

# Hikikomori: a systemic-relational analysis

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## Abstract

Over the past 40 years, Japan has spread a definite condition: *hikikomori*. The term derives from *hiku*, “pull back”, and *komoru*, “island”, and describes a form of voluntary social withdrawal that involves adolescents. These subjects avoid social commitment, school education and friendships with an associated digital dependence. The causes identified depend on a cultural/educational and family system in which individual identity is subordinated to social identity, causing isolation. Early identification of *hikikomori* and above all its differentiation from other syndromes appears necessary to avoid inadequate diagnosis and interventions. This study stems from the intention to outline the phenomenon starting with the presentation of the characteristics of the phenomenon, focusing on possible causes and risk factors, then explain the psychological therapy based on the systemic-relational approach. A clinical case will be presented according to principles of the systemic-relational intervention. The subject, with a psychopathological diagnosis that can be linked to *hikikomori* and digital dependence, showed a dysfunctional family structure that has been treated by family psychotherapy. At the follow-up visit the patient showed new interpersonal skills by improving management and problem-solving skills.

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## Introduction

*Hikikomori* was used for the first time by Japanese psychiatrist Saitō Tamaki like a rendering of the English term “social withdrawal” that means “stand aside”, “isolate”. The term comes from the word *hiku*, “pull back”, and *komoru*, “isolate”, and it’s a Japanese term used to indicate a form of disorder appeared in Japan around in the mid-eighties of the last century. The term *Hikikomori* refers both to the afflicted, that is, to the person affected by the disorder, and to the phenomenon in general; the characteristic of these subjects is that of posing as the only possibility of survival that of moving away from society and “disappearing” by withdrawing completely into one’s own room. Characteristic of these subjects, in order to survive, is leave of the society and “retreat” to their room (Saito, 1998). In 2003, Japanese Minister of Health, Labour and Welfare individuated some criteria for recognizing this syndrome: i) sedentary lifestyle in which the person lives most of the days in their own home; ii) lack of interest in performing school or work activities; iii) persistence of the phenomenon for at least 6 months; iv) schizophrenia, mental disorders and other disorders are excluded from the syndrome; v) subjects that maintain interpersonal or social relationship are excluded from this symptomatology (Saito, 2013).

It is presented by a similar definition such as: “the state avoiding social employment, in this case education school, working activity, friendship, relations with withdrawal persistent in own residence for at least 6 months (Brown, 2003). The highest incidence is between 16 and 30 years, while the estimate average is around 32.6 years (Takatsuka, 2006), with an incidence factory of 10% on female population and 1% of total Japanese population. None of these subjects want to work, to study or to engage in training activities (Brown, 2003).

Other incidence factors associated to *hikikomori* are: i) gender: the phenomenon is four times higher in men than in women (Kondo, Iwazaki, Kobayashi, & Miyazawa, 2007); ii) Phratry: Most of them are firstborn, because their parents give them a fundamental role: preserving the good name of the family; iii) *ijimè*: have been victims of bullying predispose subjects to withdrawal; iv) social class: it has been observed that the disorder is more frequently in the middle-class family (Umeda & Kawakami, 2012), where young person can have family support. Many young Japanese have more social pressure, derived by their traditional aspirations that consists to undertake the style and model of parenting carer. Sometimes, this factor can be the triggering reason of the withdrawal, in fact despite of their effort, their expectations are often disappointed by the competitive economic system.

## Methods

The systemic-relational psychotherapeutic approach used considers the family as a homeostatic system (Minuchin, 1978) that



is able to self-regulate in such a way as to oppose any innovation introduced within the system that determines a substantial variation. Therefore, the family system is a place where the regular functioning of the same depends on the respect of a series of rules. The latter are useful both for the general safeguard of the system and for guarding the spaces of the subjects who “inhabit” it. In this sense, it seemed appropriate to focus more attention on some aspects that seemed to determine the dysfunctionality of the family system. The goal of psychotherapy is to overcome resistance (Elkaim, 1981) derived from the fear of members that the balance known up until then, even if dysfunctional, can be modified.

What is required of the family unit and not only of the designated subject necessitates commitment and effort, but above all it requires us to express emotions and express feelings that often are in conflict with each other and forgotten, for a long time. The job was to focus the intervention on the marital parenting subsystem (Haley 1976), as each individual belonging to the family system is correlated to the others, so that the change of a member of the aforementioned system has the effect of modifying the whole organism. In this view, for the therapist, every action is nothing but a reaction to another action; it is this mechanism that creates a current of mutual influences. In particular, the model proposed by Salvador Minuchin, used by family psychotherapists, describes the family as a structure formed by subsystems, such as, for example, that examined by the therapist (parental-conjugal), in addition to the one that includes children, brothers, grandparents. The boundaries between the subsystems represent the family norms, which outline the role that everyone must and must play, that is ‘they say’ what is expected by the individual members and modify their behavior ‘inside’ the system (Bowen, 1979). Observe and trying to understand the dynamics of the subset formed by spouses who are also parents, can help the therapist to identify the individual roles within the subsystem and the relationship of the latter (wife-mother/husband-father) with the patient-child. In summary, the subset analyzed by the therapist has different tasks, which, regardless of marital tasks, concern the development of the subsystem as a couple of children (differentiation from the families of origin), development towards the outside (friendships, spaces and social times own). When the married couple becomes a couple of parents, the subsystem becomes complex, in the sense that other tasks are added to the previous ones: to introduce into the relationship to two factors that concern being parents, rewriting the modes of communication, fixing in a way clear the line of demarcation between the marital system and the parental system. In addition, the couple must negotiate the parenting tasks that are related to the care of the child and propose an effective model of emotional and educational bond. We conducted a qualitative study focused on the psychotherapy process in one year of treatment.

## Patients

The patient is an 18-years-old Italian boy, who had been diagnosed with a video-game addiction, a condition that had consequently the withdrawal into his own room and an alleged diagnosis *hikikomori*.

The psychotherapist has found symptoms that prefigure an obsessive-compulsive disorder, such as a hyperactivity concerning personal hygiene and a dysfunctional relationship with nutrition, and the young patient no longer attends school from the age of 17. From the anamnesis collected during the first psychotherapy sessions, insufficient information emerged aimed at satisfying the

diagnostic criteria for disorders like schizoid, schizotypal, avoidant personality disorders or schizophrenia, but for a period of seven months showed a strong tendency to isolation with no social interactions. This condition of a-sociality began, according to the information gathered by the psychotherapist, when the patient was fifteen, increasing gradually but continually. His family consists of parents and a sister who don’t seem to be significantly involved in family relationships. The internal family dynamics appear in the norm, and apparently can be defined as good; in particular, the father shows a more realistic attitude about the condition of the young patient, while the mother does not seem to want to “see” the situation, operating a sort of minimization of her son’s condition. The therapeutic intervention lasted for one year, with weekly meetings involving all members of the family. During these meetings, the measures adopted had the objective of obtaining an attenuation of the isolation situation in which the patient lived.

## Observation techniques

### Genogram

The therapist decided to use the Bowen genogram (Bowen, 1979) during the third session (the initial phase of the therapy). A genogram is a diagram showing a family for two/three generations through specific graphic signs links, events, separations, unions and anything else that can “tell”. In this sense, the genogram can be defined as a map of the emotional and affective evolution-involution of an individual and or a family. This graphic reproduction is flanked by the story that describes the relationships between the subjects involved in the “diagram”, the affinities, the differences, the habits within the family system, as well as a subsequent examination of the emotional and affective factors underlying these affinities, differences and habits (Montàgano & Pezzagli, 1989).

The elaboration of the genogram is subordinated to the presence and influence of two factors: the generations to be taken into consideration and the knowledge of the family history by the “protagonists”, since the therapist considers the difference between one and the other relevant news “not reported” as not known and not reported because they are not considered meaningful. In this sense, the content and form of the genogram depend on a plurality of factors linked to the family, the patient and the therapist. The genogram, therefore, during the session, assumes the characteristics of work in progress, whose final aspect is not predictable.

The genogram is part of the tools provided by the systemic-relational therapist, which appears as a diagram in which information on the family to which they belong is represented, analyzing the history of at least two generations (Mc Goldrick & Gerson, 1985). The design of a genogram is above all an experience of both cognitive and emotional nature and it is from this nature that its therapeutic importance descends. The genogram must always be associated with the draftsman’s narrator, who is asked to tell episodes, to outline rules and values, to describe the methods of communication within the family system (Mc Goldrick & Gerson, 1985). The genogram, or rather its construction, can represent a moment characterized by a strong emotion, because often conflicts, unpleasant memories, discomforts, occasions not caught because of guilt emerge. The usefulness of this tool in the formulation of a diagnosis and in therapeutic practice is evident for the therapist. In fact, the genogram “shows” the evolution and involution of bonds over a certain period, subsequently allowing the identification of events that have already been tried several times (family dismissals).

The active role of the therapist becomes fundamental precisely when these dismissals are highlighted, since it will be his task to identify the most significant and direct the therapeutic work in a certain direction.

### Backpack technique

During the final stages of the therapeutic intervention, “backpack technique” was introduced (Canevaro, 2010). This technique is effective above all in defining and highlighting the positive relationship between the young-patient and the parents. After understanding the family dysfunctions through the succession of family and then individual sessions, and after being able to build an eco-system based on collaborative participation, it was proposed to the members of the family to use the backpack test (Canevaro, 2010). The experience was carried out under the formal guidance of the psychotherapist, who addresses parents by telling the mother to sit in front of the patient, also named the designated patient (Patterson, 1998), while the father will have to sit next to him, staying in silence waiting for further instructions. Mother and son were invited to take their hands and look into each other’s eyes. Then, the therapist says that the son is about to begin a journey, that is his life, carrying a backpack as a baggage: the mother has to find some aspects of herself to offer to his son so that he can put them in his backpack and use them along his existential path.

The mother is asked to begin, for example, by giving her son a side of her character that she recognizes the importance of, and that owning it makes her proud (Canevaro, 2010). The mother, in accordance with the type of relationship established by her, will give her child protection, prudence, and obedience. Once the mother has made a gift of her peculiar characteristics, the attention shifts to the father who is asked to do the same procedure, he will give to the designated patient the gift of responsibility, wisdom, and autonomy. What was said is reported by the therapist within the therapeutic setting and is finally repeated and condensed in a few significant words to consolidate them in the mind of each family member.

The therapeutic intervention described aims to have a short duration through an intense emotional exchange that involves the family unit. The therapy usually ends within one or two years, we have to distinguish different phases; during first sessions the therapist constitutes a therapeutic alliance between the subject requesting help and his/her family (Dunkle & Friedlander, 1996), using various techniques: the description of the problem, the personal history of the subject and of the family, going on to form then a map on the transgenerational history of his/her ancestors (Canevaro, 1978).

The choice of this psychotherapeutic intervention has helped to awaken deep emotions in the subjects, recreating a warm and engaging atmosphere within the setting. Within the therapeutic setting, the parental dyad was able to show its feelings towards the designated patient, who will have had the confirmation of their approval (Canevaro, 1999).

### Results

The emotional release of the patient with *hikikomori*, as the one treated, concerned the “liberation” from a form of symbiotic interdependence based on a kind of collusion with the mother. In this type of interaction what matters is the static nature of the roles, theirs safe guard in time and space, given that the *hikikomori* subject had undergone a retreat inside of a specific physical place for an indefinite time. In the present case of symbiosis, therefore, even the

*hikikomori* patient, in some way, perceived that without the presence of his own the mother would have lived in a condition of total abandonment. The strategy adopted in the course of therapy is one in which parents and patient have presented a collaborative attitude, this behavior has allowed to establish the restoration of communication with less difficulty and the release of the patient from the symbiotic bond of an emotional nature.

The action of the therapist aimed at restoring the bond was therefore fundamental, first between son and family, with the subsequent establishment for the family of an authentic communication with the single member. The therapeutic intervention was certainly not easy to implement, as it reconstructed or building a communication from scratch proved to be a complex operation. No recourse was made to forcing, because communication would not have a solid basis for development, for this reason the work was based on a principle of realism, considering the inevitable resistance opposed by the patient, sometimes even violent.

The therapist noting a loosening of the patient’s emotional dependence, he was able, in this case, to give start of its reintegration into the socio-family context, passing after a year from a typology of meetings where the family was also involved, in sessions with only the patient presence. After six months from the last ‘family’ therapy, the therapist found that the patient had regained appreciable interpersonal skills, along with better abilities both to adaptation and problem solving.

### Discussion and Conclusions

It is necessary to point out that, since the *Hikikomori* syndrome is still under study, many documented cases of psychotherapy don’t exist yet in literature, nor is the follow-up of the cases examined assessable. For these reasons, a psychotherapeutic intervention hypothesis was considered in this study, in accordance with the above, on the possible applied methodologies. Systemic-relational therapy with reference to Minuchin shows a shift of focus from intrapsychic factors to interpersonal ones (von Bertalanffy, 1968), in which socio-cultural context influences significantly the designated subject (Andolfi, 1978). The acceptance of the problem is certainly the first step that will lead the parent, more present in family affairs, to turn to a therapist or to a team of professionals and start an intervention path. A first obstacle is given certainly from the difficulty of relating to the *hikikomori* subjects in depending on the withdrawal period could develop as a symptom a dependency (from the internet, from videogames), an obsessive-compulsive disorder that, in the most serious cases, can degenerate up to schizophrenia; therefore, the possibilities of interaction with the subject are really difficult (Furlong, 2008). Another aspect that is often underestimated is the responsibility of the family that does not intervene allows the withdrawal for years, when the condition has already consolidated and it is difficult to eradicate it. Social pressure, family pressure and the lack of a stable father figure capable of transmitting values and acting as a point of reference, make the mother establish a relationship almost symbiotic with her son (Doi, 1973), “favoring” his withdrawal without being conscious of it. The connection with Minuchin is immediate, in particular when he exposes his theory on interaction styles, enmeshment and disengagement (Minuchin, 1974), present in communication styles respectively between mother-son and father-son. A frequent case and referable to *hikikomori*, describes a mother who spends her days at home with her son, taking care of everything which this latter





apparently needs without recognizing his real needs, and a paternal figure who, due to the frequent absence from the family unit for work reasons, is not able to act as an intermediary in the mother-child relationship, preventing obstruction (Giammetta, 2013). The union of the two figures appears extremely dysfunctional as it creates insecurity in the designated patient structured towards itself given by the confrontation with the father and a dependence on the mother figure.

These styles of interaction must be identified by the therapist and modified within the setting therapeutic, with the cooperation of all family members. The therapist's first role was that of constituting a family map in which to understand the habits, the styles of interaction between the family members and the division of roles.

The therapeutic setting is divided into individual sessions in which it is necessary to establish a bond of trust with the designated subject (Lingiardi, 2002), and extended sessions in which with the collaboration of the family it is possible an intense emotional exchange between the members and the sharing of feelings that had never been shown. Reconnecting to Canevaro's systemic-relational approach, we recall that the therapist's function, in addition to supporting the subject locked up in his isolation, is concerned with work on the stress of the same, fueled by anxiety, shame and anguish of the context social and family (Walsh, 2006). The method experimented by the author, attributable to a possible intervention towards a *hikikomori* subject is "the backpack experience". This technique outlines a path in parents face their child's weaknesses and decide to face them in the course of the therapeutic session each provides his personal contribution by donating something to the other, in so doing, dormant emotions will slowly re-emerge and become productive with the therapist support will strengthen aspects of individual personalities using it as a means of spontaneity. The goal of the sessions is to take a path of growth for the individual, in so that the individual can build his own identity differentiating himself from the parental or from that imposed by the claims of society (Canevaro, 1999).

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