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An Overview on Social Withdrawal-Hikikomori in Japan and Support in the Context of COVID-19 Pandemic

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ABSTRACT

The spread of the COVID-19 pandemic has affected every aspect of human life and lead many families to experience the pandemic as stressful. Due to Coronavirus lockdown, many people lost their livelihood and felt helpless, bored, or even depressed. The long lockdown might have led to social isolation and mental health problems, especially Hikikomori – a phenomenon of social withdrawal in Japan. Over 1 million Japanese who live as “Hikikomori” who had totally withdrawn from society, now face a dire situation, left alone and unable to cope. The government has supported them in many ways to bring them back to society. This support has played an important role in helping Hikikomori whose life is totally supported by their parents and relatives, to overcome the impacts of the crisis. However, factors contributing to Hikikomori’s reduced health and well-being should be investigated to find appropriate measures for the current situation.

1. INTRODUCTION

Due to the recent COVID-19 pandemic, the Japanese government has requested citizens to self-restraint. People may shift to pathologically social withdrawal, known as Hikikomori (Kubo et al., 2022). The rise of this phenomenon in Japanese news, especially NHK (Nippon Hoso Kyokai - Japan Broadcasting Corporation) website addressed concerns among citizens and government.

The term “Hikikomori” was first used in 1986 by Norihiko Kitao to refer to a process of acute social withdrawal (Furlong, 2008) and the word “Hikikomori” was added to the Oxford English Dictionary in 2011 (Utsunomiya, 2020). Hikikomori is known as a phenomenon in which adolescents and young adults drop out of their schooling (Suwa & Suzuki, 2013), refuse all contact with society and remain at their home for more than half a year (Nonaka & Sakai, 2021). Furlong (2008)

mentioned that Hikikomori people avoid attending school, working and socializing outside their home, and stay in their homes for prolonged periods that sometimes continue for several years. In some cases, although they confine their lives mainly to the family home; however, seldom speak with other family members and shut themselves up in their rooms with day-night reversal (Suwa & Suzuki, 2013).

It is estimated that over 1 million Japanese live as “Hikikomori”, totally withdrawn from society (NHK Japan News, 2021). Moreover, the spread of COVID-19 has affected every aspect of human life not only the mental health of the people. But also, the social, political, and economic sector of the world (Dudzai & Wamara, 2021). The government provided many strategic plans to avoid the outbreak of COVID-19 including quarantine, isolation, early case identification, tracing and tracking of contacts, social distancing (Waris et al., 2020; Lee et al.,

2021) and public cooperation such as COVID-19 testing or wearing masks (Kashima, 2021). Due to this, the production and consumption activities were completely stopped; trades, commerce, and air services have were also suspended; especially, educational institutions were also closed for an uncertain period (Pathak, 2020). Consequently, the study of millions of students all around the world has been adversely affected. Although national governments have tried to mitigate the impacts of school lockdown by developing online learning programs, and distance education, these have still negatively affected disadvantaged children and youth who have difficulty in accessing digital technologies (Jose-Sa & Serpa, 2020).

Reports from many countries have highlighted the rising levels of fear and anxiety of the Coronavirus spread. Not only from perceiving one’s self as vulnerable to the disease, but also from perceiving loved ones (Tuncgenc et al., 2021). Tam and colleagues (2021) also stated that the COVID-19 pandemic likely triggered changes in social psychology. Hellewell et al., (2020) mentioned that the COVID-19 pandemic forced a worldwide lockdown with huge numbers of citizens confined to their homes that might lead to social isolation and mental health problems. In Bozdag’s study about people’s perceptions of staying home during the COVID-19 pandemic, most of the participants staying home as confinement and felt helpless, bored, and depressed at that time (Bozdag, 2021). Similar Kato et al., (2020) feared that Hikikomori-related problems might occur much more frequently if COVID-19 induced social isolation were to last more than several months. Thus, the study aimed to

(a) give sufficient knowledge about the phenomenon of social withdrawal-Hikikomori, and (b) add to the growing list of mental health research and treatment priorities to help Hikikomori and potential Hikikomori to overcome the chaos in the context of COVID-19.

2. HIKIKOMORI AND RELATED SYNDROMES

Previous studies have revealed that many young people with Hikikomori experience school refusal and bullying, and have a safe friendship and school environment during adolescence (Watari, 2017). Maejima (2019) also mentioned that Hikikomori have become truant and lived without making friends as a result of bullying. Besides, forcing such young people to improve their communication skills and social adaptation is like forcing those who do not have the basic physical strength to do their best (Watari, 2017).

2.1. Hikikomori and school refusal relation

The increase in lethargic school refusal is thought to be closely related to the subsequent withdrawal problem (Watari, 2017). It was said that Hikikomori is a problem that is continuous with school refusal (Figure 1), but its essence is not fully understood and there are no reliable social statistics on a nationwide scale in Japan. Tetsuo (2005) also mentioned that there were 14,069 consultations regarding withdrawal at health centers and mental health and welfare centers in Japan in 2002 according to a survey by the Japanese Ministry of Health, Labor and Welfare.

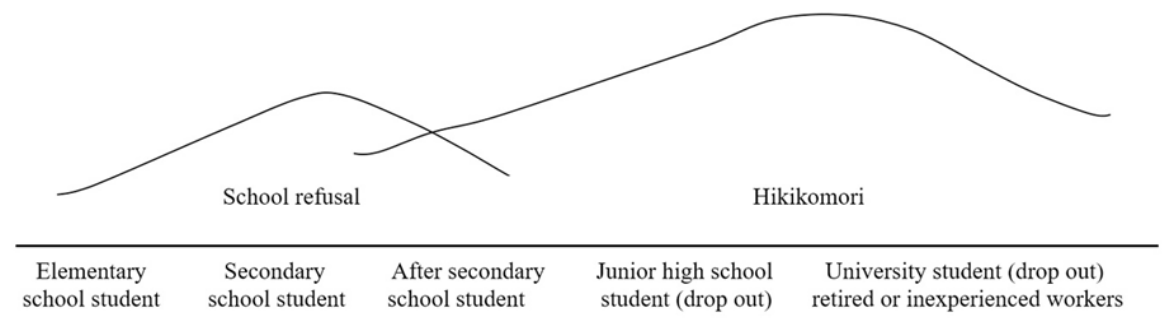


Figure 1. Relationship between Hikikomori and school refusal (Tetsuo, 2005).

In the 1990s, the concept of Hikikomori was understood in two ways: (1) a phenomenon of school refusal in children who stay at home for a long period of time, so-called Hikikomori in school refusal time; and (2) a phenomenon of those who

complete their schooling but refuse to work, so-called Hikikomori after school refusal time (Watari, 2017). According to the Youth Health Center, Hikikomori became a social problem and approximately 40% of the consultations for

Hikikomori having experienced school refusal at elementary, junior high school and high schools (Maejima, 2019). This number was reported to be even up to 86% of Hikikomori who have a school refusal experience (Hirose, 2009).

2.2. Hikikomori and adolescent crisis relationship

As mentioned earlier, “Hikikomori” was added to the Oxford English Dictionary in 2011 with its definition in the dictionary (in Japan) as “The extreme avoidance of social contact, especially by adolescent males” (Utsunomiya, 2020). Watari (2017) mentioned that the loss of safety in the adolescent environment since the latter half of the 1980s contributed to the increase in school refusal which has a strong relation with Hikikomori.

In adolescent families, many mothers are in their 50s and 60s that is an age that changes economically, and it is also a time when psychological depression and mother’s physical problems are likely to occur. Therefore, when facing the problem of children withdrawal, it is understood that the problem is complicated to solve because it includes problems in the developmental stage of adolescence (Saito et

al., 2013). Mori (2021) said that it is important to pay attention to adolescent junior high and high school students because individual differences are likely to occur and new difficulties are likely to be encountered at this time. Tolmunen and colleagues (2010) also mentioned that adolescents likely faced emotive-relational and behavioral difficulties, including anxiety/depression, withdrawn/depression and social problems. As a result, managing and coping with adolescence can be a huge challenge for most parents (Folorunsho & Tanga, 2021). Hirose (2009) revealed that although adolescent frustration syndrome and social withdrawal-Hikikomori are very similar, there are some differences as seen in Table 1.

However, according to Utsunomiya (2020), ages are evenly distributed among all age groups in recent surveys, and withdrawal has spread from problems of children and adolescents to problems which cover all generations (Figure 2). Although the phenomenon was most commonly associated with young men, recent data have shown that the range of Hikikomori age has widened gradually (NHK Japan News, 2021).

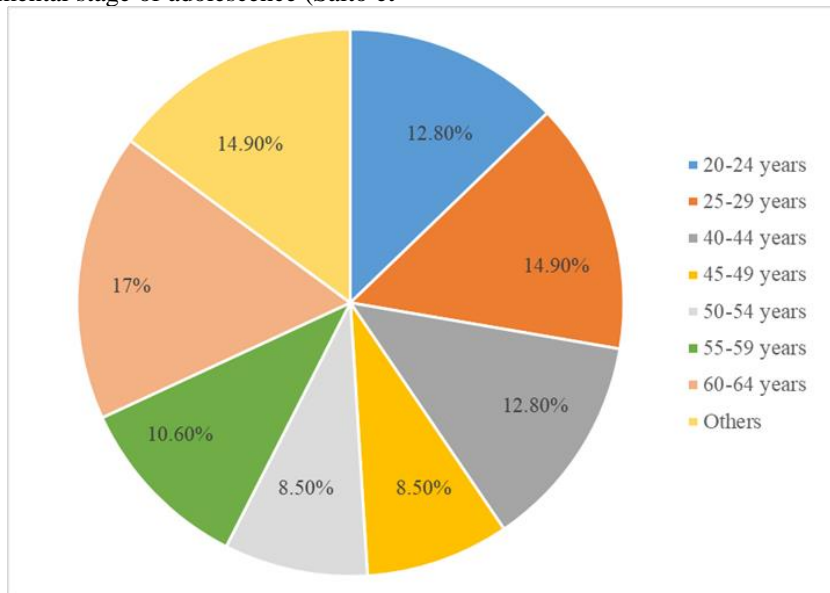


Figure 2. Hikikomori by age group (Utsunomiya, 2020).

Table 1. Comparison of adolescent frustration syndrome and social withdrawal-Hikikomori

	Adolescent frustration syndrome	Social withdrawal-Hikikomori
Advocate	Hiroshi Inamura	Tamaki Saito
Year of advocacy	1983	1998
Awareness of the disease as a psychiatrist	A new mental disorder that have begun to occur frequently in Japan these days.	A symptom that is said to be on the rise, not the name of the disease.
Symptomatology	Occurs in adolescence when they are frustrated. It has an intermediate pathology between neurosis and schizophrenia, often suffered for years. Initially, it just looks like mere rebellion or laziness, but has a complex pathology. Depending on the response, it may not be possible for an idle person to live a healthy social life by idly passing many years.	It had become a problem when the late twenties staying at home for more than 6 months and not participating in society for prolonged periods, and it was considered that other mental disorders were the primary cause. Some cases of school refusal follow the course of prolongation as a withdrawal state. The longer the withdrawal process, the more difficult it is to reintegrate into society.
The person with his or her psychology	Serious child being nervous, methodical (or meticulous) condition, high demand level. Like ant lion larva's pit-like state that they can't go even if they want to go.	Most of the refused treatments were shown in men (eldest son) who are described as good sons requiring less care, but introverted. They tend to be seen as a "good child" that did not even have a rebellious period, serious conflict or lethargic period.
Progress	Can be happened to anyone like depressive symptoms, deviant behavior, thinking disorder, motivation disorder, regression.	Long-term withdrawal system that rarely solves naturally.
Cause	Psychological reaction from frustration, lack of frustration tolerance.	Various causes such as school refusal, psychogenic disorders.
Relationship with school refusal	School refusal continues until the 20s and 30s if one of the expressions of this syndrome, school refusal, is not treated appropriately. Ruins their life in autism.	The overwhelming majority of those who have been absent from school for a long time with 86% of school refusal people. It is considered that the prognosis of people who refuse school is poor.
Accompanying symptoms and problems	Depression, obsessive-compulsive symptoms, phobic symptoms, domestic violence, withdrawal misconduct leading to suicide attempts.	School refusal, domestic violence, suicide attempts, social phobia, compulsions.
Family	Many cases are linked to intellectual classes, and the rate of full-time housewives is rather high. There are many cases of mother's interference, father's neglect (noninterference).	Many families are highly educated and middle-class or above. Cases with fathers who are enthusiastic about work and indifferent to raising children and sensitive, over-interfering mothers are not rare. The most average family were shown in patterns of office workers and housewives.
Treatment method	Correct medical treatment is essential. Compulsory hospitalization is needed for school refusal children treatment.	Although compulsory hospitalization is criticized, the principle of treatment for Hikikomori people required both father and mother protection.
Metaphorical expression	A national disease equivalent to the seriousness of old "tuberculosis."	School refusal is a cold while "Hikikomori" is "tuberculosis before antibiotics" in the relationship between pneumonia and "tuberculosis" and society.
Motivation as a claim maker	It takes drastic measures; it will lead to an irreversible situation.	A sense of crisis about the current situation that irresistible for delays in resolution
Parental reaction	Development of protest movement	Accept as a bible

Source: Hirose (2009)

3. HIKIKOMORI SUPPORT IN JAPAN

Nonaka and colleagues (2021) mentioned that the phenomenon of social withdrawal-Hikikomori has been reported not only in Japan but also in many other developed countries such as Korea, Australia, the United States, France, and Spain. Hikikomori and social withdrawal problems have been addressed in many countries and areas with many studies had been conducted recently (Figure 3). According to Utsunomiya (2020), Japan conducted nearly 100 studies related to Hikikomori published from May to November 2020; meanwhile, the Japanese government always supports Hikikomori

and their family.

In 2001, the KHJ-National association of Hikikomori’s family (hereinafter referred to as “Family Association”), which is a withdrawal family association, was first formed in Saitama and now has 37 branches nationwide (Makabe et al., 2014). According to Hirose (2009), KHJ is an acronym for obsessive-compulsive disorder (K), paranoia (H), and personality disorder (J) and the KHJ-Family Association has been considered as Japan’s biggest parent-based organization for dealing with Hikikomori.

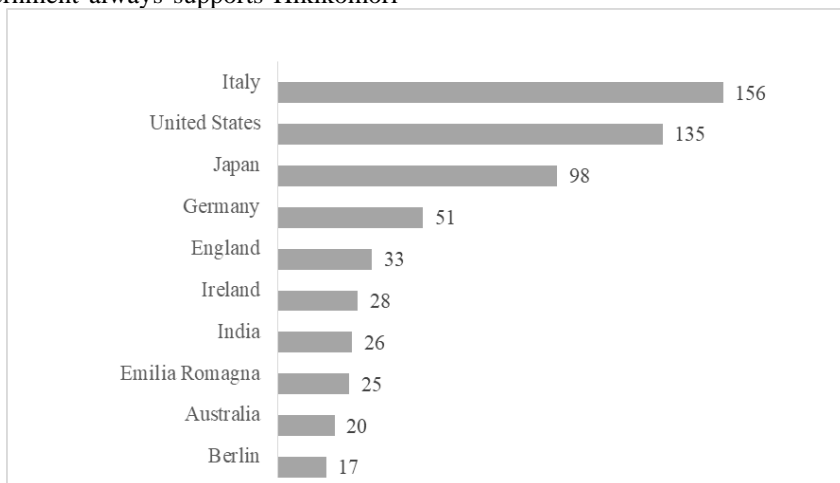


Figure 3. Hikikomori research papers published from May to November 2020 by countries and areas (Utsunomiya, 2020)

Social withdrawal is a combination of various factors such as biological and psychosocial factors. Due to this, it is hard to understand children’s social withdrawal, especially in children who are disconnected from communication with their families (Saito et al., 2013; Utsunomiya, 2020). It is reported that mothers have a broader behavioral repertoire than fathers in families; thus, mothers often play a central role in struggling with the problem of Hikikomori (Nonaka et al., 2021). Therefore, mothers play an important role in supporting their children so that mother’s mentality needs to be stable and understandable towards the child situation. Saito and colleagues (2013) also mentioned the importance of government to support to provide lectures and study sessions where mothers can comfortably share their own experiences and acquiring the correct knowledge about Hikikomori.

Besides, the government and the Ministry of Education have always followed up on the

deepening of problems associated with the rapidly increasing number of school refusal children and (a) Taken emergency measures for a fundamental solution on the causes of school refusal and withdrawal problems (b) Thought about how to change schools where competition and management progress (c) Established Family association and location for refusal and Hikikomori to develop further practice and movement (d) Called for the enactment of the basic law on the recovery of development of children who refuse to go to school and Hikikomori support law (Maejima, 2019).

In 2009, the children and youth development support promotion law was enacted against the serious problems of children and young people with difficulties such as NEET (Not in Education, Employment, or Training) and Hikikomori; a local youth support station was set up beside to support unemployed people (Makabe et al., 2014; Utsunomiya, 2020). In April 2007, a self-help group called the SANGO association was also

launched for Hikikomori. It provides a valuable community location for Hikikomori so they can connect without being isolated from society. The name SANGO means after the age of 35 which is centered on the age group of elderly withdrawals around 35, who tend to fall out of the category of young people in the children and youth development support promotion law enacted in 2009 and tend to have insufficient support (Jie, 2015).

Utsunomiya (2020) mentioned that the Ministry of Health, Labor and Welfare also established a withdrawal countermeasure promotion project based on the Hikikomori local support center establishment and operation project and the Hikikomori support center training and withdrawal support project with prefectures and ordinance-designated cities as the enactment; In 2011, the National Liaison Council for the Hikikomori local support center was established and installed in all prefectures and 67 municipalities designated by government ordinance in 2018. Makabe and colleagues (2014) revealed that the role of the Hikikomori local support center is to (a) clarify the place where the person and family can consult and connect it to more appropriate support, (b) the counselor plays a central role in strengthening network cooperation with institutions and (c) plays a role as a support place and provides necessary information about local Hikikomori countermeasure.

4. HIKIKOMORI SUPPORTS IN THE CONTEXT OF COVID-19

Hikikomori results in serious problems to an individual's mental health, to their education and workforce stability (Kato et al., 2019). A 47-year-old Hikikomori who shut himself at home for over two decades said: "I just wanted to flee from my job, from my family, and eventually even from myself. I finally came to the conclusion that suicide was the only path left. It was not being alive that troubled me, rather it was not knowing how to face the life that scared me. My spirit was completely broken." (NHK Japan News, 2021; from 39th minute of the documentary broadcast). Therefore, mental support is important to help Hikikomori overcome this hard time.

Zaman and colleagues (2021) mentioned that protective measures for people to stay safe from the virus like quarantine, physical distancing, self-isolation, and staying at home became the reason for mental health issues for individuals and young adults. Voices of family associations have recently

been heard due to the impact of COVID-19 on many aspects of life, which may result in drastic consequences such as an increase in distress and suicidal behavior (Wuttaphan, 2022). A magazine called "HIKIPOS" was published to convey the voices of various Hikikomori parties to share their own Hikikomori experiences (Utsunomiya, 2020). In the context of the Corona pandemic, HIKIPOS published the 9th issue in July 2020 and held an online meeting with the title "Everyone's Opinion: Hikikomori, Health, and Corona." Besides, the KHJ National Hikikomori Family Association formed a "Special Feature: Corona and Hikikomori" in the magazine called "Tabidachi" (Utsunomiya, 2020).

The wake of the COVID-19 pandemic caused the increase of withdrawal risk after self-restraint (Rooksby et al., 2020) and risk of depression and anxiety (Rehman et al. 2020; Salari et al. 2020). Utsunomiya (2020) revealed that people became easier to break with social connections during pandemic. Yamagata and colleagues (2021) revealed that the spread of the COVID-19 infection might lead to behavioral immune responses and preventive behaviors that cause exclusionary attitudes including avoiding people from other communities. Tsujimoto (2020) highlighted that recovery from Hikikomori is "recovery of connection," and the goal is to continue "a state of living in contact with other people and society without confining at their house or room for a long period of time. Due to the long lockdown, many people have lost their livelihood and were deprived the basic necessities that led them to a helpless situation (Phukan, 2020). Therefore, to alleviate the stress caused by Corona pandemic, Wada (2020) recommended the following measures: (a) Go out moderately and play moderately, (b) Regular life, quality food, (c) Enjoy entertainment and hobbies, (d) Recommendation of the long phone to have a conversation, (e) Refrain from drinking after the "online drinking party," (f) Challenge reading in unknown fields, (g) Early to bed and early rising to "bath the morning sun." (h) Don't confine at home, (i) Expand your perspective and think flexibly and (j) Accept help when life is getting hard.

Ford (2021) suggested some interventions to mitigate the harm of social disconnection in the context of COVID-19 including (a) using technology to increase social connection (b) motivating individuals to accept help from support networks (c) addressing negative social cognitions that might lead to decrements in mental and physical wellbeing, and (d) encouraging positive behaviors

that help to boost both psychological and physical wellbeing. It was said that the interpersonal transmission of the virus could be suppressed by enforcing strict rules in tight cultural countries like Japan (Chen et al., 2021). Zvomuya (2021) also said that in the fight against the Covid-19 pandemic, revamping of social work curricula, fieldwork practice, and social welfare policies showed great prospects of success.

5. CONCLUSIONS

At present, Hikikomori remains a problem in Japan. Stronger support from family and society are needed to mitigate the negative consequences of the

COVID-19 crisis. Learners who did not have access to distance education during confinement are at risk of not returning to school. However, their motivation could be influenced by friends and social groups that support learning. Therefore, group activities need to be developed to reconnect students, especially those who are prone to social withdrawal. Future research is required to elucidate factors including biological factors and psychosocial factors (mentioned on page 8) causing Hikikomori, early signs of this phenomenon, and intervention strategies.

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