

Looking at a Beautiful Moon While Immersed in a Lake of Petroleum: Narratives from Italian Individuals with Hikikomori*

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This study aimed at exploring the hikikomori experience of Italian young adults to detect some psychosocial patterns of hikikomori. A phenomenological analysis was conducted on the narratives of 17 individuals with hikikomori (9 men, 18–39 aged), who posted their stories of social isolation via an online forum. The analysis detected ten themes synthesizing the psychological structure of the participants' lived experience, which were grouped into three overarching areas respectively dealing with passive identity, early traumatic experiences, and refusal of social participation. Overall, the findings support the psychosocial developmental theory of hikikomori about the reactivation of past insecure attachments and the anxiety associated with novelty and challenge. Limitations, suggestions for future research and clinical implications for individuals with hikikomori and their families are briefly discussed.

Keywords: Hikikomori, Narrative, Psychiatry, Social withdrawal, Phenomenological Analysis

Highlights:

- A phenomenological analysis of hikikomori stories was conducted.
- The study confirmed several patterns characterizing hikikomori cross-nationally.
- The findings support the psychosocial developmental theory of hikikomori.

The term *hikikomori* (that means ‘to pull away’) was coined by the psychiatrist Saitō (1998) to describe a form of acute social withdrawal affecting adolescents and young adults, especially men, mainly characterized by self-segregation in one's room for months or years. This condition has become epidemic in Japan, with at least 541,000 affected people from 15 to 39 years

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old (Naikakufu, 2016), and represents a major source of concern for both health professionals and policymakers, as a form of cultural marginalization preventing individuals from achieving social and community participation, and education and job opportunities. A recent systematic review with meta-analysis on the prevalence of the syndrome in the international literature (Pozza et al., 2019) estimated a prevalence comparable to that of other severe psychiatric disorders – equal to 1.5% in the general population and to 26.0% in the psychiatric one – which increases in male and younger people. The growing interest in the emergence of hikikomori has led the Japanese Ministry of Health, Labor, and Welfare (2003) to set some criteria for the identification of the phenomenon, such as shutting oneself at home for at least six months, having no intimate relationships except with family members, and refusing social, school and work activities, with social withdrawal not being consequent to a diagnosis of schizophrenia, mental retardation or other major psychiatric disorders. This notwithstanding, the definition of hikikomori has evolved as an amorphous diagnostic concept that does not fully represent a diagnosis (Rubinstein, 2016).

An ongoing debate exists whether considering hikikomori as an unproblematic self-imposed lifestyle of isolation (Norasakkunkit et al., 2017) or as a psychopathology. On the one hand, hikikomori is viewed as a complex social phenomenon mainly affecting people (generally up to 35 years of age) not in employment, education or training (NEET), who voluntarily refuse the mainstream values of a post-industrialized and globalized society and withdraw as a form of protest (Uchida & Norasakkunkit, 2015). Hikikomori should thus be considered as a state of being, not a symptom of a psychiatric disorder (Saitō, 2003), and as substantially contextual-dependent, because of the lack of support structures, reduced social development and limited economic options (Allison, 2013).

Whereas, from a psychopathology view, some conflicting psychiatric positions emerge about considering hikikomori as a unique, well-defined condition, because it is necessary to distinguish between a primary form, implying behavioral problems rather than a mental disorder, and a secondary form featured by a pervasive developmental disorder (Suwa & Suzuki, 2013). In this regard, three divergent perspectives shape the current psychiatric debate on the conceptualization of hikikomori (Tajan, 2015a), respectively seen as: not necessarily dependent on a psychiatric condition, classifiable by other existing mental disorders (e.g., depressive disorder, social phobia, agoraphobia or some personality disorders) or as a new independent pathology that would require an update of the culture-bound syndromes in the DSM. According to this latter view, similarly to Tajjin Kyofusho (a culture-specific syndrome of social phobia), hikikomori would relate to the impaired development of interpersonal skills, potentially leading to vulnerability, distress and social avoidance, caused by the over-dependency and shame characterizing the attachment style in Japanese sociocultural and family background (Kato et al., 2018).

However, during the last years, 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, although strongly influenced by Japanese culture, hikikomori is a phenomenon also occurring outside Japan (Pereira-Sanchez et al., 2019). Therefore, because of its increasing spread, probably also favored by the cultural revolution of social networks, hikikomori is not currently mentioned in DSM-5 as a culture-bound syndrome restricted to Japan (American Psychiatric Association, 2013). As well, it should be noted that the term hikikomori might indicate heterogeneous conditions across different countries (Lee et al., 2013; Teo et al., 2015), varying from a symptom of mental disorder to an expression of spirit possession (Loscalzo et al., 2016; Teo et al., 2015).

In particular, the problem of hikikomori is perceived as quite alarming in the Italian context (Pereira-Sanchez et al., 2019), where a high number of teenagers show similar behaviors (e.g., social anxiety, self-seclusion, school refusal, altered wakefulness-sleep cycle, problematic family relations) to those of their Japanese peers and several social services have started to deal with patients with hikikomori (Loscalzo et al., 2016; Ranieri, 2015). However, the scarce published scientific literature on hikikomori and the limited health professionals' knowledge about the phenomenon, mainly due to the lack of classification systems and intervention guidelines, may still contribute to the underestimation and undertreatment of hikikomori in such a context (Loscalzo et al., 2016).

The present study aims at exploring the hikikomori experience of Italian young adults through a phenomenological analysis of narratives about their social isolation. This may contribute to the qualitative investigation of the phenomenon, because detailed descriptions directly giving voice to people with hikikomori themselves are still rare in the current scholarship (Tajan, 2015b). Indeed, a phenomenological approach is proposed that can consent a better understanding of motivations, perceptions, and expectations around hikikomori, as a debated boundary condition between voluntary lifestyle and mental-health concern, and thus help promote more consistent psychological interventions addressed at such clients. Besides, since hikikomori is a complex phenomenon with multiple causes and undetermined etiology that may overlap with other mental conditions, narrative represents a powerful strategy for meaning-making and creating a sense of continuity about a condition that may be perceived as a life disruption, like illness or other forms of trauma (Rubinstein, 2016). The experience of hikikomori can be recognized as a subjective condition built through self-narratives, which may illustrate the sense-making process about the self and one's life story, and the relocation of an individual's place within the family and the social context (Kleinman, 1998). From this perspective, an approach based on personal lived experience allows the formulation of data-driven hypotheses, without assuming a normative and well-defined hikikomori definition or testing specific hypotheses previously assumed by the researcher (Caputo, 2015, 2019a), which is relevant if considering the lack of classification systems allowing a formal diagnosis of hikikomori, especially in the Italian context.

Specifically, the present study relies on hikikomori-related written testimonies collected via an online forum, which can serve as a practical data collection method in both social- and health-sciences. Online qualitative research methods are useful to sample minority groups with emotional and mental concerns (Caputo, 2018, 2019b), such as people with hikikomori as “a hidden population, which is, by definition, difficult to encounter, as a result of which whose authentic voices have rarely been heard” (Tajan, 2015b, p. 285). Indeed, this population is hard-to-reach, especially because of the hikikomori’s defining feature of social isolation that generally prevents from seeking clinical care and participating in research (Pereira-Sanchez et al., 2019). Besides this, because people with hikikomori spend much of their time in online activity, especially on social media (Liu et al., 2018), online forums can be regarded as the favorite space where they can share their experience and potentially seek support from peers and mental health professionals (Pereira-Sanchez et al., 2019). Indeed, the internet can be considered as a rich and complex resource of textual material, because it allows participants to express their deeper feelings and be less inhibited than in a traditional interviewing environment, without relevant differences in the type of reported contents (Wood & Griffiths, 2007).

Method

Participants of the Study

Textual data comprising hikikomori stories were used for the analysis. The stories were retrieved via the public online forum of the Italian Hikikomori Association where people could post and share their experiences of voluntary social withdrawal. All possibly sensitive information was removed. The already existing online forum was part of a website providing information and guidance about support programs addressed to people with hikikomori and their families to face this potential problem condition, with the general aims of raising public awareness about the phenomenon and creating a national network that puts institutions, families, and professionals in contact. No specific inclusion criteria for study participation were used since all the publicly available stories were retrieved and used for the analysis. Overall, the analyzed stories about the hikikomori experience were posted by 17 Italian young adults, both men ($n = 9$) and women ($n = 8$), mainly aged between 18 and 39 years. Textual data from the collected stories overall included 15,898 word occurrences (i.e., the total number of graphic forms isolated by means of separators such as blanks and punctuation marks), with a mean of 935 words per story. Concretely, participants were asked to freely provide and share an account of their subjective experience of social isolation as people with hikikomori. All participants gave their written informed consent to be included in the study before posting their stories.

Text Analysis

A phenomenological analysis of hikikomori stories was conducted according to Giorgi’s method (Giorgi, 1975, 1985, 2009), which consists of a descriptive and explorative cross-case analysis of qualitative data, such as interviews or written texts. The major advantages of this method include the requirement of only a few study participants, the possibility to

access individuals' lived experiences, and the good level of ecological validity (Caputo, 2019b). The analysis procedure consists of a manual (i.e., paper and pencil) coding of text-based qualitative data according to four steps. The first step (from chaos to themes) consists in reading the testimonies several times to get a total impression and identify preliminary themes, i.e. the main issues/matters concerning the participants' hikikomori experience, which need further elaboration with systematic reflection. The second step (from themes to codes) deals with identifying meaning units, intended as text fragments providing any knowledge about the hikikomori experience, and grouping them under the same code headings based on their similar content. This requires an iterative process where code headings can be developed from the initial themes or newly identified from the emerging meaning units. The third step (from code to meaning) implies condensation, through collecting together related code headings, sorting them and abstracting their content into a condensate, intended as an artificial quotation maintaining the original terminology applied by participants. The fourth step (from condensation to descriptions and concepts) refers to transforming the condensates and related concepts into an analytical text accompanied by authentic illustrative quotes. These analytical texts provide descriptions of the related findings and allow a synthesis of the psychological structure of participants' lived experience.

Results

The analysis has detected ten condensates that characterize the narratives of individuals with hikikomori and synthesize the psychological structure of their experiences, which are grouped into three overarching areas respectively dealing with passive identity, early traumatic experiences, and refusal of social participation. Specifically, the first area (passive identity) includes those condensates illustrating a poor sense of agency, expressed through deficient self-perceptions, reduced tendency to manifest anger, and a purposeless vision of the future. Besides, the second area (early traumatic experiences) refers to condensates about shocking and self-threatening events during childhood and adolescence, involving family neglect, school bullying, psychosomatic problems, and the loss of significant others. Then, the third area (refusal of social participation) includes those condensates expressing a voluntary isolation, mostly related to the low desire for intimacy, the anxiety about facing the world of work, and the overall perception of a corrupted and hostile society. In presenting the condensates referring to each area, some analytical texts illustrate the main related concepts, which are described by directly using the participants' statements.

Passive Identity

Deficient Hikikomori Self

This condensate deals with the hikikomori experience as a deficit condition in ego functioning in terms of vitality, self-determination, and capacity to enjoy positive experiences.

P12, female: "It's like I'm looking at a beautiful moon within a fairytale sky while I'm immersed in a lake of petroleum."

P13, male: "Like someone with an amputated leg, I feel like my will was amputated: I can't want anything, I don't even know how to do it."

Hikikomori narratives thus suggest issues of reduced self-esteem, revealing an identity shaped around passivity and fragility.

P10, male: "I feel like a larva, or rather an empty shell, unable to start a conversation, unable to bond with a person."

Suppressed Anger

This condensate highlights the deficient capacity to regulate emotions, especially anger that is regarded as a socially unacceptable emotion, thus leading to suppress potential aggressive reactions.

P1, female: "My family situation led me to feel a lot of anger, long compressed and silenced. Because I did not find understanding, empathy, and respect, I gradually felt that I no longer wanted to share time and energy with others. My family included."

P12, female: "Silence was the only way out of my anger [...] at school I could not react because I banned my anger. I have never learned a constructive way to express it so to get respect, I have just suffocated it."

Accordingly, participants blame others for not being able to presume one's feelings and thoughts, and seek refuge in passivity, thus showing potential indirect extra-punitive reactions.

P9, male: "In the last years I have turned to psychiatrists and psychologists, but they have been a big disappointment, they have not understood that they should go down in my hell. It wasn't me who had to get on their pedestal."

Purposeless Future

This condensate refers to a vision of the future as purposeless, without dreams and hopes. On the one hand, an overall sense of apathy emerges about the capacity to plan and get involved in something interesting and pleasurable.

P13, male: "Today, apathy governs my days. Nothing excites me. I have no motive to do something, I'm often used to stay on the bed and get up just to eat or go to the bathroom."

On the other hand, indecisiveness and irresoluteness are reported when confronted with important life choices, thus revealing a lack of purpose in life and feelings of emptiness, like the existence has no meaning."

P4, female: "I had no idea about what to do in my life and which job to do. I have never had a clear idea; I have no ambition at all."

P17, female: "I have never known what to do with my life [...] Sometimes, I think the only way to heal myself is to end up on the street without food and water. Then, maybe, I would take action to reach a goal."

Early Traumatic Experiences

Uncaring Family

This condensate highlights the uncaring nature of family relationships, where participants experience emotional neglect and lack of responsiveness to their own needs, which contributes to rejecting and distancing attachments.

P3, male: "Mine continues to be a 'not family' [...] They both worked outside Italy, so I seldom had the opportunity to see them except during the few annual festivities."

P2, male: "When I tried to take the initiative, I was regularly ignored or silenced with sarcastic jokes, so I convinced myself that talking was useless."

As well, marital conflict and parental separation/divorce are frequently reported issues, evoking the perception of the family as an untrustworthy institution.

P8, female: "I see my mother a few times a day, my parents have broken up years ago but still live together even if they always fight."

P15, male: "My parents almost always fight. I hate them! Instead of helping me during all these years, they only worsened my situation. They are not examples to follow."

Nightmare of School

This condensate refers to school-related difficulties, specifically focused on episodes of bullying and harassment from peers, which seem to cause phobic reactions to school.

P17, female: "For three consecutive years, I suffered bullying, without ever being able to defend myself. I was regarded as the strange one who never spoke. Getting up from my seat to go to the blackboard was a nightmare."

P12, female: "Middle school was hell. I didn't know how to dress, I had thin arms and legs like toothpicks, fat belly, disastrous hair [...] I could not react to teasing."

The prolonged physical, verbal or emotional abuse becomes unbearable over time and contributes to increased anxiety and depressive feelings, with school absenteeism and dropout representing the only solutions.

P11, male: "I was fifteen years old when I dropped out [...] during middle school I was bullied from morning to night [...] I lived those years with a constant will to end it all."

P16, female: "I remember high school time when the mere idea of entering school terrified me and led me to think how much easier it would have been if there had been no tomorrow."

Psychosomatic Distress

This condensate illustrates several psychosomatic complaints or physical problems (e.g., insomnia, asthma, muscle and intestinal problems, eating disorders), especially involving body image distress, that are reported since childhood and early adolescence.

P10, male: "When I was a child, I suffered from asthma due to an allergy and I started taking cortisone that made me fat [...] as a result, I had eating problems that led me to anorexia."

P4, female: "I suffer from a terrible eating disorder called Binge Eating Disorder. Some people are addicted to drugs and cannot get out of them; I'm addicted to food."

The reported complaints contribute to a perceived unhealthy status, which over time requires taking drugs and resorting to healthcare professionals' advice.

P5, male: "I had chronic insomnia, which led me to a psychiatrist, so I started taking drugs since I was eighteen years old."

Trauma of Loss

This condensate deals with earlier painful life experiences, such as romantic relationship breakup, significant others' death, or loved ones' illness, which may have a role in the onset of social withdrawal:

P8, female: "My mother had breast cancer, now she is completely healed, but this event has marked me."

This traumatic nucleus, overall concerning issues of separation and loss, seems to negatively affect hope and trust in life and human relationships:

P3, male: "My seclusion started when I was fourteen years old, my childhood playmate committed suicide [...] I dismissed the possibility that life could have any value."

P14, female: "I had a crush, but it did not go well, he engaged with another girl [...] Since then, I started not wanting contacts anymore, feeling sad and shutting myself off."

Refusal of Social Participation

Burden of Friendship

This condensate deals with the underlying motivations preventing from establishing authentic and durable bonds of friendship. Specifically, a lack of interest in other people and close relationships emerge, thus revealing a low desire for intimacy and affiliation.

P7, female: "I don't care about the outside world. I feel safe in my home, where I can do whatever I want. I have always been this way; as a child, I spent hours locked in my bedroom."

P17, female: "I have never been a sociable person [...] I'm not interested in social relations. Human beings are of little interest to me."

Participants tend to feel isolated and profoundly detached from others, who are perceived as unable to understand them, thus looking at friendship as a burden and not as something valuable that can provide support or satisfaction.

P15, male: "This world is too complicated, I never felt understood by anyone. People always exploit others' weaknesses."

P4, female: "I have no friends. Not even virtual. I have never found any satisfaction in friendship; social relationships suck up all my energy and leave me exhausted."

Anxiety-inducing World of Work

This condensate deals with the difficulty of integrating oneself into the labor force and of being out of step with one's surroundings. On the one hand, values of achievement-orientation and competition in the current labor market are firmly refused, because they contrast one's life perspective and sacrifice one's individuality.

P6, male: "Outside what requires even a minimal effort weighs on me like a rock and I don't have the courage or the desire to look for a job [...] it requires too much competition and constant endeavor."

P4, female: "I'm tired of people who judge you by your job as if you were your job and meet you on the street inquiring about your 'achieved social goals' (work-home-car-salary)."

On the other hand, the demands and standards of the world of work are perceived as overwhelming, leading to an acute form of performance anxiety.

This triggers the fear for failure, with consequent avoidance-based strategies that prevent from finding a job.

P8, female: “I feel performance anxiety, when I have to do a job I have real panic attacks [...] I feel so bad when thinking that I have to find a job.”

Corrupted Society

This condensate illustrates a feeling of strangeness and lack of identification with others, like if participants did not have a place in the current modern society, perceived as corrupted and hostile and overall evoking aversion and devaluation.

P6, male: “With each passing year, everything becomes more complicated, and the society seems increasingly unlivable, too hectic and crazy to me.”

P11, male: “I have a repudiation for the current society [...] I feel disgusted towards those forms of thinking in a hostile manner and acting with ulterior motives.”

As well, a nonconformist attitude emerges towards the expectations and rules of the current globalized society, which tends to general homogenization and exercise of power, according to hidden purposes that limit individual freedom.

P4, female: “I hate society and the way it has planned our lives [...] I hate the modern world [...] I don’t want to be yet another soldier in the big assembly line. I don’t want to comply with such insane and corrupted expectations.”

Discussion

The aim of the present study was to explore some common themes about the subjective experience of social isolation of people with hikikomori, through a phenomenological analysis of their stories.

The first interesting result refers to the image of a deficient hikikomori self, overall featured by a fragile and passive identity, as also found in previous research studies (De Luca, 2017; Ranieri, 2015). This suggests that hikikomori may be conceived as an idiom of distress involving a depressed, addicted or traumatized self and as a form of socially regulated expression of complaint (Tajan, 2015b). Indeed, although hikikomori is viewed as a voluntary behavior to some extent, a significant degree of emotional distress and impaired personal functioning emerges from the direct voices of participants, confirming its problematic nature also in the Italian context (Loscalzo et al., 2016). This

passivity is intertwined with reduced emotion regulation capacity, especially concerning anger that tends to be suppressed and indirectly expressed through covert behaviors. In this regard, recent research has shown that people with hikikomori have higher passive-aggressive traits if compared with controls, thus expressing anger in more indirect ways (Katsuki et al., 2019). According to Tajan (2015b), hikikomori can be described as a passive struggle in terms of a silent form of resistance inside the home and outside social institutions. Social isolation may thus represent a subtle form of aggressiveness that is expressed through rejecting and keeping others at a distance. This is also supported by Ogawa (2012), who affirmed that such passive-aggressive dynamics, mainly due to insufficient maternal containing in childhood, sustains the withdrawal and nourishes pathological narcissism over time. Besides, the hypothesis of a passive-aggressive style seems consistent with other features, such as an ineffective self-assertion, a negativistic attitude, and a resistance to demands for adequate performance, as found in the present study. Pessimism about the future and disillusionment with life shaping hikikomori stories could thus be better understood in the light of an attack (at the symbolic level) to goodness and value of human existence, and not as a mere expression of depressive mood. Indeed, denying life meaning may make the inability to seek pleasure more tolerable (Suwa & Suzuki, 2013) and justify one's behavior as a way to actively choose passivity rather than undergo it (De Luca, 2017), thus allowing participants' to unconsciously avoid guilt feelings related to their inhibition.

Besides, a history of aversive or traumatic experiences characterizing the hikikomori condition are derived from the present study, similar to what was found in other countries (Teo et al., 2015). Almost all hikikomori life stories report peer rejection/bullying during school age (Hattori, 2006), considered as one of the main traumatic triggers of social withdrawal (Tajan, 2015b, 2017), leading to school phobia and education dropout over time (Ranieri, 2015). Another key issue refers to family relations, which are described as lacking exchange, empathy, and responsiveness, with emotional neglect as causing a sense of abandonment (Hattori, 2006; Ranieri, 2015). As well, the reported concerns about the parental couple (e.g., marital conflict, separation, divorce) in hikikomori narratives seem to suggest a breakdown of the family identity, within a socio-cultural perspective looking at hikikomori as related to the lack of social support structures and to the increasing weakening of institutions (Allison, 2013). Indeed, hikikomori life stories are characterized by traumatic experiences concerning separation and loss of significant others and by psychosomatic complaints involving body image distress since childhood and early adolescence. Given the impact of attachment distress on affect-centered mentalization and the relevance of the frustrating experiences of loss and separation for the onset of psychosomatic symptoms (Herrmann et al., 2018), a failed mourning process due to an unresolved loss can be hypothesized. Within a psychosomatic frame (Aisenstein & Rappoport de Aisemberg, 2010), the potential reduced mentalization of loss/separation episodes reported by participants (e.g., romantic relationship breakup, significant others' death, or loved ones' illness) may have

generated a form of death anxiety, which is avoided by repressing aggressive impulses and projecting narcissistic libido onto the body, thus resulting in psychosomatic distress. As well, such traumatic experiences may have caused helplessness and impaired ego-functioning – in terms of self-determination and effective adaptation to the environment – thus lessening the participants' capacity to repair through vital and hopeful investment on life (Goldstein, 2001). Indeed, one of the main features of hikikomori is the profound lack of confidence in life, accompanied by the feeling of being unsafe or unprotected when relating to others and the outside world (Hattori, 2006).

Then, the findings highlight that social withdrawal may result from the refusal of social participation, in line with the definition of hikikomori as a voluntary lifestyle of isolation (Uchida & Norasakkunkit, 2015). A low proneness to establish close social contacts and intimate relationships has been previously explained as depending on an ideal self-image originating in the desires of others rather than in one's own desire (Suwa & Suzuki, 2013). This seems intertwined with the perception of a corrupted and hostile society, as well as with the difficulty of integrating oneself into the labor force, supporting the definition of people with hikikomori as post-modern social renouncers (Tajan, 2015). In this regard, the high perceived pressures of the school to work transition and the demands of a competitive society progressively lead to developing inhibitions, seeking refuge in passivity, and relying on avoidance-based strategies (De Luca, 2017; Kato et al., 2018; Tajan, 2015b). Consistently, people with hikikomori consciously refuse to adopt the mainstream normative cultural values, as well as the standards of a post-industrialized and globalized society (Uchida & Norasakkunkit, 2015). In this sense, hikikomori appears as a phenomenon strongly intertwined with other public concerns in the aging society, such as the problem of young people not in full-time education, employment, or training (NEET), also in Italy (Tajan, 2015a).

In summary, some study limitations should be taken into account, such as the small number of participants and the convenience nature of the sample, preventing the generalization of the results to the entire Italian hikikomori population, which could be instead characterized by higher variability. Besides, because hikikomori narratives were collected via an online forum, it should be acknowledged that a potential self-selection bias of participants could exist, including individuals with emotional distress or stronger need for support about their hikikomori condition. Therefore, given its qualitative and exploratory nature, the present study provides only some clues regarding the subjective experience of people with hikikomori that need further investigation. However, to our knowledge, it represents the first phenomenological study on hikikomori experience in the Italian context, providing evidence of several patterns similar to those characterizing social withdrawal in other countries, thus confirming the cross-national nature of this phenomenon (Ranieri, 2015). In this regard, some similarities between the Japanese and Italian cultures have been found, which may lead to the reduced autonomy of individuals, thus explaining the increasing spread of social withdrawal among Italian young people. For instance, such

cultures are both characterized by a familistic society grounded on overprotective parenting (Aguglia et al., 2010; Ricci, 2014) and a strong financial dependence on families of origin (Spinello et al., 2015), with a very high number of solitary non-employed persons living with their families (Genda, 2019).

Besides this, the added value of the present study is to deepen and extend the phenomenology of hikikomori from direct testimonies, thus providing useful insights for future research development and clinical intervention in the field. Overall, the three identified aspects of hikikomori referring to passive identity, early traumatic experiences, and refusal of social participation may contribute to the understanding of social withdrawal behavior, so to promote more consistent interventions for people with hikikomori and their families in clinical practice. Self-imposed confinement can be described as a passive struggle against social pressures and resistance to outside world (Tajan, 2015b), probably triggered by a history of complex traumas experienced during childhood and adolescence, comprising school bullying, parental emotional neglect, and personal distress (Hattori, 2006; Tajan, 2017). Indeed, such threatening events could enhance self-defectiveness and reduce sense of agency, overall leading to feelings of mistrust towards others and society as well as of anxiety to explore. From such a perspective, our results seem consistent with the psychosocial developmental theory of hikikomori (Krieg & Dickie, 2013; Li & Wong, 2015), stating that the individual's social interactions may be blocked due to the reactivation of past insecure attachments and the anxiety associated with novelty and challenge. Therefore, early adverse events (e.g., bullying, loss/separation, illness) should be carefully considered as potential emotional triggers of a hikikomori condition over time. As well, secure environments and support structures should be promoted as protective factors to help clients with hikikomori face school and work transitions, so to favor their autonomy and self-efficacy.

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Gledajući prelepi mesec dok si uronjen u jezero benzina: Narativi Italijana sa hikikomorijem

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Cilj ove studije je da istraži iskustva mladih odraslih Italijana sa hikikomorijem, kao i da utvrdi neke psihosocijalne obrasce vezane za hikikomori. Sprovedena je fenomenološka analiza narativa 17 osoba sa hikikomorijem (od čega je devet muškaraca, uzrasta 18–39 godina), koji su svoje priče vezane za socijalnu izolaciju dostavili preko onlajn foruma. Analiza je otkrila deset tema koje obuhvataju doživljena psihološka iskustva ovih osoba, a koje su grupisane u tri šire oblasti koje su obuhvatale pasivni identitet, rana traumatska iskustva i odbijanje učestvovanja u društvu. Generalno, rezultati podržavaju psihosocijalnu razvojnu teoriju hikikomorija koja govori o reaktiviranju prošlih nesigurnih obrazaca afektivne vezanosti i o anksioznosti koja je povezana sa novinama i izazovima. Ograničenja istraživanja, predlozi za buduća istraživanja i kliničke implikacije za osobe sa hikikomorijem i njihove porodice su ukratko prodiskutovane.

Ključne reči: hikikomori, narativ, psihijatrija, socijalno povlačenje, fenomenološka analiza

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