Case report

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Hikikomori and Internet Gaming Disorder: a Case Report

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Keywords

Hikikomori; internet addiction disorder; video games; social isolation; cognitive behavioural therapy

Abstract

Aim: Social withdrawal is frequently considered a result of or a symptom of several mental health issues that can significantly alter a person's way of life. Excessive internet use is also a mediating factor for increasing social withdrawal. To our knowledge, a classic case of Hikikomori had never been reported from India. We report a case who sought help to manage social withdrawal and online activities at a tertiary specialty centre of India. **Case report:** Student Mr. A, aged 18, residing with his parents, working as professionals, and younger brother, reported with complaints of ambivalence to take action and to plan his future activities, along with low self-confidence and feelings of sadness, hesitancy to establish contact with his friends, poor social life and difficulty in controlling his online gaming for the last 3 years. Mr. A met the criteria for internet gaming disorder on the Internet gaming questionnaire. Cognitive behavioural therapy was initiated to address his cognitions about gaming/online activities, decreased socialization, lower levels of behavioural activation, and enhancement of interpersonal interactions with family members. Since he could not regularly come for psychotherapy sessions, significant treatment progress could not be achieved. **Conclusions:** The case implicates more focused individual & family interventions to improve resocialization to mitigate the risk of Hikikomori and IGD.

Introduction

In the modern era, psychopathology and psychiatry have emphasized social withdrawal and isolation more. Social withdrawal is frequently considered a result of or a symptom of several mental health issues that can significantly alter a person's way of life. Social withdrawal and isolation have been recently recognized as issues affecting a person's life and maintaining long-term macroeconomic effects [1]. Tamaki Saito first describes a phenomenon known as Hikikomori as a culture-bound phenomenon. It was first observed and documented in Japan [2,3]. Hikikomori has just recently gained popularity in mental health research and practice. Epidemiological research shows that between 0.9 % and 3.8 % of people have a history of Hikikomori [4]. It is typically

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characterized by social withdrawal among individuals aged between 12 and 30 years. These individuals also often isolate themselves at home and exhibit dysfunctions across various areas of their life for a minimum duration of six months. They may experience certain levels of distress, and may also be diagnosed with other comorbid psychiatric conditions like schizophrenia, anxiety disorder, mood disorder, adjustment disorder, personality disorders, post-traumatic stress disorder, and developmental disorders [3,4]. Research also emphasizes that Modern Type Depression may also be a stepping stone to Hikikomori, further demonstrating the bidirectional nature of this relationship. According to research investigations into internet addictive behaviours, acute social withdrawal may result from excessive gaming and gaming addiction. Some case-based evidence suggests that acute social withdrawal can lead to florid psychosis due to sensory deprivation [5]. To our knowledge, a classic case of Hikikomori had never been reported from India. Here, we report the case of an individual who sought help to manage social withdrawal and online activities at a tertiary specialty centre of India.

Case report

Student Mr. A, aged 18, residing with his parents (who are working as professionals), and younger brother. He sees his parents as caring but overprotective and strict. He feels like they do not understand him, and that he cannot discuss his feelings with them. He had a good relationship with his younger brother, but gradually, he did not feel interested in talking to him as well. He did not have any specific problems from birth or during his early development, but he lost interest in school during the COVID-19 pandemic. After reopening, he became erratic with attending school and began spending time on web surfing, social media, and primarily internet gaming. It has become a concern for the last ten months because he has been living in a socially reclusive manner at home, spending most of his time in his room and playing online games i.e., Massively Multiplayer Online Games. He continues to spend his time aimlessly until midnight playing internet games for eight to ten hours daily. He continues to be socially aloof and avoids face-to-face interactions with people or family. When his family tells him to "speed up and do any academic or household tasks," or to "get up early and take the school bus on time, or to "maintain self-hygiene," or "plan or discuss his career or spend time with them," he finds it upsetting or irritating. He was frequently confronted about his behaviour by his parents, which resulted in aggressive outbursts and further isolation from significant others. At the time of reporting to the tertiary specialty clinic, he was in the contemplation stage of motivation to change his involvement in internet gaming. His main complaints were (i) ambivalence to take action and to plan his future activities, e.g., "I do not know what I want to do in the future"; (ii) low self-confidence and feelings of sadness, e.g., "I feel sad for not having the skill to do anything"; and (iii) his hesitancy to establish contact with his friends or social life e.g., "I find it difficult to join any social interaction", "there is no one with whom I can discuss my concerns"; (iv) difficulty to control his online gaming. It also caused family members to express their emotions critically as they also found increased screen use in the younger brother. Due to his lack of spontaneity for treatment, it took three to four sessions to complete the clinical interview. He started to talk about how he was unhappy with the current situation and was angry with his family when they brought him for psychotherapy. He often spoke about how playing video games gave him a sense of aliveness, and it was a place where he felt safe. He did not meet the criteria for diagnoses of schizophrenia spectrum and other psychotic or psychiatric disorders. We have chosen Hikikomori syndrome as the most appropriate diagnosis for this patient with characteristics of spending time at home, deceased social interaction, academic dysfunction, low self-confidence to plan future activities, gaming disorder, and absence of other psychopathology in the last six months. Mr. A meets the criteria for internet gaming disorder (score of 38) on the Internet gaming questionnaire and mild depression score (16) on Beck depression inventory. [6,7]. The main focus of the treatment was on cognitive behavioural therapy to address his cognitions about gaming/online activities, decreased socialization, lower levels of behavioural activation, and enhancement of interpersonal interactions with family members. Since he could not regularly come for psychotherapy sessions, significant treatment progress could not be achieved.

Discussion

According to proposed diagnostic frameworks for the Hikikomori, The case presents with characteristics of the same, which includes a tendency to spend most of the day at home, avoidance of social situations leading to socio-occupational dysfunction, avoidance of social and family relationships (while online relationships may exist) and significant distress associated with the loneliness and social isolation, occupational or educational disengagement for the past six months, and has been linked to the presence of loneliness, social deficits, and other psychopathology [1,8,9]. The typical onset of hikikomori is marked by adolescent school refusal, progressing to complete withdrawal from real life in young adults [4]. Furthermore, this case may fall within the spectrum of recent classifications indicating "Secondary Hikikomori", where symptoms of Hikikomori are precipitated by other conditions/psychopathology like Internet Addiction (since the patient also has a diagnosis of Internet Gaming Disorder). Secondary Hikikomori indicates social isolation and withdrawal that may present due to a psychiatric disorder that is currently recognized by standard diagnostic classification systems [2].

However, it is important to note that current research still has not reached a consensus regarding whether Secondary Hikikomori is a more severe syndrome symptom associated with other diagnoses rather than an independent diagnosis. Hence, this study helps throw more light into how Hikikomori may present along with comorbid problematic internet use. Furthermore, as mentioned earlier, since studies have also indicated that Hikikomori may be a gateway to Modern Type Depression, where they experience depressive symptoms along with avoidant tendencies and the inability to fulfil societal roles and expectations, it may be integral to monitor the course and outcome of the symptoms in cases such as these to understand how it may manifest if/when the condition worsens. According to another research, homes with poor verbal and emotional parent-child interactions and lower emotional connectedness can foster an atmosphere where Hikikomori-related distress persists because it is neglected while also preventing the youth from seeking help [10]. Therefore, those with Hikikomori are more prone to use the virtual world as an escape (relative to those without), which could exacerbate real-life biological, social, and occupational impairments [7-9]. Those with Hikikomori may use the virtual world excessively due to its allure, accessibility, and preference over their offline environment [8]. This is consistent with the Compensatory Internet Use (CIU) concept, which contends that escapism and mood-altering online gaming raise the risk of internet gaming disorder (IGD) [11]. One study assessed the association between Hikikomori symptoms and IGD where young adult Massively Multiplayer Online (MMO) game players participated. This study has established the association between Hikikomori symptoms and IGD and moderation analysis of the study revealed that the association was worsened by longer game-playing times [12]. In a different survey, 487 Japanese men and women (mean age of 20; 73 % women) reported using the Internet in average of roughly 5 hours every weekday and 7 hours per weekend. Twenty-two percent of men were considered to be at hikikomori risk. There was a weak correlation between internet addiction and hikikomori risk scores, but not smartphone use [13]. However, this study does have its limitations, considering that the case series methodology does not allow for enough generalizability. Furthermore, there is a lack of sufficient discrimination between different manifestations of Hikikomori, and how the same may present with comorbid internet and technology related conditions. Hence, there is little evidence to clearly establish what symptoms could be attributed specifically to Hikikomori, and what symptoms could be attributed to other comorbid conditions, and how these symptoms may interact to maintain the condition. Further empirical research must be done to explore the same in a more systematic manner.

To the best of the authors' knowledge, this study is one of the first in India to look at how Hikikomori and IGD are related. Though the clinical interview technique was used to explore this area, there is a need to do a large cross-sectional research survey to build up an understanding of the risk and protective factors of this phenomenon. These findings will help identify IGD risk populations and direct early, more focused individual & family interventions to improve resocialization to mitigate the risk of Hikikomori and IGD.

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Conflict of Interest

None to declare.

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