

**Emotional and symbolic components of hikikomori experience:
A qualitative narrative study on social withdrawal**

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Abstract

Hikikomori is a form of social withdrawal affecting adolescents and young adults that prevents social, school and work activities. The present study aims at expanding qualitative narrative research on such a social withdrawal from the participants' perspective, as to detect emotional and symbolic components of the hikikomori experience. Emotional Text Analysis was conducted on the narratives of 17 Italian people (9 men, 18-39 aged), who posted their hikikomori stories via an online forum. Statistical multidimensional techniques were performed to detect some thematic domains (Cluster Analysis) and latent factors organizing the contraposition between them (Multiple Correspondence Analysis). Five clusters emerged as follows: refusal of intimacy (cluster 1), retreat to passivity (cluster 2), search for comfort (cluster 3), interpersonal distress (cluster 4), and performance anxiety (cluster 5). Then, four latent factors were identified dealing with a complex of dependency, tendency to introversion, refusal of agency, and ambivalence towards intimacy, respectively. The results provide new insights on the complexity and awareness of the affective experience of hikikomori to be integrated with the existing evidence in the literature.

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1. Introduction

The word “hikikomori” (that means ‘to pull away’) indicates a form of severe social withdrawal affecting adolescents and young adults (Pozza, Coluccia, Kato, Gaetani, & Ferretti, 2019). This condition has been studied first in Japan (Saitō, 1998; Teo, 2010), where it mainly affects people aged from 15 to 39 years (Naikakufu, 2016). Specifically, the Japanese Ministry of Health, Labor and Welfare (2003) has set some criteria for the identification of the phenomenon such as: a) self-segregating in one’s home/room, b) refusing any form of social, school and work activity, c) staying in such a condition for a period of at least 6 months, d) not being diagnosed with a psychotic disorder or mental retardation, and e) having no close friends. Besides this, further

differentiations of the hikikomori syndrome have been proposed, based on the regular (“hard core” type) or occasional (“soft” type) nature of self-segregation (Heinze & Thomas, 2014), and on living alone or with families (Kato, Shinfuku, Sartorius, & Kanba, 2017).

A current debate exists whether considering hikikomori as a form of psychopathology (Tajan, 2015a) or a new social phenomenon involving a voluntary lifestyle of isolation (Norasakkunkit, Uchida & Takemura, 2017), as its definitions range from potential symptoms of mental disorder to cultural expressions of spirit possession (Loscalzo, Nannicini, & Giannini, 2016; Sakamoto, Martin, Kumano, Kuboki, & Al-Adawi, 2005; Teo et al., 2015). According to some authors (e.g., Allison, 2013; Saitō, 2003; Uchida & Norasakkunkit, 2015), hikikomori should be considered as a state of being rather than a psychiatric disorder, which is mainly connected with socio-cultural influences. For instance, the lack of support structures, reduced social development, and limited economic options (Allison, 2013) is considered as a key factor in the development of such a condition. From this perspective, hikikomori would be a complex social phenomenon mainly affecting people not in employment, education or training (NEET), who voluntarily refuse the mainstream values of a post-industrialized and globalized society and decide to withdraw as a form of protest (Uchida & Norasakkunkit, 2015). Along with this, some features concerning the sociocultural and family background can play a role in the manifestation of hikikomori. For instance, in Japan - as in other collectivistic cultures – values of conformity and cohesiveness may discourage externalizing and socially disruptive behaviors (Teo, Stufflebam, & Kato, 2014), thus making social withdrawal more acceptable. As well, in the Japanese culture, the value of *haji* (shame) is strongly emphasized and making oneself disappear in front of the fear of being evaluated and misunderstood in society is considered as a kind of virtue (Kato, Kanba, & Teo, 2018). Then, protective parenting style and over-dependency - described as “*amae*” in Japanese parent-child relationships - may foster vulnerability and normalize self-reclusion at home (Kato, Kanba, & Teo, 2018; Krieg & Dickie, 2013; Wong et al., 2019). Accordingly, fear of rejection and issues of insecure and ambivalent attachments have been highlighted in hikikomori clients (Krieg & Dickie, 2013; Hattori, 2006; Kato, Kanba, & Teo, 2018). However, some authors suggest that the concept of *amae* is more universal in nature and occurs in countries different from Japan (Kato et al., 2016).

About the psychiatric debate, some authors have proposed to differentiate a primary form of hikikomori, implying behavioral problems rather than a mental disorder, from a secondary one, that is featured by a pervasive developmental disorder (Li & Wong, 2015; Suwa & Suzuki, 2013). Consistent with the latter hypothesis, divergent perspectives overall emerge (Tajan, 2015a) respectively looking at hikikomori as a new independent pathology that would require an update of the culture-bound syndromes in the DSM-5 or as classifiable by other existing mental

disorders (e.g., depressive disorder, social phobia, agoraphobia, internet addiction, or some personality disorders). In this regard, Kondo et al. (2008) found that most of the people with hikikomori had anxiety (26%) or personality (23%) disorder and reported, to a lesser extent, schizophrenia (8%) and depression (8%). As well, some common psychopathological mechanisms may exist in the act of shutting-in regardless of psychiatric diagnosis, given the high comorbidity of hikikomori with other mental illnesses (Kato, Kanba, & Teo, 2019). Teo (2010) has reported that diagnoses of avoidant or schizoid personality disorder are frequently used for individuals with hikikomori, because of the pervasive pattern of social inhibition and detachment characterizing the hikikomori condition. As a consequence, such people may be diagnosed as avoidant or schizoid in their present state, despite not being actually so avoidant or misanthropic and fundamentally desiring contact with others (Suwa & Suzuki, 2013). A recent study by Yong and Nomura (2019) has shown that people with hikikomori are more likely to have suicide risk factors, obsessive-compulsive and addictive behaviors, despite such psychiatric symptoms being explained by interpersonal difficulties and a previous history of psychiatric treatment. The presence of psychopathological factors is particularly relevant also considering their key role in the onset of chronic illness and medical conditions (Martino, Langher, Cazzato, & Vicario, 2019; Merlo, 2019a) as well as in the early psychosomatic manifestations at a young age (Settineri, Frisone, Alibrandi, & Merlo, 2019).

However, the lack of homogeneous classification criteria across several countries makes it difficult to consider hikikomori as a unique and well-defined condition (Lee, Lee, Choi, & Choi, 2013; Sakamoto et al., 2005; Teo, Fetters, et al., 2015). For instance, some studies have used a shorter duration criterion (equal to three months, e.g. Chan & Lo, 2014; Lee et al., 2013) and have identified some cases of hikikomori with an onset in their forties (Koyama et al., 2010; Malagón-Amor, Córcoles-Martínez, Martín-López, & Pérez-Solà, 2015), thus suggesting to eliminate an age specifier (Kondo et al., 2013; Teo & Gaw, 2010). In this regard, a systematic review of qualitative and quantitative studies (Li & Wong, 2015) has highlighted that there are diverse and controversial definitions for youth social withdrawal and the consequent need for research on different cultural contexts. During the last decade, several studies have been conducted in other Asian (e.g., Hong Kong, mainland China, South Korea, India) and Western countries (e.g., Oman, Spain, France, Italy, United States, Brazil, Canada, Australia, UK) showing that hikikomori is a phenomenon also occurring outside Japan (Pereira-Sanchez, Alvarez-Mon, Del Barco, Alvarez-Mon, & Teo, 2019), with an estimated prevalence of 1.5% in the general population (Pozza, Coluccia, Gaetani, Gusinu, & Ferretti, 2019), which increases in male and younger people, and may vary from 12.64% up to 63.07% in clinical samples (Pozza, Coluccia, Kato, Gaetani, & Ferretti, 2019). Given the wide variety of symptom expressions in

hikikomori and hikikomori-like conditions, Kato, Kanba and Teo (2019) have recently proposed a novel diagnostic system based on the following four criteria (observed for at least 6 months): physical withdrawal (staying at home almost all the time), avoidance of social participation (e.g., school and work), avoidance of social relationships (also with family or acquaintances), and distress in social life.

However, to date, the lack of clear guidelines may contribute to both underestimate and undertreat hikikomori in some European countries, such as Italy (Domingues-Castro & Torres, 2018; Loscalzo et al., 2016), where self-seclusion seems to represent an increasing habit among young people (Loscalzo et al., 2016; Piotti, 2012; Ranieri, 2015). In this regard, as affirmed by Loscalzo et al. (2016), Italian adolescents report high levels of social anxiety, whose hikikomori may represent an extreme expression (Nagata et al., 2013); therefore, such phenomenon could be present also in the Italian context without being correctly identified. In the last years, several public and private social services have started to treat some cases of hikikomori teenagers (Ranieri, 2015), who show reduced engagement with the outside world, probably enhanced by the cultural revolution represented by mass communication in the internet era (De Michele, Caredda, Delle Chiaie, Salviati, & Biondi, 2013). A study about hikikomori perceptions outside Japan by analyzing Western language content from Twitter (Pereira-Sanchez, Alvarez-Mon, Del Barco, Alvarez-Mon, & Teo, 2019) has concluded that Italian was among the most used languages and had “the highest percentage of tweets considering hikikomori as a problem” (p. 5), thus suggesting the perceived alarm of the hikikomori phenomenon in Italy.

Given the lack of well-established research evidence about the hikikomori condition in Italy, qualitative research on narratives of people with hikikomori could be useful to explain the underlying motivation of such a condition (Rubinstein, 2016), relocating it within a wider frame on the self and one’s life story (Kleinman, 1998). Giving direct voices to people with hikikomori represents a valuable source of knowledge because of the core feature of social isolation, which makes them a hidden population that is hard-to-reach (Tajan, 2015b) and overall prevents them from participating in research and seeking clinical care (Pereira-Sanchez, Alvarez-Mon, Del Barco, Alvarez-Mon, & Teo, 2019). In this regard, previous qualitative studies (for a review, see Li & Wong, 2015) have been conducted on Japanese, Chinese, American, Spanish and Omani participants with hikikomori, providing interesting findings. Some themes were detected as follows: engagement in solitary activity (e.g., watching television, playing video games, reading manga) (Chong & Chan, 2012; Ovejero, Caro-Cañizares, de León-Martínez, & Baca-García, 2014; Sakamoto et al., 2005), lack of family support and secure attachments (Chong & Chan, 2012; Hattori, 2006; Kaneko, 2006), limited friendships and romantic relationships (Chong & Chan, 2012; Itoh, 2012), bullying and peer rejection (Chong & Chan, 2012; Sakamoto, Martin,

Kumano, Kuboki, & Al-Adawi, 2005), issues of fear, hopelessness and relationship fatigue (Ovejero, Caro-Cañizares, de León-Martínez, & Baca-García, 2014; Teo, 2013; Yong & Kaneko, 2016), difficulties in finding a job to legitimate one's social status (Itoh, 2012; Ogino, 2004), and the perceived burden of social responsibilities and role performances (Chong & Chan, 2012; Kaneko, 2006). This notwithstanding, hikikomori-related narrative research is currently still rare (Murasawa, 2012; Tajan, 2015b). Indeed, most theories about hikikomori are based on quantitative studies relying on expert opinion rather than individual experience, thus preventing from obtaining a more comprehensive phenomenological description of what hikikomori means from the individual's perspective (Yong & Kaneko, 2016). Besides, many studies use samples from rehabilitation and clinical settings, thus making it extremely difficult to gather data before individuals with hikikomori develop comorbidities and their situation gets wild (Yong & Kaneko, 2016).

1.1 Aims of the study

Based on these premises, the present study aims at expanding qualitative narrative research on hikikomori in the Italian context by collecting hikikomori stories via an online forum. This is a qualitative research method characterized by practical and ecological validity (Caputo, Fregonese, & Tansini, 2019; Horne & Wiggins, 2009) for the valuable promotion of story-sharing (Hayman, Wilkes, Jackson, & Halcom, 2012), already used in past research on the issue (Yong & Kaneko, 2016). In the light of the great amount of time that people with hikikomori spend in online activity and social media (Liu, Li, Teo, Kato, & Wong, 2018), online forums can be deemed as the preferred space where they may share their experience and seek support from both peers and mental health professionals (Pereira-Sanchez, Alvarez-Mon, Del Barco, Alvarez-Mon, & Teo, 2019).

Most of the qualitative studies about hikikomori seem to show some inherent limitations such as relying on single cases, being case reports and rarely giving direct voices to participants (Li & Wong, 2015). Besides, to grasp the individual's perspective about hikikomori, such studies have adopted approaches such as life history analysis, ethnography or grounded theory that are addressed to detect topics or themes throughout narratives, rather than deepening the emotional domain.

To this purpose, we adopted a psychodynamic theoretical framework based on the construct of affective symbolization (Carli & Panizza, 2002; Carli, Panizza, Giovagnoli, Carbone, & Bucci, 2016), which may be fruitful to better grasp emotional and symbolic components of the hikikomori experience. Affective symbolization is used to describe a specific signifying feature of the human mind, originating from its unconscious way of functioning and aimed at ascribing

an affect-mediated meaning to experience (Carli & Paniccchia, 2002). This allows going beyond rational cognitive processing and intentional reported contents, thus overcoming potential social desirability bias (Caputo, 2017). Accordingly, the present study focuses on shared sense-making processes regarding social withdrawal from the participants' perspective. This is particularly relevant if considering that hikikomori does not fully represent a diagnosis (Rubinstein, 2016; Teo & Gaw, 2010) and that a more comprehensive phenomenological understanding is needed taking into account the hikikomori sufferers' voices (Yong & Kaneko, 2016).

Specifically, the present research has two objectives. First, to explore the symbolic-affective domains of hikikomori narratives, as to grasp the different implicit meanings attributed to social withdrawal from the individuals' perspective. Second, to detect the main factors underlying the affect-laden experience of hikikomori, potentially contributing to the establishment and maintenance of such a condition.

2. Method

2.1 Study design

We decided to conduct a case study on the public online forum of the Italian Hikikomori Association. This association aims at providing information and guidance about the hikikomori condition so to raise public awareness about the phenomenon and create a national network. Specifically, the Hikikomori Association website provides a "Stories" forum where people who identify themselves as hikikomori can freely share their current or past experience of social withdrawal.

This raises some considerations about the relationship between the public and private spheres on the internet or the relationship between identity in the physical world and virtual identity (Schultze & Mason, 2012). Therefore, we relied on three basic ethical criteria for researching on online content (Caputo et al., 2019; Kosinski, Matz, Gosling, Popov, & Stillwell, 2015): a) the content has been made public directly by the online users and is not retrieved in private spaces; b) the identity of the online users is protected by anonymizing the extracted data; c) there is no active manipulation or direct interaction with the online users potentially affecting content production. Besides, the study followed the Declaration of Helsinki and its later amendments, since all participation was anonymous, without exposure to harm.

As well, some methodological issues were considered about the consistency of the sample and the reliability of data. Since the online users identified themselves as suffering from hikikomori, without a formal diagnosis, the sample was not clinically relevant. However, this inherent

limitation was not particularly significant given the exploratory nature of this study, the lack of well-defined diagnostic criteria in the Italian context, and the interest in understanding the hikikomori experience outside of a clinical setting, in accordance with what stated by Yong and Kaneko (2016). Besides, previous studies have shown that online qualitative research methods are relevant to sample minority groups with emotional and mental concerns (Caputo, 2018), allowing participants to be less inhibited than in a traditional interviewing environment (Hanna, Weinberg, Dant, & Berger, 2005) and to express their deeper feelings without altering the type of reported contents (Wood & Griffiths, 2007). Specifically, Yong and Kaneko (2016) have confirmed the preference for anonymity in persons with hikikomori, indicating that they want a channel through which they can freely express their thoughts and feelings without being identified.

2.2 Participants

The study participants consisted of 17 individuals who posted their current or past experience of social withdrawal on the “Stories” forum of the Italian Hikikomori Association website. Nine participants were men. Twelve of them provided information about their age, overall ranging from 18 to 39 years old ($M = 25.17$, $SD = 5.54$). No further personal information was available (e.g. educational level, family composition, geographical location, living arrangements).

The present sample can be considered as a non-probability purposive sample (Patton, 1987) because the adopted inclusion criteria were: a) defining oneself as hikikomori and b) sharing one’s experience of social withdrawal by posting one’s story on the online forum. The sample size can be overall deemed adequate for qualitative and interview-based studies in terms of information power (Malterud, Siersma, & Guassora, 2016) because a provisional number of 10 participants can be sufficient, especially when the study concerns a very specific or rare experience.

2.3 Data collection

The collected stories were posted freely and produced in the Italian language. Online users were invited to share their current or past experience of social withdrawal, without specific instructions. Therefore, the provided stories may be regarded as explorative narratives because individuals could say everything that came to their minds. Textual data from the collected stories overall included 15,898 words occurrences, with a mean of 935 words per story ($SD = 573$). To prevent Type I error, some preliminary analyses were performed to investigate potential gender- and age-related differences.

2.4 Data analysis

2.4.1 Research framework

Emotional Text Analysis (ETA) (Carli & Paniccia, 2002; Carli, Paniccia, Giovagnoli, Carbone, & Bucci, 2016) was adopted as research framework to explore the study participants' subjective experience, in line with previous research in healthcare and social settings (Caputo, 2014, 2015; Caputo, Giacchetta, & Langher, 2016).

According to this framework, emotions are not merely considered as intrapsychic dimensions but as the result of affective symbolizations, expressed through language, by which people categorize and attribute emotional meaning to reality. In detail, ETA is based on the 'double reference' principle proposed by Fornari (1979) assuming a lexical-cognitive and a symbolic-affective function of the language. While the first refers to the sharing of meanings conveyed by the source culture according to the rational-syntactic structure of the discourse, the second one refers to figurative and symbolic meanings based on the associative-syntagmatic relations between parts of the discourse. This is consistent with Matte Blanco's bi-logic theory of mind (1975), according to which mental processes rely on two parallel and intertwined logics: the asymmetric (conscious and dividing) and the symmetric (unconscious and homogenizing) thinking. Specifically, differently from the (Aristotelian) asymmetric logic, which is based on space and time locations and looks at reality as divisible, the symmetric one is based on the principles of generalization (i.e. treating a single thing as if it were an element of a general class containing other elements) and symmetry (e.g., treating the converse of any relation as identical to it). Therefore, language allows the categorization and organization of reality in cognitive, differentiated and operational terms, but also the grasping of affective symbolizations pertaining to the emotional realm. From this perspective, we can look at the intentional structuring or ordered constituent parts of the language that reveal manifest contents, as well as at the spontaneous chains of associations throughout language that reveal more latent contents, consistent with the psychoanalytic principle of free association. To infer the latter, an isomorphism between the word co-occurrences and the symmetric unconscious logic is hypothesized (Carli & Paniccia, 2002). Specifically, when highly polysemic words are identified in discourse, they can be grouped based on their statistic co-occurrence so to reveal associations chains proper of symmetric logic. The concept of polysemy refers to the potentially infinite number of emotional meanings of a word, apart from its language context and cognitive sense. Accordingly, words can be divided into two broad categories based on their polysemic value: dense words have the maximum of polysemy and the minimum of ambiguity with respect to a contradictory emotional configuration and are capable of conveying a high emotional value

independently of the linguistic context within which they are located (i.e., words like “bomb” or “good”). Instead, non-dense words have the maximum of ambiguity and the minimum of polysemy because they mostly refer to the organizing function of language (e.g., articles, adverbs, conjunctions, auxiliary verbs) and their meaning is found only through their relationship with other words within the same discursive unit (i.e., words like “to presume” or “however”).

2.4.2 Analysis procedures

Consistently with the ETA framework, a computer-aided textual analysis was conducted through the T-Lab software (Lancia, 2004) to recognize patterns in word co-occurrences deconstructing the typical linguistic links of the operational function of language and detect more spontaneous chains of associations between words (Carli & Paniccia, 2002). The collected stories were put together to form a single textual corpus for the next analyses. When importing the corpus, the software automatically derives lexical units (words) and elementary context units (text segments - comparable in length and separated by punctuation - that correspond to one or more statements). Preliminary preparation of the text was performed concerning the detection of multiple words, disambiguation, and lemmatization. Multiple words include compound words (e.g., occupation level), phrasal verbs (e.g., to take away) and idioms (e.g., with respect of) that stand for only one meaning. Disambiguation aims at solving semantic ambiguity in homographic words, for example distinguishing “present” as gift and “present” as time. Then, lemmatization involves the reduction of the corpus words to their respective headwords or lemmas (e.g., “speaks” and “speaking” are brought back to the same lemma “speak”). The relations between lexical units and elementary context units are represented through digital “presence-absence” matrices, whose numerical values indicate the instances of occurrence or co-occurrence of words across text segments. The last step requires the selection of the words to include in the analysis among the keywords automatically computed by the software, based on their frequency threshold. To this purpose, only dense words are selected by using the criterion of emotional polysemy (as specified above) and the study of etymology (which can help the researcher to detect and deepen meanings). Specifically, “Thematic analysis of elementary contexts” was carried out, which performs Cluster Analysis (CA) and Multiple Correspondence Analysis (MCA). CA is performed on the elementary context units x lexical units table (with text segments in rows and words in columns, respectively) and allows the detection of groupings of words co-occurring in the same text segments with the highest probability, as indicated by the chi-square test (χ^2). Such groupings thus represent different semantic classes that can describe the chains of associations contributing to the mapping of affective-symbolic domains across the collected texts. Each cluster can be described through the lexical units (dense words) and the most characteristic context units (text segments) from

which it is composed of. Whereas, MCA is applied to the contingency table lexical units x clusters (with words in rows and clusters in columns, respectively) and allows the detection of the latent factors that organize the main semantic oppositions in the text corpus (regarded as axes in a Cartesian plane representation of a multi-dimensional space). In such a way, MCA explores the relationship between clusters and factors, evaluated through the relative contributions of clusters to the formation of each factor (Lancia, 2004). Factors thus represent more abstract dimensions underlying the affect-laden experience by synthesizing the variability of the collected texts.

Clusters and factors are labeled by the researcher through interpreting the co-occurrence of words of the detected groupings and analyzing their contraposition, based on the use of models of affective symbolization (Carli & Paniccia, 2002). For instance, we can identify some affective-motivational dynamics that people use to approach the external world and bring reality back to something familiar, such as affiliation (e.g., feelings of inclusion/exclusion), power (e.g., feelings of control/dependence), and achievement (e.g., feelings of success/failure) (Carli & Paniccia, 2002; Caputo et al., 2019). Overall, the interpretative process relies on a psychoanalytic method following an evidential and conjectural paradigm, according to a clinical case study perspective (Langher, Caputo, & Martino, 2017), which integrates constructivism and object relations theory (Caputo, 2013a, 2013b, 2019). The principle of generalization and symmetry - characterizing the mind's unconscious mode of being according to Matte Blanco (1975) - can be particularly useful to this purpose (Caputo et al., 2019). For instance, according to generalization, the words included in a cluster may share an affective connotation despite their specificities, progressively emerging from the analysis of word co-occurrences. Whereas, according to symmetry, the clusters associated with the same factor may allow the extraction of the latent dynamics explaining for their potential coexistence, despite clusters being located on opposite poles.

The interpretative process may be complemented with a qualitative analysis of the text segments (the elementary context units) grouped in each cluster, as to get an overall comprehension of the narratives produced by the participants. Some of these text segments have been translated into English and added to the description of each cluster.

3. Results

Non-parametric Independent t-test (Mann-Whitney U) was used to compare word occurrences in hikikomori stories by gender, but not statistically significant results emerged between male (Mdn = 794) and female (Mdn = 874) participants, $U = 35$, $p = .963$, $r = .02$. Besides, non-parametric correlation between word occurrences and age did not reveal a statistically significant association ($r_s = .20$, $p = .504$).

CA has detected five clusters, of which the percentage of elementary context units, indicating their relevance in the overall textual corpus, and some of the most characteristic words (ordered by chi-square test for statistical significance) are reported in Table 1. Clusters represent the main affective-symbolic domains of the hikikomori narratives. Besides, MCA has detected four latent factors, explaining all the data variance ($R^2 = 100\%$), which grasp the semantic variability in the textual corpus, from the different positions of the clusters in the space, as indicated by the relative contributions (Table 2). The detected factors may be considered as the core dimensions underlying the affect-laden experience of hikikomori, by synthesizing the variability of the analyzed narratives.

Table 1. The most characteristic words of each cluster

Cluster 1 (9.51%)		Cluster 2 (18.63%)		Cluster 3 (22.43%)		Cluster 4 (38.02%)		Cluster 5 (11.41%)	
<i>Refusal of intimacy</i>		<i>Retreat to passivity</i>		<i>Search for comfort</i>		<i>Interpersonal distress</i>		<i>Performance anxiety</i>	
Word	χ^2	Word	χ^2	Word	χ^2	Word	χ^2	Word	χ^2
Positive	15.11	To stop	21.35	Music	14.04	People	18.90	University	18.55
Interaction	9.30	Withdrawal	17.74	Video game	13.10	Normal	8.57	Exam	16.25
To bond	9.30	Isolation	9.77	Pain	13.09	To go out	8.10	School	13.33
Passion	9.30	Decision	9.77	To lose	11.20	To understand	7.00	To study	12.16
To fake	7.74	Activity	8.51	End	9.92	Seclusion	6.62	Fatigue	9.05
Forced	7.74	To go wrong	7.04	Mother	9.72	Group	6.62	To get worse	8.41
Incapacity	6.15	To get bored	7.04	Parent	6.91	To love	5.87	To drop out	7.04
Problem	5.66	To be interested	5.72	Film	6.90	Emotion	5.35	To cry	5.99
Fear	4.76	To choose	4.10	To suffer	4.98	Disorder	4.79	To panic	5.99
Will	4.05	To conclude	3.98	Depression	4.13	To help	4.51	To face	4.12

Notes: The threshold value of Chi-square test (χ^2) for each lemma is 3.84 (df=1; $p = 0.05$). Textual data were translated into English only for the purposes of the paper.

Table 2. Relative contributions of clusters to the formation of each factor

	Factor 1	Factor 2	Factor 3	Factor 4
	<i>Complex of dependency</i>	<i>Tendency to introversion</i>	<i>Refusal of agency</i>	<i>Ambivalence towards intimacy</i>
Cluster 1				
<i>Refusal of intimacy</i>	.52 (+)	.00	.10 (+)	.38 (+)
Cluster 2				
<i>Retreat to passivity</i>	.09 (-)	.21 (+)	.60 (-)	.10 (+)
Cluster 3				
<i>Search for comfort</i>	.29 (-)	.69 (-)	.00	.02 (+)
Cluster 4				
<i>Interpersonal distress</i>	.52 (+)	.00	.00	.48 (-)
Cluster 5				
<i>Performance anxiety</i>	.37 (-)	.32 (+)	.31 (+)	.00

Note: The sign reported in brackets (-/+) indicates the specific factorial pole (negative/positive) associated with each cluster.

3.1 Clusters

Cluster 1: Refusal of intimacy

“For me interaction with others is like a work that requires wearing a mask and appearing positive”

“Maybe this is the problem: feeling forced to give importance to things that don’t have any, faking that I really care about being like others”

The first dense word *positive* deals with feeling happy and confident about life or a particular situation, without uncertainty or concern. Then, three co-occurring terms have the same chi-square value: *interaction*, a situation where two or more people or things communicate with each other, *to bond*, namely to develop a close connection or strong relationship with someone, and *passion*, which refers to very powerful and intense feelings. The first word co-occurrence evokes an affiliation drive to establish positive social relationships and profound attachments. The following words (with equal statistical significance), *to fake*, to make an object look real or valuable to deceive people, and *forced*, that is done against someone’s wishes and is not sincerely felt, seem to suggest that affiliation is viewed as a way to please others or comply with their expectations, with no genuine *will* and authentic interest in sociality. The following terms, such as *incapacity*, *problem*, *fear* may indicate an underlying feeling of uneasiness and worry, behind an independent-seeming façade, thus providing a potential explanation for social withdrawal as relying on the refusal of intimacy.

Cluster 2: Retreat to passivity

“Today, apathy governs my days. I’m not interested in anything. I have no motive to do any activity”

“I decided to stop attending school, becoming a dead weight, a garbage person left on a bed night and day, isolated in his/ her room”

The first dense word *to stop* deals with finishing doing something that one does regularly or as a habit (further suggested by *to conclude*). The co-occurrence with the term *withdrawal*, the act of stopping being involved in an *activity*, evokes the behavior in which someone prefers to be alone and to retreat to passivity. Then, the following words with equal statistical significance, *isolation* (i.e. the condition of being separate and not connected to other people) and *decision* (i.e. the ability to choose something quickly and without pausing due to uncertainty), seem to propose withdrawal as a voluntary form of self-affirmation (then confirmed by *to choose*). The following verbs such as *to go wrong*, *to get bored*, *to be interested in* may indicate the phantasy that doing something is bad because nothing is really valuable and deserves attention or interest. In such a sense, social withdrawal may arise from the perception of a world that is not as it should be, thus triggering a deliberate way to distance oneself from one’s surroundings.

Cluster 3: Search for comfort

“Slowly I started to get into depression and isolate myself, taking refuge in video games, TV series, films, music, books”

“Books, films, music, video games are all I dive into to escape the pain of this disappointing present”

The first dense word *music* refers to a pattern of sounds made by musical instruments, voices, or computers, intended to give pleasure to people listening to it. The co-occurrence with the term *video game*, an electronic game in which the player controls moving pictures on a screen by pressing buttons, evokes entertainment and ways of enjoying oneself through human artifacts or virtual reality (further suggested by *film*). Then, there is the word *pain* that deals with emotional or mental suffering, as also confirmed by the following terms such as *to lose*, *end*, *to suffer* and *depression*, overall suggesting a feeling of sadness and lack of hope for the future due to no longer having something or somebody. The dense words *mother* and *parent* seem to contextualize the object of such a loss, as symbolically referred to nurturance and affection provided by those entitled to protect from danger or difficulty. Therefore, social withdrawal might be intended as a way to take refuge in a comfortable fantasy world capable of providing positive emotions and re-creating a secure virtual space.

Cluster 4: Interpersonal distress

“I have thought about suicide many times. I am a very sensitive person, relating to others is not easy. I don’t have a driving license and I’ve never had a girlfriend”

“I have felt a great desire for recovery, going out and doing as synonyms of health, success, and normality”

The first dense word is *people*, generally used to indicate ordinary men and women who have the same culture or language and more widely society. The co-occurrence with *normal*, which is ordinary or usual (as would be expected), suggests an accepted standard or a way of behaving or doing things that most people agree with. Consistently, *to go out* (literally to leave a room or building, especially to do something for entertainment) evokes visiting somewhere and taking part in *social* life outside the home as a usual activity of exploration and encounter with reality. The following words (with equal statistical significance), *group* (several people or things that are put together) and *seclusion* (the state of being alone, away from other people) further clarify the sense of incapacity to share with others and develop a sense of belonging, perceived as an abnormal condition. *To love* and feel *emotions* in terms of liking and being attracted by another person are deemed as impaired capacities, thus causing a problematic state (*disorder*) that requires *help* to be overcome. In such a sense, social withdrawal is perceived as a problem the individual

is aware of, accompanied by personal distress that prevents from participating in sociality and having a normal life.

Cluster 5: Performance anxiety

“When I have to go to school I get unbearable anxiety that I have always tried to repress, but in recent times I feel increasing fatigue”

“I feel performance anxiety to the extent that, when I have to do a job, I get real panic attacks”

The first dense word is *university*, a place of higher education where people commit to obtain more knowledge and skills and get a degree to recognize this. The co-occurrence with *exam*, literally a formal test that one must pass to earn a particular qualification or be allowed to do a particular job, seems to suggest a strong strive for achievement that involves application and effort (as also confirmed by *fatigue*). The following words *school* and *to study* refer to the condition of being a student, relating to a situation of academic performance where one might be judged by others. The verbs *to get worse* and *to drop out* reveal a certain lack of confidence in success and the overall perception of being unable to achieve, with avoidance being the only potential response. The words (with equal statistical significance) *to cry* and *to panic* confirm the strong feeling of anxiety as well as of being so small and powerless when *faced* with standards of excellence. Therefore, social withdrawal might result as a potential avoidant strategy in front of competitive situations, triggered by performance anxiety and the consequent fear for failure.

3.2 Factors

The first factor (35.64% of total variance) mainly differentiates Clusters 1 and 4 from Clusters 3 and 5. It seems to refer to a *complex of dependency*. On the one hand, such a complex emerges in the interpersonal domain, in terms of refusal of intimacy (Cluster 1) and impaired capacities to form social bonds (Cluster 4). Whereas, on the other hand, it pertains to difficulties to face reality, expressed through the search for a secure virtual space (Cluster 3) and poor autonomy to face competitive situations (Cluster 5).

The second factor (26.56% of total variance) mainly differentiates Clusters 2 and 5 from Cluster 3. It seems to refer to the *tendency to introversion*. On the one hand, the refusal of the external reality prevails through passive self-sufficiency (Cluster 2) and avoidance-based strategies (Cluster 5); whereas, on the other hand, there is the tendency to recreate a comfortable virtual or fantasy world (Cluster 3).

The third factor (20.26% of total variance) mainly differentiates Cluster 5 from Cluster 2. It seems to refer to the *refusal of agency*. On the one hand, performance anxiety and the consequent fear for failure prevent the individual from facing competitive situations (Cluster 5); whereas,

on the other hand, the retreat to passivity represents a deliberate decision to distance oneself from a stigmatized way of life (Cluster 2).

The fourth factor (17.54% of total variance) mainly differentiates Cluster 1 from Cluster 4. It seems to refer to the *ambivalence towards intimacy*. On the one hand, there is no genuine will and authentic interest in sociality (Cluster 1); whereas, on the other hand, social withdrawal is perceived as a problem behavior accompanied by higher emotional distress (Cluster 4).

4. Discussion

The analysis shows five common affective-symbolic domains, conceived along four latent dimensions, which shape the experience of social withdrawal. The most salient domain refers to interpersonal distress (38.02%) looking at social withdrawal as a problem the individual is aware of, accompanied by personal troubles that prevent from participating in sociality and having a normal life. Therefore, the subjective perception of an impaired interpersonal functioning emerges that seems to suggest the problematic nature of hikikomori (Domingues-Castro & Torres, 2018; Loscalzo, Nannicini, & Giannini, 2016). In this regard, some studies have proposed that hikikomori may be seen as an idiom of distress since these individuals encounter personal difficulties during their period of social withdrawal, which constitutes in itself a trauma (Tajan, 2015b, 2017).

The search for comfort (22.43%) is another key finding on the hikikomori experience, where social withdrawal may represent a way to take refuge in a comfortable virtual or fantasy world. Previous studies have highlighted the tendency of individuals with hikikomori to engage in solitary activities such as drawing, video games, reading comics, using the internet (De Michele Caredda, Delle Chiaie, Salviati, & Biondi, 2013; Ranieri, 2015; Saitō, 1998). In this regard, a narcissistic component can be hypothesized, according to which identifying with an ideal and omnipotent infantile world might prevent deep suffering in the encounter with reality (De Luca, 2017; Ogawa, 2012). Indeed, “suffering during the transition to adulthood in certain teenagers who are confronted with strong social and family demands [may lead] them to develop massive inhibitions and to suspend the ideals of their Ego so that they are finally driven to seek refuge in passivity” (De Luca, 2017, p. 2). As well, according to Ogawa (2012), a condition of grandiose narcissism due to insufficient maternal containing in childhood may result in social withdrawal behaviors, which in turn serve to reinforce pathological narcissism. As suggested by some authors (Suwa & Suzuki, 2013; Tsuda, 2012), hikikomori has been related to social anxiety, with acute withdrawal representing the extreme attempt to preserve the narcissistic perfect self.

Then, retreat to passivity (18.63%), meant as a deliberate way to distance oneself from one’s surroundings seen as unacceptable, underlines a core feature of the hikikomori self as found in

previous studies (De Luca, 2017; Tajan, 2015b). Indeed, according to De Luca (2017), this voluntary retreat to passivity in individuals with hikikomori may be a way to deny the investment in the external world, which is perceived as threatening because it represents a source of dependence and potential disappointment when faced with unsuccessful outcomes. In other words, withdrawal could be considered as a phobic reaction that could mask the desire for the otherness (Merlo, 2019b; Settineri, Frisone, & Merlo, 2019). This appears consistent with the hypothesis provided by Tajan (2015b), according to which hikikomori may represent a passive struggle in terms of resistance inside the home and outside social institutions. From this perspective, individuals may resist the norms of the external world (Tajan, 2017) and tend to actively choose passivity rather than undergo it (De Luca, 2017).

Then, other domains – despite being less salient in terms of classified texts out of the total – refer to performance anxiety (11.41%) and refusal of intimacy (9.51%). Performance anxiety seems to support the definition of people with hikikomori as post-modern social renouncers, provided in previous narrative-based qualitative research (Tajan, 2015b), where the demands of a competitive society are deemed as progressively leading to develop inhibitions and avoidance-based strategies (De Luca, 2017; Kato et al., 2019; Krieg & Dickie, 2013; Tajan 2015b). In this regard, it was found that anxiety issues are strongly present in persons with hikikomori (Kato, Kanba, & Teo, 2019); as well, avoidant personality disorder is a high comorbid psychiatric disorder among them (Teo, 2010; Teo et al., 2015). Previous qualitative research has highlighted the perceived burden of social responsibilities and role performances as a recurring theme in the narratives of hikikomori clients (Chong & Chan, 2012; Kaneko, 2006). Some preliminary findings suggest that the fear of failure and rejection, that is intertwined with avoidant tendencies, may have a role in the act of withdrawing from society (Krieg & Dickie, 2013). Indeed, anguish and phobic reactions are common among individuals with hikikomori, as a result of the projection of their negative self-representations into the outside world (De Luca, 2017).

The present study highlights also the potential lack of genuine will and authentic interest in sociality due to refusal of intimacy, in line with previous findings about the presence of schizoid traits in such people (Kondo, 2001; Ogawa, 2012). Whereas avoidant personality involves a desire for relationships but the fear of rejection, shame, and humiliation, schizoid personality is mostly featured by the lack of desire for relationships because of deficits in the capacity to relate meaningfully with others (American Psychiatric Association, 2013). Consistently, social withdrawal would be consequent to a state of apathy rooted in indifference towards others and to a reduced motivation to establish significant interpersonal relationships (Kondo, 2001; Ogawa, 2012). Indeed, indifferent relationships with peers and parents in early life are reported

in hikikomori clients (e.g., Li & Wong, 2015). Specifically, Ogawa (2012) has hypothesized a narcissistic-schizoid personality organization, due to a defective family environment that is unresponsive to child's emotions, which could contribute to developing hikikomori over time (Ogawa, 2012).

Then, the detected factors consent to explain the interrelations among the analyzed affective-symbolic domains, as to identify latent factors potentially contributing to the establishment and maintenance of such a condition.

First, a complex of dependency emerges similarly to what indicated in other studies (Kato, Kanba, & Teo, 2018; Krieg & Dickie, 2013), where an immature and undifferentiated desire for dependence and one-sided dedication is found in persons with hikikomori (Katsuki et al., 2019). This could be intertwined with the problem of young people not in full-time education, employment, or training (NEET), which may represent a key obstacle to develop actual autonomy (Tajan, 2015b), since Italy is among the European countries with the highest rates of NEETs, over 25% of 18-24 year-olds people (OECD, 2019). In this regard, some familial and socio-cultural similarities have been highlighted between Japan and Italy, such as a matriarchal family structure and the strict mother-child relationship (Aguglia, Signorelli, Pollicino, Arcidiacono, & Petralia, 2010; Ricci, 2014). Italy is considered as a familistic society like Japan, where the incidence of intergenerational co-residence (percentage of young adults living with their parents) is similarly high (over 40%), differently from other European countries (e.g., Germany) (Heinrich & Galan, 2018). About the financial dependence on families of origin as a factor intertwined with the hikikomori condition, an analogy has been advanced between Japanese "parasite" singles - living with parents to enjoy a more carefree and comfortable life - and the Italian phenomenon of "bamboccioni", literally big grown-up babies (Aguglia et al., 2010; Spinello, Piotti, & Comazzi, 2015). In this regard, the number of solitary non-employed persons living with their families seems to be mostly present in those countries with social norms dictating that parents (or other family members) have to look after sick, non-employed, or otherwise distressed children, such as Japan, South Korea, and Italy (Genda, 2019).

Second, there is a tendency to introversion, which may enhance social withdrawal through taking refuge in a fantasy world (e.g., watching television, playing video games, reading manga), in line with qualitative findings reporting a higher tendency to engage in solitary activity (Chong & Chan, 2012; Ovejero, Caro-Cañizares, de León-Martínez, & Baca-García, 2014; Sakamoto, Martín, Kumano, Kuboki, & Al-Adawi, 2005) and to limited friendships and romantic relationships (Chong & Chan, 2012; Itoh, 2012). In this regard, introversion is found to correlate

with hikikomori (Li & Wong, 2015; Teo et al., 2015), mainly as a consequence of fear of rejection and insecure relationships (Hattori, 2006; Krieg & Dickie, 2013; Kato et al., 2018).

Third, refusal of agency is highlighted similarly to a form of expression of a radicalized self (Clarke & James, 2003), relying on the rejection of both mainstream normative cultural values (Borovoy, 2008) and standards of a post-industrialized and globalized society (Uchida & Norasakkunkit, 2015). This finding appears consistent with previous qualitative studies reporting the perceived burden of social responsibilities and role performances (Chong & Chan, 2012; Kaneko, 2006) and the difficulties in finding a job to legitimate one's social status (Itoh, 2012; Ogino, 2004), which could result in a counter-dependent behavior. This raises critical issues about the medicalization of hikikomori, exclusively as a pathological condition, because withdrawal may result from a voluntary lifestyle decision and be accompanied by low awareness of its problematic nature, thus representing an obstacle to seeking psychological care.

Then, an ambivalence towards intimacy suggests an emotional conflict between an affiliation drive to establish close attachments and the distress experienced in interpersonal interactions. This seems consistent with the higher incidence of insecure and ambivalent relationships with significant others that were found in hikikomori clients (Krieg & Dickie, 2013; Hattori, 2006; Kato, Kanba, & Teo, 2018). Indeed, previous qualitative findings focused on issues of fear and relationship fatigue (Ovejero, Caro-Cañizares, de León-Martínez, & Baca-García, 2014; Teo, 2013; Yong & Kaneko, 2016), probably enhanced by the lack of family support (Chong & Chan, 2012; Hattori, 2006; Kaneko, 2006), bullying and peer rejection (Chong & Chan, 2012; Sakamoto, Martin, Kumano, Kuboki, & Al-Adawi, 2005).

4.1 Limitations

Some limitations need to be acknowledged regarding the present study. A first limitation refers to the limited generalizability of the findings, given the exploratory qualitative research design and the low sample size. In this regard, it should be acknowledged the participants' self-selection bias in providing narrative accounts about their social isolation. As well, it remains unclear how consistent and clinically relevant the sample is, since participants were not clinically assessed but were self-diagnosed as suffering from hikikomori. Besides, the lack of secondary sub-group analyses by participants' socio-demographics does not allow the deepening of further information.

4.2 Clinical implications

Notwithstanding its limitations, this study may contribute to qualitative narrative research about hikikomori through detecting more latent factors underlying narratives of social withdrawal, beyond intentional and explicitly reported contents. This research may provide new insights on

the complexity and the awareness of the affective experience to be integrated with the existing evidence in the literature and may identify emotional patterns to be addressed in the intervention with hikikomori clients.

Albeit our results do not allow concluding about the psychopathological nature of hikikomori, some meaningful aspects could be taken into account in terms of differential diagnosis. For instance, the ambivalence towards intimacy found in the current study may indicate different patterns of social inhibition and detachment characterizing the hikikomori condition, ranging from the lack of desire for interpersonal relationships (typical of a schizoid functioning) to the fear of rejection (featuring an avoidant functioning). Such an ambivalence could be addressed as a focal issue in clinical practice with individuals with hikikomori, working on the psychological sensitivity to social rejection, potentially enhanced by the events of their personal story.

As well, anxiety issues may emerge as the result of a complex of dependency. In supporting their clients, clinicians should thus take into account the coexistence between an immature and passive functioning in facing real-life challenges and the latent strive for status acquisition based on a greater autonomy-oriented motivation.

Accordingly, clinical interventions should focus on school anxiety or job insecurity as possible emotional triggers or signals of a hikikomori condition, that could lead to dropping out behaviors and prevent individuals from achieving education and job opportunities. From this perspective, supporting the school-to-work transition appears as particularly relevant, also considering the conflicting dynamics between dependency and autonomy needs in adolescents and young people.

5. Conclusions

Our results show that hikikomori is not perceived by participants as a unique and well-defined condition. Instead, social withdrawal may assume different (despite coexisting) meanings from a subjective perspective, thus revealing the complexity and multi-faceted nature of such phenomenon. Despite distress in social life being reported as a fundamental criterion for identifying the hikikomori condition (Kato, Kanba, & Teo, 2019), our findings suggest that social withdrawal is not always associated with distress, especially when connected with a tendency to introversion and refusal of agency overall showing a façade of self-sufficiency. From this perspective, hikikomori mostly appears as a voluntary lifestyle of isolation, which does not necessarily involve the perception of significant functional impairment. This may lead to a reduced help-seeking propensity, thus making potential clinical psychological interventions more challenging.

Besides, concerning the psychiatric/cultural debate about the hikikomori condition, the present study does not provide exhaustive responses but only preliminary cues that need to be explored in further investigations. On the one hand, our findings highlight that the hikikomori phenomenology partially overlaps with anxiety issues, as well as with a schizoid/avoidant personality functioning. In this regard, future research could contribute to better understand what clinically differentiates the patterns of social inhibition and detachment of hikikomori compared to other mental illnesses, along with the psychopathological mechanisms that are common to an anxiety-, schizoid- and avoidant-related functioning, regardless of a psychiatric diagnosis. On the other hand, potential contextual factors are highlighted by the present study, concerning the stigmatized expectations of the current society, as well as the competitive demands of school and work systems. Therefore, future research may develop some tools for assessing the perceived social pressure and anti-conformist/resistant attitudes in adolescent and young samples, as to deepen to what extent these dimensions are intertwined with the hikikomori mindset.

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