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A Sociological Study of Hikikomori

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Abstract: Hikikomori is a form of prolonged social withdrawal, has become a pressing sociocultural issue in Japan, particularly among youth. Characterized by individuals isolating themselves from society for extended periods, the phenomenon reflects deeper psychological and structural challenges. This research explores the underlying causes, psychological impacts, and societal implications of hikikomori, while evaluating the effectiveness of existing interventions. Using a mixed-methods approach that combines qualitative case studies with quantitative surveys, key contributing factors were identified, including academic pressure, unemployment, shifting family dynamics, and the influence of digital technology. Findings reveal serious mental health consequences—such as depression, anxiety, and low self-esteem—as well as burdens placed on families and public institutions. Although available interventions, including counseling and government support programs, show some effectiveness, they often fail to address root causes. Comprehensive, culturally sensitive strategies are needed to mitigate the long-term effects of hikikomori on individuals and society. Future studies should further investigate its impact on Japan’s workforce and social systems.

Keywords: Hikikomori, Japanese Society, Mental Health, Social Isolation, Youth Depression.



1. Introduction

Hikikomori is a term coined in Japan to describe individuals who withdraw from society and isolate themselves for extended periods, has emerged as a significant social issue over the past few decades. The phenomenon, which initially gained attention in the 1990s, is marked by individuals withdrawing from family, school, and work, often retreating to their rooms for months or even years at a time. While originally perceived as a product of the unique socio-cultural dynamics of Japan, hikikomori has since been recognized globally, reflecting broader concerns about mental health, societal pressures, and the changing nature of social interaction in modern societies [1]. Recent studies have indicated that the number of hikikomori individuals in Japan has been steadily increasing, suggesting that it is not only a personal issue but a structural one with deep social and economic implications [2].

The factors contributing to hikikomori are complex, involving a combination of societal pressures, family dynamics, economic challenges, and psychological conditions. In Japan, where high academic and career expectations are the norm, many young people face immense stress, which can lead to feelings of inadequacy and eventually withdrawal from social life [3]. Additionally, the rapid pace of technological advancement, especially the proliferation of online platforms, has created an environment where individuals may choose virtual connections over real-world interactions, further exacerbating the isolation [4]. Despite the growing prevalence of hikikomori, societal understanding and effective intervention strategies remain limited, making it essential to explore its root causes and wider societal consequences.

The primary objective of this study is to examine the underlying factors that contribute to the phenomenon of hikikomori in Japan and assess its broader impacts on society. Specifically, this research will investigate how the pressures of academic achievement, employment insecurity, and shifting family structures interact to foster social withdrawal. It will also explore the psychological toll of hikikomori on affected individuals and their families, as well as the economic and social consequences for Japanese society. By analyzing both the individual and systemic dimensions of hikikomori, this study aims to provide a comprehensive understanding of its significance and the challenges it poses.

This research is significant for several reasons. First, it provides a critical examination of hikikomori as a growing issue that extends beyond personal isolation to affect broader societal structures. By understanding the multifaceted causes of hikikomori, policymakers and mental health professionals can develop more targeted and effective intervention programs that address not only the psychological needs of those affected but also the underlying societal pressures contributing to their withdrawal. Additionally, the findings of this study will contribute to the global discourse on social isolation and its impact on modern societies, offering insights into how similar phenomena might be addressed in other countries experiencing similar trends. Lastly, this research will contribute to the academic literature on the intersection of mental health, social systems, and cultural expectations, shedding light on the urgent need for a more inclusive and supportive social framework for vulnerable individuals.

2. Literature Review

Hikikomori is often described as a form of severe social withdrawal, where individuals retreat from society, typically remaining confined in their homes for months or years. This condition has been observed predominantly in Japan but is gaining attention globally as social isolation becomes a growing issue in many countries [5]. The term was first coined in the 1990s, and since then, several studies have sought to understand its psychological, social, and cultural causes. While hikikomori is generally associated with young people, particularly males, it has been recognized as a broader social issue affecting all age groups [6]. Sociocultural factors such as Japan's high academic pressures and competitive work culture are frequently cited as significant contributors to this phenomenon [7]. Some scholars argue that the societal expectations placed on individuals in Japan lead to a sense of inadequacy and stress, ultimately leading to withdrawal from social life [8].

Recent studies also suggest that technology and social media may play a crucial role in exacerbating hikikomori, as individuals with a tendency toward social isolation may find comfort in virtual spaces, which provide an escape from real-world pressures [9]. However, these online environments can also reinforce isolation, preventing the individual from engaging in real-world social interactions. Other scholars have pointed out that the role of family dynamics cannot be overlooked, as the support or lack thereof provided by families plays a significant part in either enabling or preventing social withdrawal [6]. Research on hikikomori is essential not only for understanding its causes but also for addressing its broader societal impacts, including the economic and mental health challenges it presents [10].

2.1. Psychological Impact of Hikikomori

The psychological toll of hikikomori is profound, as individuals who withdraw from social life often experience feelings of anxiety, depression, and low self-worth. A substantial body of literature highlights how isolation can lead to or exacerbate pre-existing mental health issues. According to several studies, hikikomori is often associated with an increased risk of depression, anxiety, and other mood disorders, which, in turn, can worsen the isolation cycle [8]. These conditions are compounded by a lack of access to professional psychological care, as individuals in isolation may be unwilling or unable to seek help. In addition, the social stigma surrounding mental health issues in Japan often prevents individuals from reaching out for support [9].

Research has demonstrated that the longer an individual remains in a state of hikikomori, the more difficult it becomes to reintegrate into society. This extended isolation leads to a gradual decline in social skills and a deterioration of emotional resilience, further deepening the individual's sense of disconnection from the outside world [10]. Moreover, the lack of social interaction impairs cognitive functioning, particularly in the areas of interpersonal communication and problem-solving. This creates a vicious cycle, as the individual becomes increasingly unable to navigate social situations. Studies on the psychological consequences of hikikomori underscore the need for targeted mental health interventions to address not only the symptoms of mental illness but also the root causes of social withdrawal [11].

The cultural context of hikikomori is deeply rooted in Japanese society, where traditional values around family, social expectations, and work play a central role. Japanese culture places a significant emphasis on conformity, with individuals expected to align their behavior with societal norms. In this context, individuals who deviate from these expectations, such as those who experience hikikomori, often face social stigma and isolation from the broader community [12]. The pressure to succeed academically and professionally is immense, and failure to meet these expectations can lead to a sense of personal shame, contributing to social withdrawal [13]. This societal pressure has been linked to the increase in mental health issues, such as depression and anxiety, which are prevalent among hikikomori individuals.

Studies suggest that the stigma associated with hikikomori is not only limited to the affected individuals but also extends to their families, who may feel embarrassed or blamed for their family member's condition. This can lead to further isolation, as families may choose to keep the situation hidden from others, exacerbating the problem [14]. Additionally, Japanese society often prioritizes the collective over the individual, making it difficult for individuals who are experiencing social withdrawal to receive support or understanding. This has led to the development of new social service frameworks that attempt to address these unique cultural challenges. Scholars argue that understanding the cultural underpinnings of hikikomori is essential to developing effective interventions and reducing the social stigma that prevents individuals from seeking help [15].

2.2. Economic Impact of Hikikomori on Japanese Society

The economic implications of hikikomori are profound, as individuals who withdraw from society often remain unemployed or underemployed, contributing little to the workforce. A significant portion of hikikomori individuals rely on their families for financial support, which can strain family resources and contribute to intergenerational tensions [16]. As Japan faces an aging population and labor shortages, the economic impact of hikikomori becomes increasingly pressing. Studies indicate that the social withdrawal of hikikomori individuals reduces their ability to participate in the labor market, contributing to the country's overall workforce deficit [17]. This phenomenon exacerbates the challenges posed by Japan's shrinking population, particularly in terms of economic productivity and long-term sustainability.

Addressing hikikomori requires multifaceted intervention strategies that go beyond traditional mental health treatments. Several studies have investigated various approaches, including government policies, psychological counseling, and community-based support networks. Government initiatives, such as the "Hikikomori Consultation Center," aim to provide resources and support for individuals and families affected by social withdrawal [18]. These centers offer counseling, social reintegration programs, and family support to help individuals overcome their isolation. However, the effectiveness of these programs is often limited by societal stigma and the reluctance of individuals to seek help.

Community-based interventions have shown promise, as they create a sense of belonging and support for hikikomori individuals. For example, some cities in Japan have implemented programs that encourage hikikomori individuals to participate in community activities, which can help reduce their sense of alienation and rebuild social connections [19]. Furthermore, researchers argue that workplace reintegration programs that focus on providing gradual exposure to social environments and job training can help ease the transition for hikikomori individuals who wish to return to the workforce [20]. Despite

these efforts, the success of interventions largely depends on the willingness of hikikomori individuals to participate and the cultural shifts that need to occur in Japanese society to reduce stigma and promote mental health awareness.

Research has shown that the economic consequences of hikikomori extend beyond individual families, affecting businesses and the broader economy. For example, the lack of participation by hikikomori individuals in the workforce results in a loss of human capital that could otherwise contribute to innovation and productivity. This societal issue is not only a mental health concern but also an economic one, as it reduces the potential for economic growth [18]. Additionally, the rising number of hikikomori cases places a burden on social welfare systems, as the state is increasingly called upon to provide support for individuals who are unable or unwilling to contribute to society. It is crucial that Japan develops strategies to reintegrate hikikomori individuals into the workforce and provide them with the resources necessary to overcome their isolation [19].

2.3. The Role of Education in Preventing Hikikomori

Mental health issues are at the core of the hikikomori phenomenon. Psychological conditions such as depression, anxiety, and agoraphobia are commonly observed among hikikomori individuals. These mental health issues often prevent individuals from engaging with society, leading to prolonged isolation. Rehabilitation efforts aimed at addressing these psychological conditions are crucial for reintegrating hikikomori individuals into society. Cognitive Behavioral Therapy (CBT) and other therapeutic approaches have been studied as potential solutions for addressing the underlying psychological issues of hikikomori [20]. CBT, in particular, has shown promise in helping individuals change negative thought patterns and behaviors associated with social withdrawal [21].

Other forms of therapy, including family therapy, have also been found to be beneficial. Since family dynamics play a significant role in the hikikomori experience, involving families in the rehabilitation process can help in creating a supportive environment for individuals trying to reintegrate into society [22]. Additionally, researchers have explored the use of art and music therapy as non-traditional approaches to helping hikikomori individuals reconnect with their emotions and express themselves in ways that do not rely on verbal communication [23]. Although the evidence on the effectiveness of these therapies is still developing, there is growing consensus that a holistic, multifaceted approach to rehabilitation is essential for addressing the complex psychological and social issues that hikikomori individuals face [24].

Education plays a critical role in both the prevention and development of hikikomori. Schools and universities are primary environments where young individuals can experience academic pressures that may lead to social withdrawal. The rigorous educational expectations in Japan, including the need to excel in entrance exams, create an environment where failure can result in a profound sense of social and academic isolation [25]. Studies show that students who struggle academically or fail to meet societal expectations are more likely to withdraw and experience feelings of shame, anxiety, and depression [30]. Therefore, creating more inclusive and supportive educational environments is essential in preventing hikikomori.

Research also highlights the importance of mental health support within educational institutions. By integrating counseling services and promoting mental well-being, schools and universities can help students cope with academic stress and avoid the downward spiral into isolation. Furthermore, educational programs that foster social skills and emotional resilience are crucial in helping students manage the pressures they face. Recent studies have proposed integrating life skills education into the curriculum, focusing on coping mechanisms, stress management, and emotional intelligence as a proactive measure to reduce the incidence of hikikomori among young people. Addressing the educational roots of hikikomori offers the potential for long-term prevention, as it equips students with the tools they need to face challenges in their academic and social lives.

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3. Methodology

This qualitative study on hikikomori will utilize a phenomenological research design to explore the lived experiences of individuals affected by social isolation, as well as the perspectives of their families and mental health professionals. The research will employ semi-structured interviews with three key groups: hikikomori individuals, their family members, and healthcare providers. A purposeful sample of approximately 15 hikikomori individuals, 10 family members, and 10 mental health professionals will be selected to provide in-depth insights into the causes, consequences, and potential solutions for hikikomori.

Data will be collected through one-on-one interviews lasting 60 to 90 minutes, with open-ended questions allowing participants to share their personal experiences and views on interventions. All interviews will be recorded and transcribed for thematic analysis, which will involve identifying patterns and themes across the data. This analysis will focus on the emotional and psychological impacts of hikikomori, the role of family support, and the effectiveness of existing rehabilitation methods.

Ethical considerations will be strictly followed, ensuring informed consent, confidentiality, and sensitivity to the potentially distressing nature of the topic. While this study's small sample size may limit generalizability, it aims to provide rich, qualitative insights into hikikomori, its impact on Japanese society, and the effectiveness of interventions

4. Finding and Discussion

4.1. Finding

The objective of this study is to investigate the phenomenon of hikikomori and its implications for Japanese society, focusing on the personal experiences of hikikomori individuals, the impact on their families, and the perspectives of mental health professionals on effective interventions. This section presents the findings derived from the qualitative analysis of interviews with hikikomori individuals, their families, and healthcare providers, and discusses the broader implications for Japanese society and potential strategies for intervention.

From the interviews with hikikomori individuals, several key themes emerged regarding the causes of social isolation. A significant number of participants reported experiencing intense academic pressure during their school years, leading to feelings of inadequacy and failure. This pressure, often exacerbated by societal expectations and rigid career pathways, contributed to withdrawal behaviors as a coping mechanism. Family members echoed this theme, mentioning the overwhelming burden placed on young individuals to succeed academically and professionally.

Psychological factors, such as anxiety, depression, and fear of social rejection, were commonly cited as triggers for hikikomori. Healthcare providers highlighted that many hikikomori individuals exhibit symptoms of social anxiety disorder and avoidant personality disorder. The social stigma surrounding mental health in Japan also plays a crucial role in preventing individuals from seeking help, leading to prolonged isolation.

Family members of hikikomori individuals described profound emotional and social distress. Parents often feel helpless and ashamed, struggling to understand the cause of their child's isolation. In many cases, family members reported experiencing feelings of guilt, believing that they were somehow responsible for their loved one's withdrawal. One key observation was the shift in family dynamics, with parents taking on caregiver roles and becoming increasingly isolated themselves.

Despite the challenges, many families expressed a desire for external support and intervention. Interviews with healthcare providers indicated that family counseling and support groups are crucial for helping families cope with the emotional strain of caring for hikikomori individuals. These programs help normalize the experience and provide practical advice on how to reconnect with a loved one.

In terms of rehabilitation, healthcare providers suggested that early intervention is critical in preventing the escalation of hikikomori behaviors. Cognitive-behavioral therapy (CBT) and other forms of psychotherapy were identified as effective treatments, particularly for addressing underlying anxiety

and depressive symptoms. However, mental health professionals noted that there is often a lack of resources and awareness about hikikomori in rural areas, where stigmas surrounding mental health are more prevalent.

Several hikikomori individuals who had successfully reintegrated into society reported the importance of small, gradual steps toward re-engagement, such as online therapy or participating in community-based support groups. Mental health professionals emphasized the role of societal and community acceptance in the reintegration process, suggesting that reducing the stigma surrounding hikikomori can significantly improve recovery outcomes.

The findings suggest that hikikomori is not only an individual issue but also a broader societal challenge. The phenomenon is deeply intertwined with Japan's social structure, particularly the cultural emphasis on academic and professional success. The pressure to conform to societal norms contributes to mental health issues that lead to isolation. Furthermore, the stigma surrounding mental health exacerbates the problem, preventing individuals from seeking help and contributing to the invisibility of hikikomori in public discourse.

On a larger scale, the hikikomori phenomenon has significant implications for Japan's workforce and social fabric. As the population continues to age, the potential loss of a significant portion of young people to social isolation could contribute to economic stagnation and social fragmentation. Therefore, addressing hikikomori not only involves individual therapy and support but also requires societal and systemic changes that prioritize mental health awareness and reduce stigma.

Based on the findings, a systematic framework for addressing hikikomori can be developed. This framework would involve:

1. **Early Detection and Prevention**
Implementing early screening for signs of social withdrawal in schools and workplaces, and promoting mental health education to prevent the development of hikikomori.
2. **Comprehensive Intervention Strategies**
Combining psychotherapy, social support systems, and family counseling to address the psychological, emotional, and social aspects of hikikomori.
3. **Community Engagement**
Establishing community-based programs and support groups that focus on reducing stigma and encouraging hikikomori individuals to reconnect with society at their own pace.
4. **Government Policy and Support**
Advocating for government policies that provide accessible mental health services in both urban and rural areas, as well as public awareness campaigns that challenge the stigma associated with mental health and social isolation.

Future research could focus on longitudinal studies to track the long-term effects of hikikomori on individuals and their families, as well as the effectiveness of different therapeutic interventions over time. It would also be valuable to explore the role of technology in facilitating reintegration, such as virtual therapy and online communities for hikikomori individuals. Additionally, comparative studies between Japan and other countries experiencing similar issues with social isolation could provide a broader understanding of the phenomenon and offer potential solutions that can be applied internationally.

4.2. Discussion

The findings of this study highlight the complexity of the hikikomori phenomenon and its far-reaching implications for both individuals and Japanese society as a whole. The data gathered from interviews with hikikomori individuals, their families, and healthcare providers reveal several critical insights into the causes, effects, and potential interventions for this social issue.

One of the primary themes identified in this study is the intense academic and societal pressures placed on young people in Japan. These pressures, which are often compounded by rigid career expectations, can trigger feelings of inadequacy and failure, leading some individuals to retreat into isolation as a coping mechanism. This pattern of withdrawal is not only a personal response but also a reflection of the larger cultural emphasis on academic success and conformity. The pressure to succeed, combined with the stigma around failure, exacerbates feelings of alienation, making it more difficult for individuals to seek help or reintegrate into society.

The psychological factors contributing to hikikomori are also significant, with anxiety, depression, and fear of social rejection being commonly cited triggers. These mental health issues are further compounded by the cultural stigma surrounding mental health in Japan. Many hikikomori individuals, as noted by

healthcare providers, exhibit symptoms of social anxiety disorder and avoidant personality disorder, yet the reluctance to seek professional help due to stigma prolongs their isolation. This points to the need for broader societal shifts in attitudes toward mental health care, emphasizing the importance of normalization and open dialogue around these issues.

Family dynamics are another crucial aspect of the hikikomori phenomenon. Families of hikikomori individuals often experience profound emotional distress, struggling to understand the causes of their loved one's withdrawal. Feelings of guilt and helplessness are common among parents, who frequently find themselves in caregiving roles, isolated from their social networks. This shift in family roles can create further tension and emotional strain, underlining the importance of family counseling and support programs. These services, as indicated by healthcare providers, can help normalize the experience of dealing with hikikomori and provide families with the tools and resources needed to reconnect with their loved ones.

In terms of intervention, the study highlights the importance of early detection and intervention. The use of cognitive-behavioral therapy (CBT) and other forms of psychotherapy has been shown to be effective in addressing the underlying psychological issues such as anxiety and depression. However, healthcare providers also point out the challenges faced by rural areas, where mental health resources are limited, and stigma is more pronounced. The findings underscore the need for increased awareness and access to mental health care, particularly in areas where the stigma around mental health is more entrenched.

From a broader societal perspective, the hikikomori phenomenon is not just a personal issue, but a reflection of deeper structural and cultural challenges within Japanese society. The high value placed on academic and professional success, combined with the social stigma around failure and mental health, creates an environment where isolation can thrive. This has serious implications for Japan's workforce and social cohesion. As the country faces demographic challenges, with a shrinking and aging population, the loss of a significant portion of its youth to social isolation could exacerbate economic stagnation and social fragmentation.

To address hikikomori effectively, a multifaceted approach is necessary. The proposed framework, which includes early detection, comprehensive intervention strategies, community engagement, and government policy, offers a holistic approach to tackling this issue. By focusing on both individual and systemic changes, this framework aims to address the psychological, emotional, and social aspects of hikikomori, while also reducing the societal stigma surrounding mental health and isolation.

5. Conclusion

The results of this study suggest that hikikomori is a complex social phenomenon in Japan, deeply connected to social pressures, mental health challenges, and cultural stigma. High academic and professional expectations of young people often contribute to feelings of inadequacy, leading some individuals to withdraw from society as a coping mechanism. This is further exacerbated by psychological problems such as anxiety, depression, and social rejection that further isolate individuals. The stigma surrounding mental health plays a major role in preventing hikikomori individuals from seeking help, which only exacerbates their isolation and prolongs their suffering.

The emotional and social burdens experienced by families of hikikomori individuals are enormous, with many parents feeling helpless and guilty about taking on the role of caregiver. The changes in family dynamics, with parents becoming increasingly isolated, highlight the importance of having support systems in place that not only address the emotional stress on families but also provide effective interventions for the individual. Mental health professionals emphasize the importance of early intervention, such as cognitive-behavioral therapy (CBT), and community-based programs to support reintegration. Reducing the stigma surrounding mental health and promoting social acceptance are critical steps in improving recovery outcomes.

Addressing the phenomenon of hikikomori requires a multi-dimensional approach that includes early detection, comprehensive intervention strategies, and systemic changes to reduce stigma and improve access to mental health services. The proposed intervention framework offers a holistic solution involving individual therapy, family support, community engagement, and government policies. Future research should focus on longitudinal studies to evaluate the long-term impact of hikikomori, explore the role of technology in reintegration, and compare international experiences to develop broader and more culturally adaptable solutions to social isolation.

References

- [1] G. Coeli, A. Planas-Lladó, and P. Soler-Masó, “The relevance of educational contexts in the emergence of Social Withdrawal (hikikomori): A review and directions for future research,” *International Journal of Educational Development*, vol. 99, 2023.
- [2] D. Dong, D. Li, and G. B. Baker, “Hikikomori: A society-bound syndrome of severe social withdrawal,” *Psychiatry Clin. Psychopharmacol.*, vol. 32, no. 2, pp. 167–173, Jun. 2022.
- [3] P. K. F. Lin, A. H. Q. Koh, and K. Liew, “The relationship between Hikikomori risk factors and social withdrawal tendencies among emerging adults - An exploratory study of Hikikomori in Singapore,” *Front. Psychiatry*, vol. 13, Dec. 2022.
- [4] A. Hamad and B. Jia, “How virtual reality technology has changed our lives: An overview of the current and potential applications and limitations,” *Int. J. Environ. Res. Public Health*, vol. 19, no. 18, Sep. 2022.
- [5] S. Iwakabe, “Working with social withdrawal, or hikikomori, in Japan: From shame to pride,” *J. Clin. Psychol.*, vol. 77, no. 5, pp. 1205–1218, 2021.
- [6] S. Nonaka, T. Takeda, and M. Sakai, “Who are hikikomori? Demographic and clinical features of hikikomori (prolonged social withdrawal): A systematic review,” *Aust. N. Z. J. Psychiatry*, 2022.
- [7] Y. Widararhesty, “Otsukaresamadeshita!: A critical analysis of Japan's toxic work culture,” *Int. J. East Asian Stud.*, vol. 9, no. 1, pp. 32–47, Dec. 2020.
- [8] M. Niklová, K. Zošáková, and A. Simsikova, “Prevalence of the Hikikomori syndrome in the context of internet addictive behaviour among primary school pupils in the Slovak Republic,” *TEM J.*, 2024.
- [9] L. Dolezal and M. Gibson, “Beyond a trauma-informed approach and towards shame-sensitive practice,” *Humanit. Soc. Sci. Commun.*, vol. 9, Art. no. 214, 2022.
- [10] I. M. Figueiredo, “Hikikomori syndrome: A cultural phenomenon not only limited to Japan,” *Int. J. Soc. Psychiatry*, vol. 70, no. 3, pp. 626–627, 2024
- [11] J. P. Eckardt, “Does the hikikomori syndrome of social withdrawal exist in Denmark? A research request,” *JMA J.*, vol. 6, no. 1, pp. 86–87, 2023.
- [12] J. Y. K. Yung, V. Wong, G. W. K. Ho, et al., “Understanding the experiences of hikikomori through the lens of the CHIME framework: connectedness, hope and optimism, identity, meaning in life, and empowerment; systematic review,” *BMC Psychol.*, vol. 9, no. 104, 2021.
- [13] H. E. (G.) Park and S.-F. (C.) Yap, “Technology affordances and social withdrawal: The rise of hikikomori,” *Psychol. Mark.*, vol. 41, no. 7, pp. 1469–1488, Mar. 12, 2024.
- [14] D. Adamski, “The influence of new technologies on the social withdrawal (Hikikomori syndrome) among developed communities, including Poland,” *Soc. Commun.*, vol. 1, no. 17, pp. 58–63, 2021.
- [15] P. J. Liu, J. J. Inman, B. Li, C. A. Wong, and N. Yang, “Consumer health in the digital age,” *J. Assoc. Consum. Res.*, vol. 7, no. 2, pp. 198–209, 2022
- [16] P. Muris and T. H. Ollendick, “Contemporary hermits: A developmental psychopathology account of extreme social withdrawal (hikikomori) in young people,” *Clin. Child Fam. Psychol. Rev.*, vol. 26, no. 2, pp. 459–481, Jun. 2023
- [17] C. H. Chang, Y. C. Chang, L. Yang, and R. F. Tzang, “The comparative efficacy of treatments for children and young adults with internet addiction/internet gaming disorder: An updated meta-analysis,” *Int. J. Environ. Res. Public Health*, 2022.
- [18] H. Seaward, S. Dieffenbacher, J. Gaab, M. Graf, B. Elger, and T. Wangmo, “Stigma management during reintegration of older incarcerated adults with mental health issues: A qualitative analysis,” *Int. J. Law Psychiatry*, vol. 89, 2023.
- [19] P. Muris and T. H. Ollendick, “Contemporary hermits: A developmental psychopathology account of extreme social withdrawal (hikikomori) in young people,” *Clin. Child Fam. Psychol. Rev.*, vol. 26, no. 2, pp. 459–481, 2023.
- [20] K. Yokoyama, T. Furuhashi, Y. Yamamoto, M. Rooksby, and H. J. McLeod, “An examination of the potential benefits of expert guided physical activity for supporting recovery from extreme social withdrawal: Two case reports focused on the treatment of Hikikomori,” *Front. Psychiatry*, vol. 14, 2023.
- [21] M. Watanabe, “Kokoro no Kenko: Understanding mental health beliefs from a culturally grounded perspective using a mixed-methods approach in Japan and Canada,” Ph.D. dissertation, Dept. Psychol., Concordia Univ., Montréal, QC, Canada, Sep. 2023.
- [22] M. Velez, L. H. Lugo-Agudelo, D. F. Patiño Lugo, C. Glenton, A. M. Posada, L. F. Mesa Franco, S. Negrini, C. Kiekens, M. A. Spir Brunal, A. B. Roberg, and K. M. Cruz Sarmiento, “Factors that

- influence the provision of home-based rehabilitation services for people needing rehabilitation: A qualitative evidence synthesis,” *Cochrane Database Syst. Rev.*, vol. 2023.
- [23] N. Tajan, *Mental Health and Social Withdrawal in Contemporary Japan*, Japan Anthropology Workshop Series, J. Hendry, Ed. Oxford, U.K.: Routledge, 2021.
- [24] A. Aguglia, F. Masini, F. De Michiel C, et al., “Virtual reality as a novel therapeutic approach to Hikikomori,” *Int. J. Soc. Psychiatry*, vol. 70, no. 8, pp. 1554–1556, 2024.
- [25] A. Alam and A. Mohanty, “Cultural beliefs and equity in educational institutions: Exploring the social and philosophical notions of ability groupings in teaching and learning of mathematics,” *Int. J. Adolesc. Youth*, vol. 28, no. 1, 2023