First-hand reports of prolonged social withdrawal: contributing factors, experiences, and change processes

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Abstract

Purpose – *The purpose of this study is to gain deeper understanding of the experience of PSW and pathways to recover. Prolonged social withdrawal (PSW) among young people has been widely reported; however, the voice of those who withdraw is rarely heard. Illuminating these firsthand experiences is important as the phenomenon becomes widespread, calling for increased attention and creative solutions to promote recovery processes and re-inclusion in society.*

Design/methodology/approach – *This study conducted nine in-depth semi-structured interviews with young people who have been reclusive for 2–19 years and inquired about their perspectives and experiences around times of PSW and beyond. These data were analyzed and categorized according to three main areas: factors contributing to PSW, subjective experiences and general functioning during PSW and processes involved in coming out of PSW. This study presents the main findings and illustrates them using a case of a young man in PSW for 19 years.*

Findings – *The findings reveal that young people may turn to social withdrawal in response to varied personal and familial challenges, and often experience intense loneliness and psychic pain. Attempts to cope and recover from withdrawal involve inner motivation combined with support from significant others and a strong therapeutic alliance with professionals.*

Originality/value – *To the best of the authors' knowledge, this is the first study to report findings from in-depth interviews with people who spent very long periods in PSW, and accordingly it contributes to the growing body of knowledge on this phenomenon. Based on this unique firsthand perspective, the authors propose potential guidelines for caregivers and mental health professionals trying to help people in PSW to reintegrate into society.*

Keywords *Prolonged social withdrawal, Hikikomori, Isolation, Reclusion, Seclusion, Young people, Mental health, Qualitative research*

Paper type *Research paper*

Introduction

Prolonged social withdrawal (PSW) among young people was recognized in Japan in the 1970s and termed *Hikikomori* (Saito and Angles, 2013). Since then, it has been reported in several countries and became an increasingly prevalent worldwide condition (Kato *et al.*, 2018).

Based on accumulative research and clinical experience, this condition has been defined as social isolation in one's home for at least six months, with significant functional impairment or distress associated with the isolation (Kato *et al.*, 2020a). Its prevalence was found to be approximately 1%–2% (ages 20–49), onset typically occurs during adolescence or young adulthood (Koyama *et al.*, 2010) and it is more common among men and people with various psychiatric disorders (Kondo *et al.*, 2013; Li and Wong, 2015). It has been suggested that COVID-19-induced social isolation may be an additional risk factor for more permanent social withdrawal (Kato *et al.*, 2020b; Panchal *et al.*, 2021).

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Most research on PSW has focused on identifying the characteristics of the affected population and their families (Hamasaki et al., 2020; Hareven et al., 2020; Malagón-Amor et al., 2020). Little is known about the personal narratives of the members of this population, which might shed light on the subjective experience of people with PSW and their process of getting out of it. The firsthand perspective contributes to the awareness and deeper understanding of the phenomenon and its course and helps guides interventions informed by the experience of those most impacted.

The avoidant tendencies of the PSW population make it challenging to gather firsthand reports. To overcome this problem, some studies have relied on online forums or social media (Husu and Välimäki, 2017; Caputo, 2020; Yong and Kaneko, 2016).

The present study attempts to address this research gap by collecting and analyzing rich qualitative data based on in-depth interviews with nine people at different stages of PSW, ranging from 2 to 19 years, all currently living in Israel. As an example, we have chosen to present the case of one participant with the longest period of withdrawal (19 years). Learning from the people themselves about their experiences, needs and desires can guide the development of effective multidisciplinary interventions and services for supporting this largely neglected population's return to society as functioning young citizens.

Method

Participants and recruitment

There were nine participants in the study (ages 23–43), who have been in PSW for at least six months with the following inclusion criteria:

- spent most of the day confined at home, nearly every day;

- avoided social situations and relationships (not including family members); and

- were not homebound due to physical illness or disability.

Participants were recruited using a convenience sample. Two of the participants were clients of a private mental health service in Israel offering therapeutic services to home-bound populations, including PSW ("Outreach"), founded and managed by the first author. Seven participants were referred by other mental health professionals who were working with the population in present or past therapeutic processes and participated in a previous study we had conducted (Hareven et al., 2020). We contacted a total of 11 potential participants who had received information about the research via email from the mental health professionals who referred them and agreed to participate. Nine of them met the inclusion criteria. They were given a detailed description of the study and signed the informed consent that had been approved by the ethics committee of the University of Haifa's Psychology Department. The sample included seven men (78%) and two women who were in PSW for 2–19 years. Table 1 summarizes the participants' age, sex, length of social withdrawal and status regarding their withdrawal Table 1.

Interview process

The participants were invited to an interview (1–2 h long), at a place of their preference. All interviews were conducted by the first author between June and September, 2018, digitally recorded, professionally transcribed and proofread. Participation was completely voluntary, and it was explained to the participants they could withdraw at any time. The semi-structured interviews were developed by the research team to allow the participants to share about themselves and their PSW-related experiences before during, and after the PSW period (see Appendix), in line with previous findings on common narratives of Hikikomori (Kaneko, 2006). As the interview was semi-structured, participants could choose

Table 1	Demographics and PSW status of participants			
Participant	Sex	Age	PSW length (years)	Currently in PSW?
1	Male	27	6	No
2	Male	41	19	Partially
3	Male	23	10 (on and off)	Yes
4	Male	31	11	No
5	Male	40	18	Yes
6	Female	26	3	Yes
7	Male	43	18	Yes
8	Male	23	2	No
9	Female	37	6 (on and off)	No
Source: Table by author				

to elaborate more on some topics and less on others, resulting in diversity in the content of the interviews.

Data analysis

Thematic analysis (Braun and Clarke, 2006) was adopted to identify and analyze repeating patterns that may clarify how participants perceived PSW. Thematic analysis was chosen as it is an appropriate method to understand a set of experiences, thoughts or behaviors across a data set (Kiger and Varpio, 2020). A deductive approach was used (Braun and Clarke, 2006) as our focus was predetermined in accordance with previous findings, to the three main time frames: before, during and (when applicable) after PSW.

The first and second authors conducted the content analysis of the interviews and third and fourth authors participated in identifying themes and coding. Initially, the first and second authors read the full interviews separately and recorded the most important topics that emerged in each interview. Next, the first and second authors reread the interviews together, discussed the main topics and then manually coded them, generating a list of 270 codes. The codes were then presented to authors three and four accompanied by examples from the interviews. Codes were further modified and refined according to their suggestions. Subsequently, the first and second authors proceeded with focused coding, resulting in a list of 28 categories that encompassed all the codes, and those categories were again presented and discussed with authors three and four and refined. In accordance with the three previously determined areas of focus, our final analysis crystallized three themes and subthemes which seemed to adequately represent the participants' perceptions and experiences before, during and after PSW. Following this, we reviewed the themes again and modified them to better reflect and capture the coded data. This process was conducted with the active participation of the whole research team and any disagreements were discussed and resolved by revisiting the interview materials. Finally, the first and second authors separately picked randomly two of the interviews to examine whether the list of themes encompassed the important issues therein.

Findings and discussion

In accordance with the three areas of focus which we aimed to explore, our qualitative analysis highlights three main themes:

1. factors contributing to PSW;

2. subjective experience and general functioning during PSW; and

3. factors contributing to coming out of PSW.

The organization of the data around these themes disclosed the following general pattern: Young people enter social withdrawal as a response to varied personal and familial challenges, often combined with harsh and distressful life events and a feeling of estrangement from society. They often experience loneliness, psychic pain, boredom and inactivity. Much time is spent on the internet, occasionally as an opportunity to engage in virtual relationships as a substitute for real-life ones. Attempts to find a way out of withdrawal and back into society follow an emergence of inner motivation but are also dependent on help from significant others.

In the following section, we present the themes and subthemes, illustrated by participants' quotes (the number starting each quote represents the participants as referenced in Table 1), and a detailed account of one participant. This case (participant 2 in Table 1, fake name "Arik") reveals an individual perspective, yet also reflects the general pattern mentioned above:

1. Factors Contributing to PSW.

This theme included the following subthemes:

      1.1 Predisposition to PSW

            1.1.1 Congenital basis

            1.1.2 Familial circumstances

            1.1.3 Past and present mental states

      1.2 Contributing life events

            1.2.1 Traumatic experiences and risk situations

            1.2.2 Continuous difficulties in social and interpersonal situations

There was a wide variety of perceived personal and life circumstances that were reported to contribute to the withdrawal. However, several shared broad categories were reported by some, or at times all of the participants. For instance, some participants mentioned a combination of certain traits (e.g. shyness), mental states or mental health symptoms (e.g. anxiety) and distressful life events (e.g. in social situations) as perceived contributing factors to their PSW.

The case of Arik exemplifies how these combinations had an important impact on the course of our participants' lives and their choice to withdraw (the numbers in parentheses correspond to the themes and subtheme numbering).

Arik, 41 years old at the time of the interview, was born and raised on a kibbutz in Israel as the third child of elderly Holocaust survivor parents. He experienced physical health issues as a child, including eye problems and more (1.1.1), and lived in a communal sleeping situation until the age of 10. This was very difficult for him, resulting in anger toward his parents, but despite this he became close and increasingly dependent on them over the years. About two years before the interview the father passed away and this loss contributed to the gradual change toward ending his PSW (1.1.2).

Since childhood, and especially during adolescence, Arik experienced anxiety, depression and a general feeling of being different and alienated. He did not feel close to his peers and felt very insecure in social situations. (1.1.3): *"I felt that something about me was wrong and that I was unfit for society"* he explained.

Arik managed to graduate from high school, and later joined the mandatory army service, however, he was released soon after due to emotional difficulties (1.2.1). He then returned to his kibbutz and attempted to work in several jobs, yet difficulties around social

interactions (1.2.2) caused him to gradually stop working and spend most of his time at home.

Distressed by his social anxiety, he admitted himself to a halfway psychiatric ward for several weeks which he experienced as not helpful. He was diagnosed with major depression, social anxiety and schizoid personality disorder.

He began to withdraw in his room which was the beginning of PSW which lasted 19 years. At the time of the interview, he referred to his status as being "partially reclusive." He stressed that for him PSW was a solution for the many challenges he felt he could not cope with. In fact, he described it as an alternative to suicide: *"It was actually a slow suicide situation* [...] *I decided to commit suicide but not right now. So, in the meantime I stayed closed in at home."*

To conclude about the factors contributing to PSW, it is apparent that our participants perceived their withdrawal as having been generated by a combination of familial and personal circumstances as well as distressful childhood experiences. These findings are consistent with previous research suggesting that mental health problems (Kato *et al.,* 2019), family characteristics (Malagón-Amor *et al.,* 2020) and traumatic childhood experiences (Li and Wong, 2015) are contributing factors to withdrawal. Thus, PSW may be understood as a coping mechanism, and often the last resort before attempting suicide – a risk which was found to be associated with hikikomori (Yong and Nomura, 2019):

2. Subjective experience and general functioning during PSW.

This theme included the following subthemes:

> 2.1 Experiences during periods of PSW
>
> > 2.1.1 Experiences of relief and respite
> >
> > 2.1.2 Negative and hard experiences
>
> 2.2 Reports of behavior and functionality
>
> > 2.2.1 General functionality
> >
> > 2.2.2 Interpersonal activity
> >
> > 2.2.3 Self-enhancing and self-harming behaviors
>
> 2.3 Participance in a virtual world

This theme reflects the experiences of participants regarding their withdrawal and their functioning. It was apparent that while the range of experiences was wide and included for some participants brief feelings of relief and respite, reports of severe distress were common in the PSW periods of all participants. For example, a 43-year-old male who has been in PSW for more than 18 years described his experience: (7) *"It never passes this loneliness! It was a terrible depression* [...] *It destroyed everything. There's nothing that this depression cannot destroy, it's hell, it's hell it's hell".* Similarly, a 23-year-old participant who has been in PSW for two years said: (8) *"It felt to me that I was in some kind of prison."*

Ariks' case further exemplifies the experience of PSW and sheds light also on the general functioning during these times:

At the beginning of his withdrawal period, Arik lived by himself in the kibbutz and occasionally went to eat at his parents' house. Other than that, he limited his exits to the point of complete closure. During these times he experienced great emotional distress and found it hard to function and communicate even with his immediate family (2.1.2).

His mental difficulties during this period included symptoms of anxiety, depression, outbursts of emotional pain, ange, and suicidal thoughts at a high intensity, alongside

physical pain and poor general physical health. He describes: *"There were times of loneliness and a feeling of such despair that was accompanied by real physical pain. I felt the need to shout, hit the wall and break something and sometimes I did"* (2.2.3). At other times he felt like *"it became comfortable and I could go on like this forever"* (2.1.1). Throughout the years of PSW, there were long periods when Arik did not have a daily schedule or routine and he spent long hours in bed, troubled by recurring thoughts (2.2.1). He suffered from sleep disturbances and preferred being awake at night when no one is around. In Arik's case as well as with other participants, the challenge of how to spend one's time in this situation also came up in the interviews and various uses of screens and internet were mentioned as common in this situation. While for some these are merely means for passing time, in some cases, they provide useful skills and opportunities for those seeking a platform to practice social interactions. Arik, for example, spent many hours surfing the internet and gradually he began to be attracted to the idea of making virtual connections. He said:

I used to surf the internet a lot, I was very attracted to the idea of trying to connect with people through the internet but also very scared. At some point, I started something called "Second Life". The main thing there is interaction with people but when I first got into it and someone really talked to me, I almost got a heart attack […] *on the other hand, it gave me satisfaction that I was able to deal with it, and in the years that followed I spent a lot of time there, and I still do. In fact, all my significant connections with people were through this virtual reality* (2.2.2).

Although the online interactions were also challenging, after further exposure Arik managed to engage in virtual relationships, including one that he refers to as intimate. He had also experimented with this platform in very complex social situations for him, such as teaching and giving lectures to a live audience (of avatars representing real characters). This virtual platform was very significant for him however, at the same time, he noted: *"It's also dangerous because if I have contact with people through the computer, I don't have to leave the house* […] *it's a little too comfortable"* (2.3).

To conclude this part, it is apparent that the experience of withdrawal was eventually negative for all the participants in our sample. This finding is consistent with another study which suggested that experiences of people in PSW often change from initial feelings of relief to loss of direction and apathy (Li *et al.*, 2018). Arik's case exemplifies the different emotional experiences between different phases of a very long PSW, switching from respite and relief to despair and vice versa.

Another finding in our sample was the excessive use of the internet during PSW, as was already shown in previous research (Stip *et al.*, 2016). Although it is unclear whether PSW contributes to internet addiction, or whether internet overuse induces withdrawal (Kato *et al.*, 2020c). Some participants in our sample including Arik revealed the potential benefits of internet use, as means to engage in virtual relationships:

3 Factors contributing to coming out of PSW.

This theme included the following subthemes:

      3.1 The emergence of a transformation process:

            3.1.1 Initiating change from within

            3.1.2 External influences for change

      3.2 Therapeutic interventions:

            3.2.1 Negative experiences of unhelpful treatments

            3.2.2 Experiences of positive and helpful treatments

            3.2.3 Challenges in the course of treatment

Participants in our sample who were able to come out from the state of PSW and sometimes reintegrate into society stressed the importance of an inner willingness for change, the necessity of appropriate help from people around them and readiness for professional help. Interpersonal relationships with therapists, especially ones that include extra efforts to reach out and engage them, seem to hold a significant promise in these cases.

Ariks' case exemplifies this complicated and gradual process of getting out of PSW:

Arik attributes the beginning of this complicated process to a gradual awakening of intrinsic motivation for change: "*After a few years I started feeling that I do want to change it* [the situation] […] *It's not that one day I got up and said 'well I am now starting actions for change' – but there was some kind of process I went through with myself and now I felt there is some chance and maybe it's worth giving it a try*" (3.1.1). Following the emergence of this motivation he began to slowly make some lifestyle changes such as creating a daily agenda, implementing a diet (as he was overweight) and promoting daily exercise.

Arik explained that before this point it was impossible for anyone to influence him to try to make a change: *"There was a time that no matter how much others would push me towards making a change, it would not help. On the other hand, when there is an opening for some change, it is very important to have someone to help, otherwise, the change may not come. In my case, my sister-in-law was the main driving force, she always tried to convince me and promised me that she would help me find a therapist* (3.1.2).

The change became possible once it emerged from within, but only insofar as it was also supported by attentive others. In the absence of such exterior help, breaking the chains of years of avoidance from society may be impossible.

Arik eventually managed to connect to the therapist and went for weekly sessions, although it was challenging for him. The treatment continues (three years at the time of the interview) and includes psychodynamic psychotherapy, cognitive behavioral therapy and mindfulness alongside support in rehabilitation processes. After about two years of treatment, the therapist invited him to join a support group for social difficulties under her guidance, and he agreed. At the same time, he started pharmacological treatments again and made some successful attempts to participate in painting, meditation and focusing courses.

Other participants shared about their journey of finding the right professional intervention, which sometimes lead to disappointments and even despair and in other times resulted in positive experiences, as a 37-year-old woman who was in PSW for six years shared:

(9) *I went to the psychiatrist and he kind of gave up and told me "Let's try electric shocks because nothing helps you* […]. *And I went and did more than 30 electroconvulsive therapy treatments and today I cry about it* […]*"*(3.2.1) *Few years later there was a psychotherapist who came to my house and into my room when I was in bed. I will never forget how I asked her – "What are you going to do differently from all the other therapists? Because I no longer have hope. I do not leave the house, I want to die." I remember she told me "I have no magic wand to help you, I'll go with you step by step, hand in hand and be with you exactly where you are." At first, she would come twice a week. There were times I did not open the door for her or just sit there and cry* […] *And it was amazing, she just sat by the door and said, "I sit here by the door and watch over you and I'm with you and if you want you can open and if not it's fine too." And that's what I think made the change because finally I felt that this is a therapist or a method of treatment that accepted me the way I am with all the pain. And so, it started with us opening the blinds slowly and getting used to the light. Then we switched to sessions by the sea. We would be sitting on a cliff in front of the sea and conduct the meeting there* […] *like this gradually and slowly I came back to life* (3.2.2)*"*.

The process of getting out of PSW is usually gradual and sometimes long according to our participants and include many challenges even when the experience from the treatment is positive (3.2.3). Arik, for example, reported at the time of the interview that he was feeling

more competent in interpersonal relationships and his general functioning was better, and explained: "*The main thing that can pull you out of your room is the need to connect with people* [. . .] *Although I am very ambivalent about connecting with people, it is something I miss very much in my life.''*

To conclude about the factors that contribute to recovering from PSW, we observed in our sample that consistent with previous findings regarding stages of behavioral change (Prochaska and Norcross, 2001), the success of engagement attempts depends on their timing. Attempts made following emergence of inner motivation are more likely to succeed. The proper timing needs to be identified by parents or other relatives, who play an important role in helping those in withdrawal seek and find help.

Also consistent with previous findings (Li *et al.*, 2018), participants in our sample pointed out that assertive engagement efforts made by professionals helped them to establish a therapeutic relationship. The special efforts of the clinicians may have enabled a strong bond and level of trust that are particularly important for people with PSW (Krieg and Dickie, 2013).

Conclusions and possible implications

PSW has been reported in many countries in the past two decades and appears to be spreading at an alarming rate, possibly accelerated even further by the worldwide COVID-19 social distancing measures. Thus, it is important to increase efforts to develop specialized services for PSW in more countries, as has been done in Japan, Hong Kong and beyond (Chan and Lo, 2014). The findings of the current study suggest some potential guidelines for advancing the mechanisms of change in the face of withdrawal. First, it is important for families and caregivers to be aware that, similar to many other populations and conditions (e.g. depression, schizophrenia, substance use, addictions, etc.), internal motivation or a sense of "self-agency" in one's preparedness for change is extremely important for the successful reemergence from PSW. Hence, families and caregivers should try to remain in close connection with the reclusive individuals, although they sometimes reject them, to identify the appropriate time for offering help. Perhaps more importantly, the first-person narratives suggest that mental health professionals might also adopt ideas and techniques that were found to be effective in other conditions to increase internal motivation for change, for example, "motivational interviewing" (Miller and Rollnick, 2012). Second, while internet use among people with PSW may be excessive and sometimes should be limited (Dulberger and Omer, 2021), it is also important to remember its positive potential as a mechanism of change by providing an alternative means of establishing and maintaining social relationships. Third, as even when the time for professional intervention is ripe, engagement with treatments may still be challenging, special attention to methods of fostering engagement and reaching out may help to overcome this barrier. Reports about in-home interventions with this population from Korea (Lee *et al.*, 2013), Japan (Chan and Lo, 2014) and Spain (Malagón-Amor *et al.*, 2018), are promising. However, in addition to the concrete aspect of reaching out, our participants specifically stressed their appreciation of the efforts of professionals who approached them with what they perceived to be an active "helping hand" – those who were able to reassure them that they are "with them" wherever they are, both concretely and symbolically. This "helping hand" approach may be adopted by caregivers as well as mental health professionals from psychiatry, social work, psychology and rehabilitation who wish to help this suffering population.

Limitations and future directions

Together with their potential value, the specific insights derived from this study should be treated with caution. First, two of the participants (2/9) were clients of "Outreach," the service organization of which OH, the first author of this paper, is the founder and managing director. Thus, there is an increased risk of a reporting bias for those participants, who may

have wanted to please the researcher in his double role as researcher and service director. Second, the conclusions are based on a relatively small convenience sample and therefore may be limited in their level of generalizability

Nevertheless, in addition to other potentially valuable insights, the present results point to the need for future research on PSW that should focus on two important issues:

1. the extent to which, and ways in which the inner motivation for change can be brought about; and

2. the extent to which, and ways in which specific types of internet use can lead to positive change.

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Further reading

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Appendix. Guiding questions for interviews with young people in prolonged social withdrawal (by author)

1. Please tell me about yourself.
2. Please tell me about your relationships with others today and in the past: family, friends, spouses and more.
3. Please tell me about entering the period of staying at home:
   - When do you mark the starting point of the period (if there is such a point)?
   - Was the process gradual or sudden?
   - Was there a specific reason?
   - Do you remember deciding on such a period?
   - Have you thought in advance for how long and what are the goals?
   - Were there any notable events in your life or that of your family near that time?
4. Please tell me about some of the experiences from the period of staying at home:
   - How was this period for you?
   - How did you spend your time?
   - What was (/still is) your dominant experience?
   - How satisfied were you (still) with your situation?
   - Looking back would you have done something different?
   - Was this period necessary in your opinion?
   - Does the period contribute to you? how?
5. Have you or your environment turned to professionals or other parties to change the situation?
   - If so – why? What was the goal?
   - If relevant – what types of treatments have you tried?
   - Did these treatments help you?
   - What specifically helped?
   - Is there anything that did not help or even made the therapeutic process difficult?
6. Do you have plans for the future? If not – was there a time when you had them?
7. Do you have any advice for young people in a similar situation and/or for their families and/or for professionals who are interested in helping them?
8. Do you think there are other issues that have not been raised in the interview so far and are important for a better understanding of the phenomenon and the population in which we are interested?

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