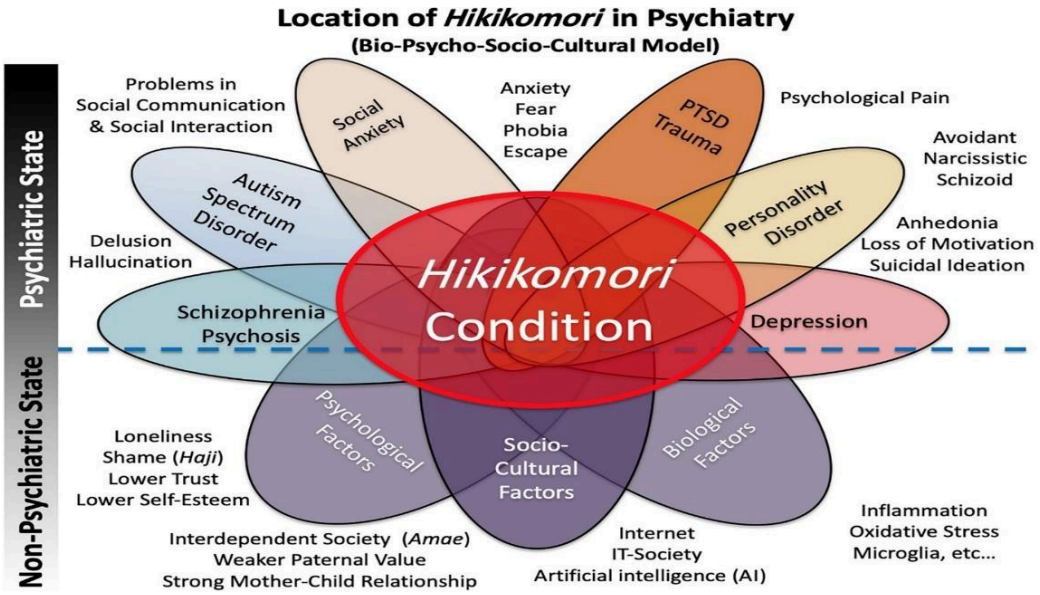


Figure 1 Localization of *hikikomori* in psychiatry: bio-psycho-sociocultural model (Takahiro et al. 2019)

Cultural differences

In Japan there are at least 541,000 cases of hikikomori, but the presence of the phenomenon has been found in many other countries both in the East

and in the West, and in Italy at least 100,000 cases are estimated, although they are increasing.

The Western Hikikomori has different characteristics, while in East Asia the typical young hikikomori is male (often the eldest son) belonging to the middle class who is unable to differentiate and separate himself from his family of origin particularly from his mother (Saitō, 1998), in the West the young person who voluntarily locks himself up shares some of the characteristics but differs for example in the family composition that often presents conflicts and separations (Malagón-Amor et al., 2015). Above all, it would seem that in Asia the phenomenon is more related to social factors that prevent them from achieving the cultural goals imposed by the society that is disinvested and from which they withdraw (Toivonen et al., 2011). In the West, on the other hand, the condition would seem to be mediated mainly by individual and psychological factors (Ovejero et al., 2014), such as depression (Teo, 2012), introversion and paranoia (García-Campayo et al., 2007), from which they defend themselves through the strategy of social withdrawal (Teo, 2015).

The Hikikomori Risk Inventory (HRI-24) (Lo scalzo, Nannicini, Liu, and Giannini, 2018) is a questionnaire created through joint work between Italy and Japan with the aim of investigating the phenomenon of social withdrawal in both Western and Eastern cultures. Taking into consideration the increasing prevalence of the Hikikomori phenomenon, the authors wanted to design an instrument that can be administered from adolescence to adulthood.

The strength of this instrument is that it was designed on both an Eastern and Western population; there are other questionnaires (at least two) in the literature that assess the condition of voluntary social withdrawal, but both, because of their mode of construction, fail to be sensitive to cultural differences.

4. HIKIKOMORI & SOCIAL WITHDRAWAL

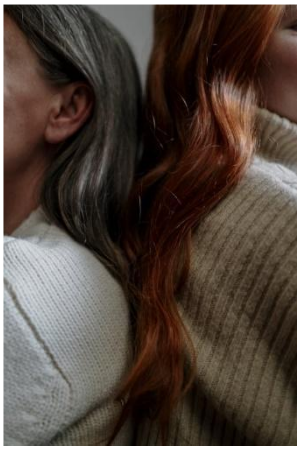
Social isolation is one of the main traits of hikikomori, individuals who withdraw from social life, often even avoiding contact with family members and preferring to live in solitude, often at night. However, simply calling it "isolation" might suggest that it is a passive situation, whereas for hikikomori it is an active choice. It is more accurate to call it "withdrawal," because it implies conscious action on the part of the subject (Crepaldi, 2023).

According to Crepaldi (2023), therefore, the social withdrawal of hikikomori has definite characteristics:

- It is voluntary
- Chronic as self-feeding mechanisms arise that contribute to the increasing loss of social skills.
- Juvenile because isolation usually begins during adolescence or in the post-graduation period; as mentioned earlier such isolation is related to psycho-evolutionary dynamics and the failure of the developmental task of transition from childhood to adulthood.

To further emphasize the link between the hikikomori condition and social withdrawal, French sociologist Fansten devised a classification of the hikikomori condition based precisely on the motivations behind social withdrawal (Crepaldi, 2017). Thus, Fansten proposed four types of social withdrawal:

- Alternative withdrawal: is defined as a strategy to avoid adolescence, the young boy isolates himself in order not to conform and create for himself an alternative reality to that of the society he imagined. Often the decision to withdraw in this case is preceded by a strong existential depression[1] .
- Rheational withdrawal: is a dysfunctional reaction to a family with strongly dysfunctional dynamics. Family



[1] Existential depression involves an ongoing sense of hopelessness and a struggle t
2021)

relational patterns act as maintenance factors for the isolation behavior.

- Resigned retreat: a strategy for not withstanding social pressures, and the challenges of the culture of belonging.

- Retreat to chrysalis: is a suspension of time, a break from the process of separation/individuation and to birth as an autonomous individual.

Causes & risk factors

For proper prevention and treatment, it is necessary to investigate what are the causes and risk factors for the occurrence of this condition. In Japan, where the phenomenon was first found and conceptualized, it has a characteristic related to the culture and construction of Eastern society; Japanese society is very demanding and the standards it proposes very high right from schools this contributes to the emergence of the feeling of inadequacy that is one of the bases for self-imposed imprisonment (Nonaka et al., 2022)

In recent years, however, it has been realized that, albeit with some differences, this phenomenon has spread to other countries, both Eastern and Western, and that the causes may be more complex and detailed:

- Digitization of life that has reduced direct contact;
- Society: even in Western societies in the condition of voluntary withdrawal, a decisive role seems to be played by society; in fact, even in non-Asian countries, society has undergone a major

fragmentation that has put more emphasis on factors such as individualism while undermining traditional values (Pozza et al., 2019).

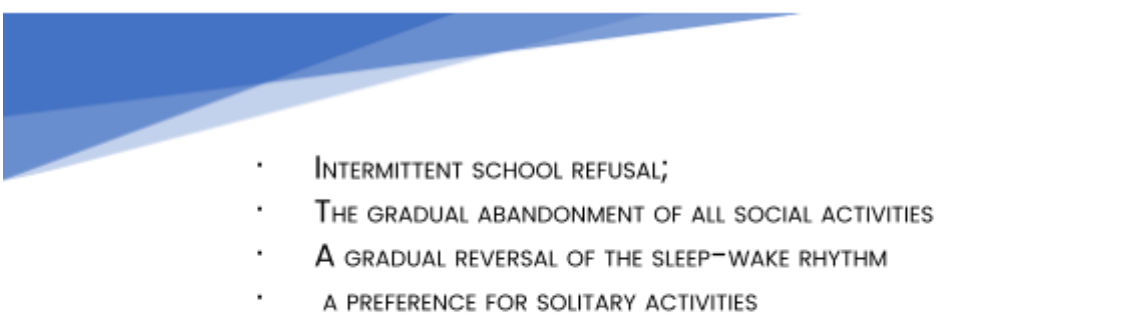
- Family environment: It is one of the risk factors most related to the onset of voluntary social withdrawal for several reasons:
  - For the presence of psychiatric disorders more the mother
  - Families with dysfunctional relationships
  - Overprotective families who financially support their children may result in detachment from society
  - Due to the presence of strong parental expectations
  - families with low emotional contact especially in the figure of the father experienced as peripheral and engaged more outside the family unit. If the bond is not solid, children will build their identity around a sense of insecurity.

- Individual factors: the individual psychological factors most related to the onset of voluntary social withdrawal in adolescence are:
  - Introversion
  - Sensitivity
  - And good IQ
  - Difficulties in separation especially from the mother figure and in the process of individuation

What to pay attention to

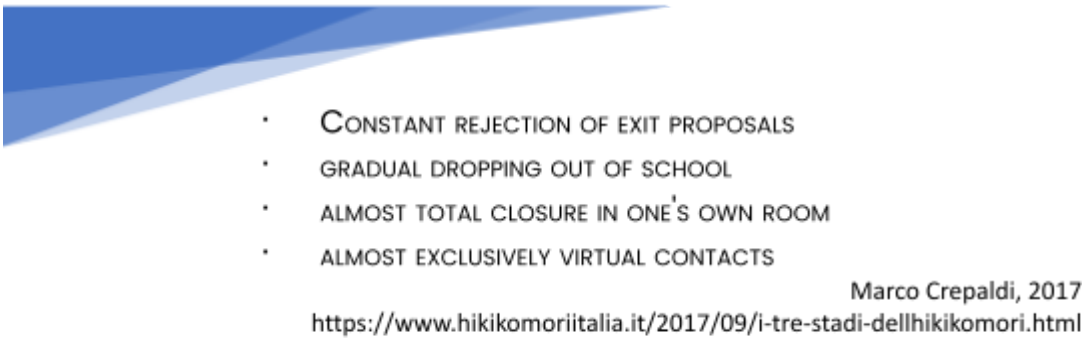
Marco Crepaldi (2017) hypothesized 3 stages of severity in the condition of voluntary withdrawal. And each stage has its own manifestations that, if recognized in time, allow earlier and earlier intervention with greater success.

- First stage: this is the initial stage when subjects perceive the urge to isolate themselves but still try to counteract it and still fail to consciously process it they only feel great discomfort when they find themselves in social situations (Crepaldi, 2017).



Marco Crepaldi, 2017
https://www.hikikomoriitalia.it/2017/09/i-tre-stadi-dellhikikomori.html

- Second stage: conscious processing of the isolation drive begins, thus recognizing social contacts as the cause of one's malaise.



- Third stage: we observe a complete surrender to the drive for social isolation

5. Practical strategies for intervention and support

Therapeutic approaches

Given the manner in which psychological distress manifests itself in this situation, it is not easy to approach the children and sometimes even to hear about them. Therefore, it has proven useful to use all those means and strategies that aim to reach these people within their homes. An initial contact can thus be made by phone or online (Chan et al., 2013) (there are to date at least in Italy more than one online psychotherapy platform that could be useful for this purpose).

Instead, very often the first step will be to physically go to the home to initiate therapy (Lee, 2013). Many studies recommend a gradual approach of approaching the youth in confinement, often initially working only with the family with the ultimate goal of increasing the youth's self-esteem (Castellani, 2021-2022). According to some studies (Yuen et al., 2019) about half of the youth approached in this way were able to return to a more peaceful life.

Open dialauge

The open dialogue technique originated around the late 1980s in Finland within a project to treat seriously ill psychiatric patients in particular psychosis (Seikkula, 2014). The method is based on activating and supporting the family and social network of severely ill individuals (Seikkula, 2014). The intervention is carried out at home by a team of professionals (a family therapy specialist, an individual therapist and a hospital nurse) who will follow the patient throughout the process (Seikkula, 2014). The home meetings, organized at a very short distance from the first contact, will be held with the family, the person in distress and also of any figures caring for the child (educators, adult companion, psychologist etc.) and will have as their primary objective to gather information, inform about the appropriate methods of approach and support dialogue between the parties (Seikkula, 2014). The meetings last about 90 minutes, take place with those involved sitting in a circle and the team members lead the dialogue by formulating questions that are as open-ended as possible (Seikkula, 2014).

Pet Therapy

Some studies have shown that being able to take care of animals can be an effective therapy as it would promote getting out of one's room (Wong, et al., 2017).

Support groups

Support groups are very useful because they act on social withdrawal by guiding a gradual resocialization of the individual. The group should be constructed as a space free of prejudice and control in which young people can relate to peers who are experiencing or have experienced the same situation as them and where, those who have more difficulty can feel free to remain even in silence to listen until they feel ready (Ogino, 2004). However, the group must have an experienced supervisor who, while not exercising strict control, can adapt the sessions to the needs of each individual participant (Ogino, 2004).

Map of services

In his review of the literature, Castellani (2021-2022) points out that the services most active on the Italian territory in understanding and treating the phenomenon of Hikikomori are: **the Childhood and Adolescent Mental Health Functional Unit of Azienda USL 8 Arezzo (UFSMA)** and the **Minotauro social cooperative in Milan**.

Let's also add the dissemination project on the issue created in 2013 by psychologist Marco Crepaldi with the website and his blog https://www.hikikomoriitalia.it/p/contatti.html and which in 2017 gives birth to the **Hikikomori Italia ONLUS**.

Figure 2. Map of services in italy and Japan (Amato, 2020) seminar https://www.igeacps.it/app/uploads/2020/07/Slide-seminario-Amato.pdf

We also list below some Italian projects to intervene with respect to this growing issue:

- The **Early Educational Intervention** Project for Hikikomori youth using the Open Dialogue technique (see above). A team of 6 educators/psychologists selected with specific characteristics such as age, preferring younger operators, and interests. The project involves 6 teams operating in Lombardy. https://www.ripari.org/2020/10/03/e-nato-un-nuovo-progetto-per-ragazze-e-ragazzi-ritirati-sociali/
- The **Psychologist Out of the Studio** project that was created in collaboration with the Mara Selvini Palazzoli school of psychotherapy in Milan and provides home-based interventions and has already reached more than 70 young people in Lombardy, Rome, Faenza and Vercelli and then will be activated soon in Turin. https://www.psicologofuoristudio.it/

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