Social Isolation and School Refusal: The First Adolescent Case of Hikikomori in the U.S.

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Background and Aim

- Hikikomori syndrome is an extreme case of social isolation and school refusal once thought to be bound to Japanese culture.
- Recently, a growing number of case reports have been described in countries outside of Japan.¹
- Here we present the first adolescent case of Hikikomori syndrome documented in the US.²

Case Presentation

Mr. H is a 17 year-old Chinese-American male who presented due to increasing social isolation which began with declining grades and rejection from the school sports team.

One year prior to presentation, began isolating in his room, ceased all hobbies, withdrew from friendships, and stopped attending school. There was a brief period in which he applied for a job and planned to move to his own apartment but once these plans fell through, he became increasingly reclusive.

For the past 6 months, he had been living alone in his parents' old home, leaving only once every other week to buy groceries with his mother. Reportedly content with his lifestyle, though unable to verbalize his mood or describe how he spent his days, responding to nearly all questions with "I don't know," he denied all psychiatric symptoms including depression, anxiety, or psychotic symptoms.

Clinical Course

Initially, Mr. H refused to engage in individual or group therapy. The treatment team recommended starting an antidepressant or antipsychotic but the patient and family declined. Given his grave disability, the team considered pursuing commitment for long-term hospitalization, to which the patient responded with more engagement and participation in therapy.

Upon discharge, he returned to living with his parents, began attending school, and weekly psychotherapy - largely motivated to avoid rehospitalization.

Proposed Diagnostic Criteria³

1. The person spends most of the day and nearly every day confined to home.
2. Marked persistent avoidance of social situations and social relationships
3. The social withdrawal and avoidance interferes significantly with social/occupational functioning
4. The person perceives the withdrawal as ego-syntonic
5. The duration is at least 6 months
6. The presentation is not better accounted for by another mental disorder

Discussion and Conclusions

- This case adds to overwhelming evidence to suggest Hikikomori is not bound to Japanese culture.
- Continuing to refer to it as a culture-bound syndrome may slow recognition of Hikikomori and risks pathologizing Japanese culture.
- Its spread is likely influenced by factors perpetuated by globalization, such as the internet.
- A growing group of young people in industrialized countries who are not in education, employment, or training (NEETs), may represent a similar phenomenon.⁴
- International epidemiologic studies are needed to understand its prevalence outside of Japan.

References

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