EUROPEAN PAEDIATRIC ASSOCIATION

The *Hikikomori* Phenomenon of Social Withdrawal: An Emerging Condition Involving Youth's Mental Health and Social Participation

Pietro Ferrara, MD[1,2], Giulia Franceschini, MD[2], Giovanni Corsello, MD[1,2], Julije Mestrovic, MD[1,3], Ida Giardino, MD[4], Michele Sacco, MD[5], Mehmet Vural, MD[1,6], Massimo Pettoello-Mantovani, MD, PhD[1,7], and Tudor Lucian Pop, MD, PhD[1,8]

The issue of social isolation and loneliness involving individuals during their developmental years has gathered increased attention from researchers, policy-makers, and the public, raising concerns about the negative effects of this condition on youth's well-being. In youngsters, the use of media devices, including social network platforms, video games, and interactive apps, continues to increase exponentially and the initial use of social network is about 10 years of age.[1,2] This is likely owing to the use of using these tools to build a social identity and develop new, unconventional forms of personal expression.

A new severe and prolonged form of social withdrawal, called *hikikomori* from a Japanese word indicating self-seclusion, was observed typically among adolescents and youth transitioning to adulthood, living in economically advanced countries.[3,4] The objective of this editorial is to raise awareness on the burden and risks faced by adolescents developing this emerging form of social withdrawal. The *hikikomori* phenomenon is part of the group of new morbidities causing children and adolescents to limit their activity owing to a chronic health condition with attendant psychological problems.[4] We further emphasize the importance of including new morbidities involving mental health and social participation in formal pediatric training, to enable new generations of pediatricians to identify and properly manage these disorders.[5]

Definition of the *Hikikomori* Disorder

The term *hikikomori* describes individuals who have withdrawn from their community.[3] The initial reports emphasized the close relation of the clinical manifestation with the local culture, as suggested by the name, which is a compound Japanese word made of 2 verbs indicating the attitude of an individual "to pull back" (*hiku*) and "to self-seclude" (*komoru*).[6] However, increasing reports from around the world provided a better understanding of this condition and suggested that *hikikomori* is a global health problem, which may exist as an independent primary diagnosis.[7,8]

The elemental attribute of *hikikomori* is the social isolation; the distinctive element is the sociospatial self-segregation of affected individuals, who are predominately adolescents and marginally young adults.[9] This form of physical isolation typically take place at home, where these persons spend most of the day avoiding exposure to any form of socialization (at school, sport centers, and similar socializing contexts) for days, weeks, or months.[10] *Hikikomori* seems to be more prevalent in males.[11,12]

The relative novelty of this clinical phenomenon accounts for the absence of a clear standardized definition.[13] Whether *hikikomori* is a symptom of other psychiatric disorders or the direct cause of co-occurring major mental health disorders is currently debated.[13] *Hikikomori* could be considered a new primary psychiatric disorder in future versions of the *Diagnostic and Statistical Manual of Mental Disorders*, despite the presence of some clinical overlap with other mental disorders.[3,14]

Published reports have clarified the pathologic features of *hikikomori*, and have built a consensus regarding its clinical characteristics, complications, and management.[13] Individuals with *hikikomori* present a severe social isolation characterized by a marked physical self-inflicted seclusion in their home. Typically, such isolation persist for a minimum of at least 6 months, being associated with major functional impairment or distress.[8] During the period of 3-6 months of self-isolation at home persons may be classified as presyndromic individuals.[8,13]

The characteristics and duration of isolation at home are key diagnostic factors. Individuals who break their status of isolation at home 4 or more times during a week cannot be classified as *hikikomori*. Persons may manifest different grades of disease, depending on whether the frequency of leaving home (mild, moderate, or severe *hikikomori*). The behavior of individuals who do not leave home more than 3 times a week is considered as marked social isolation.[8,13]

Epidemiology

The difficulty in establishing the epidemiology of *hikikomori* is the wide heterogeneity in the definitions of this disorder as

From the [1]European Paediatric Association/Union of National European Paediatric Societies and Associations (EPA/UNEPSA), Berlin, Germany; [2]Italian Society of Pediatrics, Rome, Italy; [3]Medical School of Split, University Hospital of Split, Split, Croatia; [4]Department of Biomedical Sciences, University of Foggia, Foggia, Italy; [5]Department of Pediatrics, Scientific Institute "Casa Sollievo della Sofferenza", Foggia, Italy; [6]University of Istanbul, Istanbul University Cerrahpaşa, Medical Faculty, Istanbul, Turkey; [7]University of Foggia, Department of Pediatrics, Scientific Institute "Casa Sollievo della Sofferenza", Foggia, Italy; and [8]2nd Pediatric Clinic, Mother and Child Department, University of Medicine and Pharmacy Iuliu Haţieganu Cluj-Napoca, Emergency Clinical Hospital for Children, Cluj-Napoca, Romania

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well as the criteria adopted by various studies performed in different countries. For instance, while in Japan the duration of social withdrawal longer than 6 months is considered a distinctive diagnostic criteria, in other countries, including the Republic of Korea, Hong Kong, and some European countries, this time limit is decreased to 3 months.[15,16] Therefore, the lack of consensus on diagnostic criteria, together with various sociocultural features involving a variety of cross-cultural factors, may account for the variable prevalence rates reported by the studies performed in different geographic areas.[3]

The prevalence of *hikikomori* ranges from 0.87% to 1.2% in Japan, whereas in Hong Kong it is reported to be 1.9%, and 2.3% in Korea.[15,17-19] In Italy, *hikikomori* is estimated to involve about 1.2% of the population between 0 and 18 years of age, and in Spain, reports show that in groups of persons affected by social withdrawal, individuals diagnosed as *hikikomori* are 12.6%.[11,20,21] Similar data were observed in France.[22,23] In the US, 1 study described *hikikomori* as a cross-national phenomenon that can be assessed by a standardized assessment approach, which may assist the identification of *hikikomori* individuals in groups of persons with substantial psychosocial impairment and disability.[24]

Risk Factors and Therapeutic Strategies

Hikikomori coexists with a variety of psychiatric disorders, which are suggested to be preexisting risk conditions that give raise to this disorder.[6,12] For instance, it is not unusual for patients with psychotic disorders to retreat into a situation of physical withdrawal and persons with depression or affected by depressed mood may present symptoms that may evolve in the form of withdrawal-like outcomes.[12] Social anxiety disorder and other anxiety-related disorders may trigger *hikikomori*, and anxiety in social interactions is a prominent comorbid psychiatric disorder among persons with *hikikomori*.[25] Personality disorders, including avoidant, paranoid, dependent, schizoid, antisocial, borderline, narcissistic, and schizotypal, are reported to be risk factors for *hikikomori*. Severe physical fatigue and pain causing physical impairment when walking or moving may precipitate a *hikikomori*-like state.[12]

Therapeutic intervention for *hikikomori* is challenging. A multidimensional intervention is generally recommended in these patients, including a progressive approach centered on family support. It is unlikely that individuals with *hikikomori* will seek treatment spontaneously; therefore, in persons living with family members, the role of the family is of key importance. The initial approach, in close coordination with family members, is based on the first contact and assessment of the individual affected, followed by his or her direct support. These steps are followed by specific training interventions with intermediate-transient group activities (group therapy), and social participation trials.[26] The goal is the alleviation of loneliness and the development of favorable conditions that allow increased social interactions and sociability.[12]

Conclusions

The *hikikomori* phenomenon affects adolescents or young adults who resolve to isolate from the outside world, often owing to preexisting risk conditions. They remain cloistered and particularly secluded in their bedrooms for days, months, or even years on end. This pathologic disorder has been described as a new independent condition, which can be included among the group of new morbidities.[4] The members of the European Paediatric Association working group on social pediatrics, would like to further emphasize the role of pediatricians in providing increased attention to the prevention, early detection, and management of the various behavioral, developmental, and social functioning problems represented by new morbidities,[4] which are increasingly encountered in pediatric practice.[27,28] ■

Reprint requests: Massimo Pettoello-Mantovani, MD, PhD, Department of Pediatrics, Scientific Institute "Casa Sollievo della Sofferenza," University of Foggia, Foggia, Italy. E-mail: mpm@unifg.it

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