

# Hikikomori: New definition helps identify, treat extreme social isolation

January 10 2020, by Erik Robinson

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Experts in the Japanese phenomena of hikikomori say the condition of extreme social isolation is more widespread than previously acknowledged, and it deserves a clear and consistent definition to improve treatment across the globe.

In an article published in the February issue of the journal *World Psychiatry*, experts cite a lack of broad clinical understanding of the condition.

Although hikikomori is typically associated with [young adults](#) in Japan, the researchers say many of the same criteria of extended social isolation apply to people around the world, including among [older adults](#) and stay-at-home parents. A simplified and clear definition will improve the recognition and subsequent treatment for people who suffer from the condition, the authors write.

The article highlights four key aspects of the newly proposed definition of hikikomori:

- \* **Confined at home:** The proposed definition clarifies the frequency of time spent outside the home, while still meeting the definition of "marked social isolation."
- \* **Avoiding people:** Some people choose to avoid social situations and interaction not because they're anxious but because it meets their comfort level. The newly suggested definition therefore removes the avoidance of [social situations](#) as a criteria.
- \* **Better defining distress:** Many people diagnosed with hikikomori report that they feel content in their social withdrawal. However, as the duration of social withdrawal gets longer, their distress and feelings of loneliness increases.

\* Other disorders: Co-occurring [mental health conditions](#) such as depression should not exclude patients from also being assessed for and diagnosed with hikikomori. "In our view, the frequency of co-occurring conditions increases the importance of addressing social withdrawal as a health issue," they write.

## **Social isolation as a health issue**

Senior author Alan Teo, M.D., associate professor of psychiatry in Oregon Health & Science University School of Medicine and a researcher and psychiatrist in the VA Portland Health Care System, said the medical profession hasn't traditionally recognized [social isolation](#) as a health issue.

"There is a cultural issue within the house of medicine whereby we don't pay attention to it and don't think it is in our lane to deal with," he said. "These are shared problems, whether it's an 80-year-old Portlander who's a meals-on-wheels recipient living by herself or an 18-year-old with hikikomori in Japan."

Ironically, modern tools to improve communication may be having the opposite effect.

"With advances in digital and [communications technologies](#) that provide alternatives to in-person social interaction, hikikomori may become an increasingly relevant concern," the authors write.

Spending time online can be damaging when it substitutes for interacting with people face to face, Teo said. Those person-to-person social relationships are a critical aspect of mental health.

"Your social life is critical to your quality of life—yet in [health](#) care, we often forget to think about that," Teo said. "A person's day-to-day [social](#)

[life](#) is really what brings them meaning and value."

In addition to Teo, the other authors included Takahiro A. Kato, M.D., Ph.D., and Shigenobu Kanba, M.D., Ph.D., of Kyushu University in Japan.

The recommendations published online today in *World Psychiatry* represent an outgrowth of earlier collaboration between the three authors, including a [perspective published](#) in the journal *Psychiatry and Clinical Neurosciences* in 2019.

**More information:** Takahiro A. Kato et al, Defining pathological social withdrawal: proposed diagnostic criteria for hikikomori, *World Psychiatry* (2020). [DOI: 10.1002/wps.20705](https://doi.org/10.1002/wps.20705)

Provided by Oregon Health & Science University

Citation: Hikikomori: New definition helps identify, treat extreme social isolation (2020, January 10) retrieved 6 May 2024 from <https://medicalxpress.com/news/2020-01-hikikomori-definition-extreme-social-isolation.html>

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