

The growing band of young people living a reclusive life

'Epidemic' of youngsters withdrawing from world may be linked to modern lifestyle and technology, say experts

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Cases of youth isolation have been noted in Japan as well as Oman, Spain, Italy and the US. Photograph: Alamy

Alan R Teo, of the department of psychiatry at the University of Michigan, begins: "Masa [name changed], 19, lives near Tokyo with his parents in a two-bedroom flat. The young man has barely set foot outside his room in the past two years, spending 23 hours a day in isolation. His mother leaves him meals on a tray outside his door. He sleeps during the day, wakes up in the evening and spends all night browsing the net and chatting, and playing video games."

Masa is suffering from [hikikomori](#) (social withdrawal). This complaint mainly affects young men, taking the form, in the absence of schizophrenia, of a lifestyle centred on the home, and an almost complete lack of interest in school or work, with symptoms persisting for more than six months.

In March Teo published an article, in the *International Journal of Social Psychiatry*, on the first case of hikikomori observed in the US: a man, aged 30, who had lived in isolation in his flat for three years. "He spent the first year in a fairly large walk-in closet, feeding on ready-made meals," Teo explains. "He did not wash, defecated and urinated in jars, spending his time on the net and playing video games." The patient agreed to undergo cognitive behavioural therapy, at the end of which he went into remission.

"The only rigorous epidemiological study of hikikomori is from [Japan](#), and the study indicated [that the] lifetime prevalence of hikikomori is over 1.2%," says Professor Takahiro Kato of the neuropsychiatry department of Kyushu University, Japan. "Another survey estimated that 264,000 'core' hikikomori cases exist [in Japan's population of 127 million]. This report also estimated another 460,000 cases on the verge of becoming hikikomori." According to Kato, in the near future there will be nearly a million cases in Japan, which will have a socio-economic impact on the country. Some go so far as to say the condition has reached epidemic proportions.

Hikikomori youths often suffer from a psychiatric complaint that sustains their isolation. Others display no mental disorder. Above all this phenomenon is not related to what is referred to as an "addiction" to the net and video games. In fact, Kato points out, these two media simply reduce the need for face-to-face communication with others.

Kato believes that "worldwide shifts of lifestyles and in social life are in the background of the growing hikikomori phenomenon". He explains that in traditional Japanese families there were many children living under one roof alongside grandparents. This has been replaced by [family](#) units in which the mother and father work, with fewer children and less support from relatives and neighbours. "Under this environment, hikikomori cases easily become problematic." Another factor is the high-pressure education system.

The French psychiatrist Serge Tisseron has a slightly different theory. "Hikikomori," he says, "could be a form of withdrawal behaviour enabling adolescents to cope unconsciously with emotions and anxiety about the future, avoiding a full-blown psychiatric pathology, such as a nervous breakdown or the development of a phobia."

Hikikomori is not exclusively related to Japanese culture, cases having been observed in Oman, Spain, Italy, South Korea, the US and France. Dr Marie-Jeanne Guedj-Bourdiau, head of the psychiatric unit at the Hôpital Saint-Anne in Paris, has registered "about 30 cases in the past 15 months concerning adolescents of 16 or over, but also [young people](#) in their late 20s who have extremely limited social lives, after struggling to complete university studies".

In a recent paper published in a French journal, *Les Annales Médico-Psychologiques*, Guedj-Bourdiau describes 21 instances of social reclusion, all but one of whom were visited at home following a request from the family. The shame, indeed guilt, experienced by families leads to long delays before deciding to seek medical advice, almost always linked to the parents' desire to bring their child out of isolation or the fear of an attempted suicide. The teenagers covered by the study had been living in reclusion for over a year but saw nothing abnormal in their behaviour. Of the 21 cases, 16 were also suffering from a psychiatric complaint.

Visits to the home by a therapist are the only way to establish contact with the youths. But "admission to hospital is necessary when reclusion has taken too much of a hold entailing genuine disability", Guedj-Bourdiau explains. "Sometimes the family tells us that symptoms have reappeared, one or two years later. Much as any abnormal behaviour, social withdrawal tends to recur,"

she points out, but adds: "Once they have received care these young people thank us for having reached out to them in their suffering and rescued them from hell."

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