

Hikikomori – A Coping Strategy, A Lifestyle Choice, Or Something Else?

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Abstract

Hikikomori describes behaviour where individuals voluntarily self-isolate for weeks, months or even years. Existing literature on Hikikomori often examines the phenomena with the underlying assumption that the Hikikomori lifestyle is unnatural and unsustainable. Unfortunately, as the condition is problematized, assumptions may bias and narrow our understanding of how-to best support Hikikomori individuals by discounting effective potential interventions. This qualitative study examines the validity of such an assumption by offering an in-depth description and analysis of the experiences of individuals exhibiting Hikikomori behaviour or social withdrawal tendencies. Through a series of in-depth interviews with people who have shown Hikikomori behaviour presently or in the past, as well as healthcare professionals, we examined the quality and quantity of social connections that Hikikomori individuals have, and their strategies to cope with long-term withdrawal. Findings indicate that Hikikomori behaviour is likely manifested due to biological factors such as poor nutrition, and psychosocial factors such as personality and mental health. Generally, Hikikomori individuals do not receive adequate social support from family or friends. This can be attributed to low self-esteem, self-fulfilling prophecies and cognitive traps, which propagate depressive cycles. Despite perceptions of requiring lesser social interactions with others, they often feel lonely, highlighting their lack of social support. Further, Hikikomori individuals often struggle with financial and job security, along with a narrowed worldview, hindering them from self-actualisation. Hence, responses suggest that Hikikomori individuals do not practise the lifestyle in a sustainable manner and may require interventions.

Keywords: mental health, qualitative research, social anxiety, social isolation, social withdrawal