

Social withdrawal, isolation should be addressed in young

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(HealthDay)—Following the Newtown, Conn., shooting on Dec. 14 by Adam Lanza, the question of social withdrawal and isolation needs to be addressed, according to a perspective piece published online Dec. 28 in the *New England Journal of Medicine*.

Noting that there appears to be consensus that Lanza was withdrawn and isolated early in life and throughout adolescence, John T. Walkup, M.D., and David H. Rubin, M.D., from the Weill Cornell Medical College and New York-Presbyterian Hospital in New York City, discussed the question of social withdrawal and isolation, both within and beyond the



confines of mental illness. Although this behavior is not uncommon, often appears in early childhood, is relatively persistent and stable, and responds to treatment, it is usually undetected and unaddressed.

According to the report, withdrawn and isolative behavior includes a variety of behaviors and developmental trajectories. These range from social withdrawal seen in adolescent depression to a component of the "schizophrenia prodrome," and are also present in a small group of children who are withdrawn and isolated, lack empathy, and are callous toward others. Early identification could help improve outcomes, with effective treatments available. Even if early signs are recognized, there are barriers for mentally ill, withdrawn, isolated patients, which include the need to consent to treatment and standards of confidentiality. Societal barriers to accessing high-quality mental health care include stigma and costs, as well as patient motivation and the social context of treatment, which influence its efficacy.

"Research is needed to elucidate the multiple trajectories of the early withdrawn and isolated behavior that is so common in the reported histories of people who perform violent acts," the authors write.

More information: Full Text

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