

## Hikikomori: How the Youth of Japan are Living as a Shut-in

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**Abstract** – Hikikomori in Japan is a condition in which affected people want to withdraw from society and often do not leave home for days. First identified in Japan in the late 1990s, current studies suggest that the condition is far more widespread than previously thought. Some researchers saw the growth of the withdrawal phenomenon in 1980, and it is linked to the collapse of the "bubble economy" of the generation and the beginning of the recession in Japan in the 1990s. However, withdrawal has recently become a global phenomenon primarily found in developed countries such as South Korea, China, the United States and the United Kingdom. This work provides a detailed analysis of hikikomori. Starting with the definition, it discusses explicitly the type, stage, common traits, causes, impact, and more recently, the impact of covid-19 on hikikomori.

**Keywords** Hikkikomori · Japanese youth in shut-in · Withdrawal phenomenon ·

### 1. Summary

A variety of severe social withdrawal, referred to as hikikomori, has often been represented in Japan and is characterised by adolescents and young adults who become recluses in their parents' homes, unable to figure out or visit a college for months or years. Not solely in Japan, this development has been wide unfolding in most developed countries like South Korea, the United States, the U.K., China, and conjointly Republic of India, Oman.

In this paper, we tend to discuss every detail of hikikomori. First, we tend to begin from the process of what hikikomori is. Then it is followed by its severity, causes and differing kinds. Also, this paper discusses the common traits of the

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hikikomori affected individuals and numerous treatment approaches. Another important thing is whether hikikomori should be diagnosed if another medicine disorder accounts for the symptoms. Some authors argue that the term secondary hikikomori" ought to be used if comorbidity is a gift and a minimum of part explains the syndrome, whereas, within the absence of an intercurrent medicine diagnosing, the term primary hikikomori ought to be used. Lastly, this paper includes its impact on the world and the worsening result of Covid-19 on this subject.

After learning various analyses on hikikomori, this paper concludes with various non-clinical approaches for this development. Also, because society and its expectation play an enormous role in developing this withdrawal syndrome, there is a powerful ought to modify this mentality of individuals.

## 2. Definitions

Social withdrawal is outlined as the need to measure reception for over six months, avoid social conditions and relationships, and inflict severe distress and incapacity. The Japanese word Hikikomori suggests "acute social withdrawal" in easy English.

According to the Japanese Ministry of Health Welfare and labour, withdrawals enable people to remain in one area of their home for over six months, not move to college or work, ignore home for over six months, and not move to college or college relationships. Tamaki Saito, a psychiatrist, defines hikikomori as "a condition that becomes a haul by the late twenties, stays reception, and does not participate in society for over six months." It does not seem to possess another psychological drawback.

Analysing the works of researchers currently, withdrawal is outlined within the following sentences.

1. Pay most of the time reception
2. Permanent shunning of social things and social relationships
3. Sustained withdrawal for over six months
4. Exclusion of individuals who maintains personal relationships
5. Presence or absence of mental illness

Psychiatrist Alan Teo initially characterised hikikomori as a "modern hermit" in Japan. Meanwhile, literary and communication scholar Flavio Rizzo represented hikikomori as a "postmodern hermit" (Wikipedia, 2021).

### 3. Appearance and severity of Hikikomori

In Japanese, the word 'Hikikomori' was widely employed in Japanese society as its verb kind, "hikikomori." Collectivism is powerfully unmoving in Japan, and as a result, cluster formation is straightforward. However, once people leave a bunch and become isolated, they are named "isolated persons." Thus, people who pay paydays, weeks, or months reception from teams, particularly colleges and workplaces, are like Hikikomori in Japan. Since the Nineties, withdrawal from adolescents, generally up to their 40s, has been attracting attention as a new social downside in Japan (M. Suwa, K. Suzuki, 2013). In Japan, the development of Hikikomori is copied back to what was generally referred to as "truancy" within the Seventies and Eighties. Several incidents were "social withdrawal" or withdrawal within the late Nineties. A medical speciality study of people (WHO) found that 1.2% of the population between the ages of 15 and 49 in Japan from 2002 to 2006 experienced social withdrawal for over six months. One review of population-based studies in Japan with 12 cities and 3951 people showed that 0.9% to 3.8% of people had a withdrawal history (PCN, 2019).

According to the Japanese government statistics discharged in 2010, 700,000 Japanese people were defined as Hikikomori, with an average age of 31. This includes Hikikomori, who is currently in his 40s (as of 2011) and has spent 20 years in isolation. This cluster is usually referred to as "first-generation Hikikomori" people who died in their 60s, and there is concern regarding reintegration into society referred to as the "2030 problem". In step with a 2016 Japanese workplace survey, "people who are socially withdrawn for over six months" were between the ages of 15 and 39, and 540,000 people in Japan (Wikipedia, 2021).

In the initial epidemiological study of this Hikikomori phenomenon in 2003, Japan's Ministry of Health, Labour and Welfare expressed that 45.5% of withdrawal cases had no life-long experience with the mental state, which we tend to decide as immediate withdrawal. 33.3% of patients were diagnosed with psychosis, mood disorders or different psychiatric disorders, 32% were diagnosed with biological process disorders, and 34.7% were diagnosed with temperament disorders (M. Suwa, K. Suzuki, 2013). Report from the Japanese Cabinet Office; Ministry of Health, Labour and Welfare; in step with various articles since 2010,

concerning 19% of patients with the social-psychological disorder will be classified as hikikomori, and concerning 18% of patients with Hikikomori will be diagnosed with the social-psychological disorder (Hamasaki, Y., Pionnié-Dax, N., Dorard, G. et al. 2021).

#### **4. Stages of Hikikomori**

Hikikomori may be a gradual formation of one's own state. Social withdrawal is split into three stages, supported by Italian scientist Marco Crepaldi.

First stage: Boys and girls begin to acknowledge the urge to be socially isolated while not having the ability to do that consciously. They notice discomfort and anxiety once interacting with others and feel lonelier relief. This beginning involves behaviours like occasional refusal of group action or defrayment time on a lonely activity (Hikikomoriitalia, n.d.).

Second stage: The victim consciously elaborates on the urge to segregate and reasonably attribute it to social interaction or relations. Most of their time is spent within the bedroom, dedicated to lonely activities. Social contact with the surface world is entirely restricted to the virtual ones cultivated by the web(Hikikomoriitalia, n.d.).

Third stage: At this stage, the victim decides to surrender to the urge to be socially isolated fully, and step by step, grows aloof from the oldsters and relationships formed on the web. Hikikomori is sort of fully isolated and is exposed to the great concern of developing psychopathology (Hikikomoriitalia, n.d.).

#### **5. Classification of Hikikomori**

Based on the research (2013) at Nagoya University and Aichi Shukutoku University, withdrawal can be divided into immediate and secondary withdrawal.

1. Primary Hikikomori: This study defines "primary hikikomori" as a hikikomori development that this construct of mental state cannot explain. In primary hikikomori, adolescents do not have severe diagnostic psychopathology, and however, they are unable to enter society and adapt to their surroundings (M. Suwa, K. Suzuki, 2013).
2. Secondary Hikikomori: This study defines secondary withdrawal as when an individual suffers from a variety of severe psychiatric disorders such as

emotional disorders, anxiety disorders, obsessive-compulsive disorder (O.C.D.), personality disorders, and pervasive developmental disorders (PDD) (M. Suwa, K. Suzuki, 2013).

Also, according to a study by French psychiatrist Maïa Fansten, social withdrawal is often divided into four parts.

1. Alternative withdrawal: This type of hikikomori decides to be isolated because it does not adapt to the standard social dynamics of recent persons. The quote from genus Maïa Fansten is a way to avoid normalised adolescence and live in a different way." This sort of withdrawal precedes and is decided by sturdy existential depression (Hikikomoriitalia, n.d).
2. Reactionary Withdrawal: This type is outlined as a "symptomatic response to situations of great family stress". Victims selections to withdraw that was significantly traumatic were made inside the family or social surroundings. It contributes to powerful feelings of tension and stress in these subjects(Hikikomoriitalia, n.d).
3. Resigned Withdrawal: This type is outlined as "a way to escape strong social pressure". The victims were thus engulfed by the expectations of others that they determined to cover. Great social competition is one of the most causes of the fast unfolds of Hikikomori in Japan(Hikikomoriitalia, n.d).
4. Cocoon like Withdrawal: Myr Vansten defines this type of withdrawal as "a stop of time to believe that you cannot become an autonomous adult." In this case, Hikikomori patients seek an escape, isolated from their responsibilities and obligations as an adult (Hikikomoriitalia, n.d).

## **6. Common traits and causes of Hikikomori**

Analysis of various research books and research reports reveals several characteristics. It is as follows :

1. Shame: It has long existed in Japan with patients with this malady as associate setting liable to the development of hikikomori. The Japanese tend to make social teams and structures that emphasise indirect communication. Behind that is the influence of bound values emphasised in Japanese society, like shame. In things wherever individuals are

embarrassed, the concept of "disappearing oneself" has long been thought to be a virtue (PCN, 2019).

2. Over-independence: Amae will significantly impact the incidence of hikikomori in Japanese society. Dependent behaviours associated with "Amae" are administered to believe that oldsters forgive everything. Hikikomori, particularly people who put up their families, will be affected with "Amae" to the extent that oldsters settle for their kids to remain reception for extended periods (PCN, 2019).
3. Selectively social: Except for being asocial, it has been found that some socially withdrawn youths will handle communication with people unconnected to their work or life, act with their people and relations, and maintain social contacts through digital means. It suggests the youths utterly lose their ability to socialise despite staying reception for a protracted time. Some socially withdrawn youth are willing and able to categorise their own social withdrawal experiences or even tose their own social withdrawal experiences or even occasionally require visits with friends and part-time jobs. Moreover, the web provides them with a convenient channel for social communication reception. They will chat online with strangers in privacy and nameless to develop virtual social networks and intimacy. Through these virtual social networks, they will possibly receive peer support and recognition and even redefine their social identity to be a lot positive and socially acceptable to regain a way of usefulness (Tim MH Li, Paul WC Wong, 2015).
4. Hopelessness: Several options characterise this component, like harsh world perceptions, world helplessness, and disappointment at work. Most of the victims were still traumatised by their experience before retreating from society, and they typically mentioned that the world was too harsh to take care of. A hikikomori patient said the following: "The first time I worked, the world was so harsh, and taking responsibility at work was too hard for me. I had to quit. I picked up a free employment magazine, went home, looked through it; I became depressed, and I could not break out from it" (Open Journal of Preventive Medicine, 2016).
5. Fear: Victims are often in danger of bullying. Victims feel that their weakness meant that their only choice was to cover from society. One hikikomori patient said, "I am a weak person. I can only hide in the dark; I am that kind of person" (Open Journal of Preventive Medicine, 2016).

6. Mistrust: Trust was usually destroyed by disappointment and negative past experiences that built self-defence mechanisms and caused social behaviour. The experience of being intimidated in school will result in the final distrust of those who undermine relationships. One hikikomori patient maintained, "I do not trust them... the distrust and dislike because of my experience... I condemn most people I see or talk to because of my misanthropist thinking... As a result, I condemned most of them... I will not even trust them to hold a letter for me... To get betrayed by somebody, you first have to trust someone" (Open Journal of Preventive Medicine, 2016).

## 7. **Hikikomori: Main reasons for Japan's withdrawal**

1. Social pressure: Japan could be a country with terribly sturdy social pressure. People perpetually feel the pressure of their peers to keep up with typical social prescripts and also the expectations of others. Japanese people tend to create teams, and therefore if there is anyone who cannot be a part of the cluster or is they will be different from people, they will naturally be isolated. Moreover, step by step results in withdrawal.

The nature of Japanese culture is to attempt perfection and productivity, and one is anticipated to meet all social obligations to the very best potential customary. This hyper-focus on potency has an unwittingly light-emitting due to creating a culture of shaming and, therefore, the stigmatisation of failure. The obsession with perfection has been verified to be notably poisonous to the student population of Japan. The pressure to stand out in examinations and secure a well-paying job significantly affects students' mental well-being. Those that fail to evolve to the present establishment usually notice themselves driven into turning into hikikomori to avoid public humiliation or, worse, resort to committing suicide.

2. Strict education system: The Japanese education system imposes excellent demands on adolescents. Different expectations, a high concentration on competition, and memorisation of facts and numbers aimed toward passing entrance exams for succeeding stage of education cause a high level of stress. Confucian values of the society- the education system is considered crucial in society's overall productivity and success. At intervals generally of this social framework, students usually face terrible pressure from oldsters and society to adapt their orders and doctrines. Whereas these doctrines are a part of the Japanese society, they are

progressively rejected by young Japanese in varied ways in which, as well as withdrawal.

3. Parental pressure: "Parental investment in a very child's ideal self" is a crucial purpose that ought not to be neglected (M. Suwa, K. Suzuki, 2013). People invest from child to child so as for them to be the best person. Indeed, tutorial and employment expectations in adulthood are nerve-wracking. However, if people fail to measure up to their expectations, they either hide in shame or, step by step, become victims of withdrawal.
4. Role of modern technology: The relationship between these phenomena and the latest communication technologies like the web, social media, and video games has not been definitively established. However, a minimum of its thought-about is a deteriorating issue that will deepen and nurture the withdrawal. Consistent with Takahiro Kato, associate professor of medical speciality at the University in Fukuoka, video games and social media have reduced the quantity of time people pay outdoors and in social environments that need face-to-face interaction (Wikipedia, 2021). The appearance of mobile phones, and smartphones, may additionally boost the matter, on the condition that people will still trust games and online aquatics anywhere in bed.
5. Japan's unique way of thinking: The Japanese have a novel means of thinking. There are ethical rules like labour, the purpose of life, and the Bushido code in Japan. They are terribly troublesome and usually shy. Overwork, tutorials and social pressures cause loads of stress for the Japanese. However, they select not to share their feelings with anyone. It is believed that sharing one's hardships will cause hassle for others. Therefore, these concepts will generally create a private victim of withdrawal.
6. Other social situations: In Japanese society, adult-age daughters who do not have any external jobs and suffer their oldsters are known as Kajitetsudai [domestic helpers]. Some Kajitetsudai and a few shufu [housewives] do not socially interact with individuals outside their immediate family and are in a very hikikomori-like condition. We tend to suspect that such girls could have a powerful sense of loneliness.

## 8. Effects of Hikikomori

Hikikomori seems only to have a negative effect. They contribute to the rise of problems in Japan, such as the declining birth rate, the increase in the labour force, and the overall impact on the Japanese economy.

1. Financial burden: Like the Japanese non-profit organisation NPO Lila, some organisations try to combat the monetary burden of the withdrawal development on the Japanese economy. Currently, 1.15 million of the population are stricken by withdrawal in Japan, placing immeasurable pressure on people to keep up their families. Also, if Japan faces a declining population, it creates a sizeable monetary burden (Wikipedia, 2021).
2. 8050 Problem: The problem of 8050 refers to people within their 50s whom their parents supported in the 1980s. In 2019, Japanese psychiatrist Tamaki Saito counselled that hikikomori patients be suggested on sensible recommendation and create heavy finance for hikikomori kids. (N.H.K. World Japan, 5th May 2019). This 8050 issue was exacerbated throughout the covid-19 pandemic. People in their 50s, who were plagued by hikikomori, have significant issues due to their parents being affected, or they died together, according to the N.H.K. News Japan, some organisations and NGOs support them, or a minimum of training them to figure independently.
3. Declining birth rate: The Japanese currently have one of all-time low fertility rates in the world, and at constant time, one of all the best longevity rates. As a result, the population is constantly dropping and progressively weighted toward older people. Once peaking seven years, at 128 million, Japan's population has been falling — and is on a path to say no by a couple of million people a year (The Week, 9th January 2015). One million Japanese teens and young men, Hikikomori became shut-ins, with nearly no human contact beyond their parents. The hikikomori withdrawal is attributable to social embarrassment — unhealthy grades or romantic rejection. The longer they drop out, the other shame they feel in an exceeding society wherever one's standing and name are preponderating and exhausting to alter. Parents, and particularly mothers, usually modify the withdrawal. "In Japan, mothers and sons usually have a dependent, co-dependent relationship," says specialist Tamaki Saito, who is the 1st known disorder within the Nineties. A government program

sends feminine reach counsellors called "rental sisters" that coax the hikikomori out of the house. However, that program does not invariably work. As one shut-in of fifteen years aforesaid, "I lost my probability."

4. Suicide: Suicide is probably the foremost forceful behaviour seen during medical speciality disorder. Even though no epidemiological information exists, there are various cases of hikikomori persons who committed suicide. Though the connection between hikikomori and suicide tends to be adequately elucidated, and we tend to be adequately elucidated. We tend to believe that the act of hikikomori is also thought about as a precursor symptom of suicide. We tend to propose that the eagerness to escape from the world is ordinary familiar to each suicide and hikikomori. Hikikomori is also an alternative-suicidal behaviour. Curiously, a recent analysis study from a survey of young people's attitudes of 5000 residents in Japan (aged 15–39 years) has steered that the hikikomori condition is one of the chance factors of suicide. We believe that more investigations that specialise in this angle should be conducted (PCN, 31st May 2019).
5. Death by loneliness: On the opposite hand, the problem of kodoku-shi [death by loneliness] amongst the old has become a significant social issue in Japan. In such cases, single older people are left to measure alone once the death of a partner with no social interactions and ultimately pass on themselves, remaining undiscovered for days, weeks, or maybe months. We can suppose that a minimum of many months before death, they may be in a very Hikikomori-like condition (Kato, Shinuku, Sartorius, & Kanba, 2017).

## 9. Prevention of Hikikomori

Even if Japan suffers from hikikomori, there is still hope. The foremost necessary step is to treat the victims of hikikomori. According to psychiatrists, family relationships play a vital role, not solely individual care. Oldsters and their youngsters usually visit along for psychological subject matter. Additionally, to psychotherapy, many organisations and N.G.O.s are operating to assist victims of hikikomori. We all know that Japanese society is incredibly harsh. Individuals usually describe the victim of Hikikomori as lazy, ignoring the severity. Even when the victims have recovered, individuals tend to ignore them. Moreover, individuals should be different in the current issue, and society plays a significant role.

1. Family support: Since most people with hikikomori prefer to be alone initially, it is improbable that they may obtain support (PCN, 31st May 2019). So, if you see signs of the condition in your blue-eyed ones, you must intervene. However, it will not be simple, and you may need to wait and see. Some individuals, particularly teens, could also be a touch aggressive if you try to bring them out of isolation. Teach yourself what precisely the condition is. Therefore, you do not confuse it with another psychiatric disorder. Here, the person is not judgmental and encourages them to require support from consultants.
2. Psychological support: When it involves psychosocial support, it is onerous for therapists to realise direct access to hikikomori; analysis to search out different and effective treatment plans to help hikikomori has been in progress. One such treatment arrangement is targeted at the families of hikikomori. Such focus primarily includes academic intervention programs (e.g. lectures, role-play) that square measure in gear towards reducing any loath stigma that family members have towards medicine disorders like hikikomori. These academic programs are derived from different established family support programs, specifically psychological state care (MHFA) and Community Reinforcement and Family coaching (CRAFT). CRAFT trains members of the family family-specific positive and purposeful communication, explicitly-, whereas MHFA provides skills to support hikikomori with depression/suicidal like behaviour (Wikipedia, 2021). Studies up to now that have changed the family unit's activity response to a hikikomori has yielded positive results, indicating that family behaviour is essential for recovery, but any analysis remains required.
3. Non-clinical approaches: Non-clinical professionals like social staff and educators, however, accept the diversity of people and resist pathologising this specific youth drawback. In developed countries, youth social withdrawal has been a recent issue that any youth will encounter. To assist youths facing this issue, non-clinical professionals promote integration into one's own social role; foster cooperation and independence; cultivate endurance, patience and perseverance; raise one's knowledge; acknowledge one's ability and self-worth. The final goal of serving socially withdrawn youths is to draw them out from their rooms to return to high school and, therefore, the marketplace and integrate them into thought social participation (Tim MH Li, Paul WC Wong, 2015).

4. Group therapy: Although there has been primary stress on educating relations, there are still medical care programs for the hikikomori to participate in. As an example, the utilisation of exercise medical care. The individual psychotherapy strategies that area unit being stressed in current analysis area unit primarily impelled on cultivating self-assurance inside the hikikomori. Thereupon being same. However, studies have described that efficacious treatment towards hikikomori needs a many-sided approach instead of the use of 1 individual approach, like individual psychotherapy or group therapy.
5. Social approaches: ‘Free-space’ team activities and support teams offer opportunities for socially withdrawn youths to socialise with others. Most socially withdrawn youths actively participate in cluster interactions initially; instead, they exhibit reticent behaviour by listening to others' conversations. Gradually, they will begin to speak with organisers and check out to require half in social activities. However, organisers must be compelled to prepare tuned-in teams for various socially withdrawn youths sensitively, be wakeful to stigmatising labels and messages within the teams and avoid authoritative direction; otherwise, competition, conflict and participant dropout may occur within the teams.

As for the shape of activities, it is suggested that a rigid arrangement should be avoided. Organisers are suggested to form - informally, tailor-made activities, loosely regular, flexible, occasional and even sudden. Organisers are advised to stay career on socially withdrawn youths to participate in activities and make their minds up on an appropriate schedule as a result of intensive activities will build the youths exhausted. The time and weather can also influence the attendance of socially withdrawn youths and the atmosphere of activity.

6. Educational approaches: Social employees and educators provide different coaching programs for socially withdrawn youths. For example, social skills coaching is organised to equip such youths with the social skills, such as emotion management once endeavour others, and social skills needed for exploring social relationships and permit them to expertise a sense of connectedness. Work coaching and job-seeking help are also vital to relinquish socially withdrawn youths' understanding of the new economy and, therefore, the skills needed within the modern market. Job opportunities with flexible operating hours on an endeavour basis will first be provided within the coaching or serving to s organisation. Socially withdrawn youths will learn through trial and error

in part-time jobs and, bit by bit, understand their operating vogue and place in society (Tim MH Li, Paul WC Wong, 2015).

### **10. Hikikomori phenomena in other countries**

Though hikikomori was first delineated in Japan, it is unclear whether or not the development could exist elsewhere. Specialists have debated whether or not hikikomori may be a culture-bound syndrome specific to Japan or a syndrome found in any other country. Some have reportable hikikomori-like phenomena in countries like the Sultanate of Oman, European nations and Korea. However, the sole rigorous medicine study of hikikomori is from Japan, and it indicated a period prevalence of over 1 Chronicle among young adults in Japan. Two experimental studies showed that 1.2% of the community population in Japan (around 232,000 people) had experienced youth social withdrawal, and 1.9% of people in the metropolis were socially withdrawn youth (Around 16900-41000 people). A less representative study by Lee et al. (2013) suggested that a pair of 2.3% of high school students had been found to experience the state of social withdrawal in Korea.

### **11. Covid-19 impact on Hikikomori**

Studies have shown that people isolated due to hyperbolic loneliness have a hyperbolic stress-related mental disease, supported by previous outbreaks (SARS, MERS) (Wikipedia. 2021). Researchers say hikikomori could also be a post-pandemic development. However, particularly covid19 exacerbated his 8050 drawbacks in Japan. The 80-year-old people are seriously affected, and also, the 50-year-old youngsters' area unit is tormented by an epidemic alone. Additionally, as hikikomori prevails within the pandemic, specialists draw a lot of sympathetic and constructive attention to the present issue.

### **12. Conclusion**

In this paper, we specifically discussed the difficulty of hikikomori. We also discussed how hikikomori victims, their parents, and society should play an equal role in abolishing this issue. Moreover, alongside Japan, the withdrawal phenomenon is often seen in other countries like South Korea, China, the U.S., the UK, India, and Oman. After the 9/11 and Lehman shocks, children appear to possess entered society and become harder to take care of their own lives. Youth unemployment is rising in India and European countries, and children also are

experiencing many problems. However, anyone can consider that the primary generation of hikikomori emerged in Japan in 1990, making it even more severe.

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### *References*

- Aeon. (16th July 2019). How can we help the hikikomori to leave their rooms?<https://aeon.co/ideas/how-can-we-help-the-hikikomori-to-leave-their-rooms>
- B.B.C. Future. (29th January 2019). The plight of Japan's modern hermits.<https://www.bbc.com/future/article/20190129-the-plight-of-japans-modern-hermits>
- B.B.C. News, Hikikomori (Published 5th July 2013). Why are so many Japanese men refusing to leave their rooms? By William Kremer and Claudia Hammond. B.B.C. World Service. <https://www.bbc.com/news/magazine-23182523>
- Bloomberg Businessweek. (2nd October 2020). Japan's Lost Generation Is Still Jobless and Living with Their Parents. <https://www.bloomberg.com/features/2020-japan-lost-generation/>
- First Post. (20th January 2020). Hikikomori: How to identify and deal with the symptoms of extreme social withdrawal. <https://www.firstpost.com/health/hikikomori-how-to-identify-and-deal-with-the-symptoms-of-extreme-social-withdrawal-7932661.html>
- Hamasaki, Y., Pionnié-Dax, N., Dorard, G. et al. Identifying Social Withdrawal (Hikikomori) Factors in Adolescents: Understanding the Hikikomori Spectrum. Child Psychiatry Hum Dev 52, 808–817 (2021). <https://doi.org/10.1007/s10578-020-01064-8>
- Hikikomori From Wikipedia, the free Encyclopedia (2nd September 2021) <https://en.wikipedia.org/wiki/Hikikomori>
- Hikikomori Italia. (n.d.). The four types of hikikomori: alternative, reactionary, resigned, and cocoon-like <https://www.hikikomoriitalia.it/p/the-four-types-of-hikikomori.html>

- Hikikomori Italia. (n.d). The three stages of the hikikomori: from the first warning signs to complete isolation. <https://www.hikikomoriitalia.it/p/the-three-stages-of-hikikomori-from.html>
- Hikikomori: Multidimensional understanding, assessment, and future international perspectives Takahiro A. Kato MD, PhD, Shigenobu Kanba MD, PhD, Alan R. Teo MD, MS, First published: 31st May 2019 <https://doi.org/10.1111/pcn.12895>
- Imai, H., Takamatsu, T., Mitsuya, H. et al. The Characteristics and Social Functioning of Pathological Social Withdrawal, "Hikikomori," in a Secondary Care Setting: a One-Year Cohort Study. *BMC Psychiatry* 20, 352 (2020). <https://doi.org/10.1186/s12888-020-02660-7>
- J Nerv Ment Dis. 2010 Jun; 198(6): 444–449. doi: 10.1097/N.M.D.0b013e3181e086b1
- Japan Today. (14th November 2018). The '8050 problem' - 'hikikomori' people are entering 50s as parents they rely on enter their 80s. <https://japantoday.com/category/features/kuchikomi/the-8050-problem>
- M. Suwa, K. Suzuki (2013). The phenomenon of "hikikomori" (social withdrawal) and the socio-cultural situation in Japan today. *Journal of Psychopathology* 2013; 19:191-198. <https://www.jpsychopathol.it/issues/2013/vol19-3/01b-Suwa.pdf>
- Malagón-Amor Á, Martín-López LM, Córcoles D, González A, Bellsolà M, Teo AR, Bulbena A, Pérez V and Bergé D (2020) Family Features of Social Withdrawal Syndrome (Hikikomori). *Front. Psychiatry* 11:138. doi: 10.3389/fpsyg.2020.00138
- N.H.K. World Japan. (5th May 2019). Japan's 'Hikikomori' are growing older. <https://www3.nhk.or.jp/nhkworld/en/news/backstories/464/>
- Nippon.com Your doorway to Japan (17th September 2019). Japan's "Hikikomori" Population Could Top 10 Million. <https://www.nippon.com/en/japan-topics/c05008/japan%E2%80%99s-hikikomori-population-could-top-10-million.html>
- Oregon Health & Science University. "Hikikomori: New definition helps identify, treat extreme social isolation: Modern tools to improve interpersonal communication may be having the opposite effect." *ScienceDaily*. ScienceDaily, 10th January 2020. <[www.sciencedaily.com/releases/2020/01/200110155241.htm](http://www.sciencedaily.com/releases/2020/01/200110155241.htm)>.
- Roseline Kim Fong Yong, Yoshihiro Kaneko (2016) Hikikomori, a Phenomenon of Social Withdrawal and Isolation in Young Adults Marked by an Anomic Response to Coping Difficulties: A Qualitative Study Exploring Individual Experiences from First- and Second-Person Perspectives. *Open Journal of Preventive Medicine*, 06, 1-20. doi: 10.4236/ojpm.2016.61001
- The Conversation, Hikikomori (30th, 2020 12.51 am AEDT). understanding the people who choose to live in extreme isolation <https://theconversation.com/hikikomori-understanding-the-people-who-choose-to-live-in-extreme-isolation-148482>

The Week. (9th January 2015). Everything you need to know about Japan's population crisis. <https://theweek.com/articles/453219/everything-need-know-about-japans-population-crisis>

Yung, J.Y.K., Wong, V., Ho, G.W.K. et al. Understanding the experiences of hikikomori through the lens of the CHIME framework: connectedness, hope and optimism, identity, meaning in life, and empowerment; a systematic review. *BMC Psychol* 9, 104 (2021). <https://doi.org/10.1186/s40359-021-00605-7>