

Secondary school teachers' beliefs and needs about hikikomori and social withdrawn students

Teachers' beliefs and needs about hikikomori

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Abstract

Purpose – Hikikomori is a multidimensional condition, characterized by voluntarily social withdrawal, impacting the relational dimension of life. The current study aims to examine secondary school teachers' beliefs, knowledge and needs on hikikomori and students' social withdrawal.

Design/methodology/approach – A qualitative method consisting of a semi-structured interview is adopted with 22 Italian secondary school teachers. The interview questions are focused on the beliefs, the profile, the conditions and the role of the school for adolescents socially retired.

Findings – Data are analysed using content analysis based on the grounded theory framework. Forty-nine codes emerged from the inductive analysis, which were sorted into the following categories: (1) Characteristics of hikikomori and social withdrawal; (2) Origin, causes and consequences; (3) Sources of information; (4) Socio-relational modalities; (5) Teachers' needs and role of the school. Teachers are aware of the educational issues and risks related to hikikomori and claim for more institutional support. Teachers reconsider the way of working in class for preventing the risk of self-isolation, supporting the development of social and emotional skills, and encouraging collaboration and positive exchanges among students. Participants mention a personalized student-centred method where families and external agencies support the school system.

Originality/value – Although several clinical and psychological interventions have been developed for treating the hikikomori's self-isolation and concomitant mental disorders, few plans have been implemented for reducing the risk of adolescents' social withdrawal. Preventing hikikomori is crucial as well as to investigate the role and the needs of school teachers, and the current study has tried to explore these.

Keywords Social withdrawal, Hikikomori, Teachers' beliefs, Role of school, Self-isolated students

Paper type Research paper

Introduction

Current events have significantly marked the experience of teenagers, with references to the educational and the social dimensions of their life. Several uncertainties events have posed developmental challenges such as economic crisis, COVID-19 pandemic, globalization, social discriminations, massive use of technology and substantial utilisation of social media. All of these issues affected children's development creating hazards for their psychophysiological wellbeing (Esposito *et al.*, 2023). One of the most urgent risks is the social withdrawal that consists of a reduction of participation in the social life and the preference to engage in loneliness

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activities. Interpersonal relationships are considered indicators of individual's success, and thus, it is not the voluntary loneliness that represents a psychological issue, but loneliness is considered an indicator of psycho and socio-adaptive difficulties (Rubin *et al.*, 2009).

The term *hikikomori* identifies adolescents who retire in their home or bedroom, cutting off most of their interactions with the outside world. While hikikomori is relatively recent name in Europe and worldwide, in Japan it has been identified since the 1990s by Saito and Angles (2013). In the collective imagination, hikikomori has a specific profile, that in Japanese culture are represented as peculiar characters in mangas and animes. Social withdrawal among adolescents is a multidimensional condition, which is affected by personal and contextual aspects. Considering personal characteristics, hikikomoris express their emotions indirectly, leaving to others to decode their emotional reactions (Katsuki *et al.*, 2019), which are particularly evident during passive and aggressive behaviours. Social withdrawn adolescents do not use coping strategies based on seeking help from others (Nonaka and Sakai, 2021), which seems coherent with their tendency to loneliness and their shy attitude (Krieg and Dickie, 2013). Considering the context, recent events connected to public health issues such as COVID-19 lockdown have forced people to reduce social interactions and participation in public events and activities, including attending schools and other educational activities. These restrictions have brought new daily habits that could have been comfortable for adolescents who have already experienced difficulties in interacting with peers and participating in social activities. Instead of adaptively facing difficulties, adolescents adopt avoidance strategies to perceive a control over the social dimension of their life and to reduce distress linked to emotional regulations during interpersonal exchanges (Wichmann *et al.*, 2004). Bearing in mind all the variety of situations, and the role of social withdrawal as primary symptom, hikikomori could be considered a social behavioural syndrome rather than a mental disorder (Rosenthal and Zimmerman, 2014).

To define the main features of hikikomori and the role of the school is essential for designing and implementing psychological treatments, as well as to promote preventive programs to reduce the risk of social withdrawal among adolescents. The aim of the current study is to examine the perceptions and beliefs of Italian secondary teachers about the condition of hikikomori, the schools interventions and actions to prevent, recognize and treat students' social withdrawal.

The hikikomori conditions and characteristics

In the 1990s, the Japanese psychiatric Saito was working with adolescents in a condition of mental disease. During his clinical activity, Saito recognizes a frequent situation among pre-adolescents and adolescents (and in some cases in young adults), in which they quit to attend the school, work and give-up social interactions (Saito and Angles, 2013). Social withdraw happened in the absence of any specific mental disorder and in families with different conditions and backgrounds. A common factor is social withdrawal and spending of most of their time in their bedroom or home.

In the last decades, in Japanese society, the phenomenon of hikikomori has spread out widely, enough to push the Japanese Ministry of Health, Labour and Welfare to publish a document including specific guidelines for recognising and facing the hikikomori condition (Ministry of Health Labour and Welfare, 2007). This document highlights two key aspects in hikikomori: the role of social withdrawal as a main symptom and the absence of specific mental disorder, which explains the need to retire from social life. The social withdrawal and the resulting loneliness can lead to develop psychological discomfort or to exacerbate latent psycho-emotional difficulties (Tateno *et al.*, 2012) such as depressive mood, outbursts of rage, anxiety or panic attack.

The features of social withdrawal could be an occasion for explaining peculiar situations of Japanese culture. Furlong (2008) identified the following five categories of adolescents and young adults in hikikomori condition: psychological impaired, otaku, alternative scene, lonely and anxious travellers. In the first category, the *psychological impaired*, the withdrawal from social life is linked to different psychiatric conditions, requiring clinical interventions. The second category consists of *otaku*, adolescents, particularly smart (also called “nerd” or “geek”), experts in surfing the Internet, and manga and anime great fans, who decide to retire in their room for dedicating to their main interests. The third category represents people from the *alternative scene*, who have developed anti conformist attitudes and are looking for different ways to express themselves. *Lonely* are adolescents who have difficulties in social interactions and prefer to avoid interpersonal face-to-face exchanges outside their home preferring distance social relationships through the mediation of technological devices. Finally, the *anxious travellers* are experimenting a challenging period of transition in their life deciding to take a temporary break from daily activities.

The impact of hikikomori condition among adolescents has become crucial when global events (e.g. economic crisis, COVID-19 pandemic, etc.) have forced people to change their daily habits, limiting their travels and reducing face-to-face and social interactions. The development of hikikomori relies on the relationship between the individual’s characteristics, needs and the requests of the society. It is essential to understand how the hikikomori condition develops in other countries than Japan, where the social-cultural background is different.

Hikikomori outside Japan

Hikikomori cases have been studied in Europe, and specifically in Croatia (Silić *et al.*, 2019), Finland (Haasio and Naka, 2019), France (Benarous *et al.*, 2022; Furuhashi *et al.*, 2012; Hamasaki *et al.*, 2022), Italy (Amendola *et al.*, 2021; Esposito *et al.*, 2023; Orsolini *et al.*, 2022a, b; Ranieri, 2015), Poland (Adamski, 2018), Russia (Borisova and Molonova, 2017; Voiskunskii and Soldatova, 2019), Portugal (Macedo *et al.*, 2017), Spain (García-Campayo *et al.*, 2007; Malagón-Amor *et al.*, 2015) and Ukraine (Frankova, 2017, 2019). Although life habits and society in European countries are different than in Japan (Adamski, 2018; Hamasaki *et al.*, 2022), people who decide to retire from social life seem to fear the real world, preferring to seek refuge in virtual contexts, where they can have a control over the social and emotional exchanges. The avoiding strategy is expressed by a maladaptive use of technological devices and Internet (Amendola *et al.*, 2021; Li and Wong, 2015), although it is unclear the relationship between social withdrawal and technology addiction. The difficulties of social withdrawal adolescents reflect on families, and specifically on parents (Adamski, 2018; Esposito *et al.*, 2023), who, while failing to find solutions to the problem, blame themselves for the isolation of their children. In European hikikomori, challenges related to communication with parents (Hamasaki *et al.*, 2022) and the dynamics of modern family contexts (Orsolini *et al.*, 2022a, b) are the core criteria for defining the severity of the social withdrawal. Difficulties in communicating with other people outside family are primary aspects and hikikomori is associated often with social anxiety (Malagón-Amor *et al.*, 2015), impairing the ability to manage the social life.

Research has shown that hikikomori is a maladaptive condition that is widespread all around the world. Hikikomori has been found in North and South America, more specifically in the USA (Bowker *et al.*, 2019; Stavropoulos *et al.*, 2019; Teo, 2013), Canada (Chong and Chan, 2012), Brazil (Roza *et al.*, 2020), in eastern countries such a Korea, Australia, India, Bangladesh, Thailand (Kato *et al.*, 2012), Hong Kong (Wong *et al.*, 2015), as well as in Africa, specifically in Nigeria (Bowker *et al.*, 2019). Although some differences in hikikomori condition exist across countries, mainly due to cultural features, several recurrent aspects,

such as the tendency to loneliness and problems related to mood regulation, were highlighted (Bowker *et al.*, 2019).

The school and the role of teachers on the hikikomori condition

Attending school may become a stressful situation for children: both the interactions with peers and the academic requirements are challenging events for students who have the tendency for social withdrawal. Social withdrawal is different from social isolation by the group of peers (Rubin and Chronis-Tuscano, 2021), where a child or an adolescent, although willing to participate in social activities, is excluded by their mates. Hikikomori and social withdrawal are characterized by a lack of interest in being involved in social interactions and group activities, leading to voluntary self-exclusion from these activities even in the school context (Li and Wong, 2015). However, in childhood and adolescence, to put oneself outside the “group”, refusing to “integrate”, reinforce the exclusion from the others, in a circular relationship that support (and motivate) the condition of child’s withdrawal (Rubin *et al.*, 2015).

Another issue is related to students who are avoiding social life in school contexts. At first, they cannot be considered problematic by their teachers, since they appear silent, quiet and less challenging than their peers who make noises, interrupt the lessons and have aggressive behaviours (Rubin *et al.*, 2009). School staff become aware of the problem only when these pupils start skipping classes, drawing attention to them or when they perform significantly poorly in academic tasks. Failure in academic achievement and social withdrawal seems correlated, although it is not clear what are the causes and the consequence (Stengseng *et al.*, 2022). A bidirectional interaction could be the hypothesis, and this aspect makes the hikikomori more complex. One of the signals of a possible hikikomori condition is school refusal, but this is not sufficient, by itself, for defining a condition of social withdrawal. For example, in Italian society, school refusal may be typical of both hikikomori and NEET (Not in Education, Employment or Training) young people. However, withdrawing from the social dimension of daily life and refusing social exchanges inside and outside school are specific characteristics of hikikomori adolescents, while NEETs tend to maintain interpersonal interactions, especially with peers (Amendola, 2021).

Although several studies are focused on interventions and treatments of social withdrawal, the prevention phase is very important. Within the family context, parents may reduce the risk of children’s social withdrawal encouraging them to develop social competences and establishing a secure attachment bond (Krieg and Dickie, 2013). In addition, school may promote students’ well-being in class encouraging positive social interaction and a realistic esteem of one’s own abilities. Some international projects have been developed to examine the causes of hikikomori and social withdrawal for defining preventing activities. A recent example is the Erasmus Plus project *Out of the Net* (Erasmus Plus KA 201 Project N° 2020-1-PL01-KA201-082223), which has been implemented from 2020 to 2023. Under the coordination of Polish institutions, and the strategic partnership of European countries such as Bulgaria, Italy, Lithuania and Spain actions to prevent social withdrawal in adolescents were developed. Multidimensional educational interventions, including both school and family contexts were proposed. The project objectives were focused on developing teachers’, educators’, and families’ awareness of the hikikomori and social withdrawal phenomena and offering them tools and hints for not only recognizing the clues of social alienation in adolescents, but also to prevent them (project website: <https://outofthenet.altervista.org/>).

Current hikikomori research is focused on the intervention phase, when the illness condition is already evident disabling the person experiencing it. Most of the studies have been conducted in the field of clinical psychology and psychiatry (Kato *et al.*, 2012; Katsuki *et al.*, 2019; Nonaka and Sakai, 2021). The need to consider what happens before the withdrawal phase, and how hikikomori could be prevented has emerged recently. Social

withdrawal may lead to long-term effects that are difficult to treat and are needing a lot of time and efforts. Prevention is crucial for reducing the risk of self-isolation among adolescents, and the key contexts in which it could be promoted are the family and the school. The teachers could have a relevant role in identifying risk situations and alerting signals of the social withdrawal in their students. There is a lack of research about hikikomori prevention programs and training for teachers and school staff and thus, it becomes essential to understand how teachers imagine the student in a hikikomori condition. Training teachers becomes crucial to debunk incorrect beliefs and to provide knowledge and tools to prevent social self-isolation among pupils. Considering the lack of studies on this topic, there is the need to shield light on the school teachers' beliefs about hikikomori and social withdrawal.

Method

Aims of the study

The current study investigates secondary school teachers' knowledge and beliefs on prolonged social withdrawal, with reference to the hikikomori' phenomenon. A qualitative approach was adopted to outline the Italian situation in schools. The research questions were as follows:

- (1) What are the teachers' beliefs and knowledge on the hikikomori phenomenon?
- (2) What are the relational modalities between the external reality and the subject in the condition of hikikomori?
- (3) What are teachers' needs and which kind of educational interventions could be carried out to assist a hikikomori student?

Participants

Twenty-two secondary school teachers (17 women and 5 men, age range 24–65, $M = 45.3$ years, $SD = 13.33$) working in secondary schools in Northeastern Italian region of Veneto, participated in the study. The participants taught scientific, humanistic, technical, motor and linguistic subjects, 14 of them worked as teachers in the first two-year courses of secondary school level (1st and 2nd grades), 6 of them worked in the last three-year course (3rd, 4th and 5th grades), while 2 of them did not indicate in which grades they taught.

Interview

A semi-structured interview was developed consisting of two sections. The first section collected participants' demographic information (gender, age, discipline taught and teaching level). The second section was focused on the knowledge, beliefs and needs of secondary school teachers regarding the phenomena of hikikomori and students' social withdrawal and it included twelve open questions.

- (1) Questions 1–4: teachers' knowledge and experiences about the hikikomori phenomenon in general (sources of information, personal characteristics);
- (2) Questions 5–6: teachers' beliefs and opinions about the relationships between the hikikomori adolescent and the outside world (family, peers and school);
- (3) Questions 7–12: possible intervention for adolescents in a hikikomori condition and the role of the school;
- (4) Additional question for final comments (optional).

The complete list of semi-structured interview questions appears in [Appendix](#).

Data collection

Participants were recruited via e-mail from the researchers' direct contacts. Twenty-two teachers participated in the study; two teachers agreed to be interviewed and were contacted to schedule the face-to-face interview, while the other twenty participated in an asynchronous way, filling in a written form the interview available through a link provided by the researchers. The teachers had been informed that their answers would remain anonymous, and that the data collected would be used only for research purposes. Informed consent has been given by each participant, as well as consent to make audio recordings during the face-to-face interviews. The average duration of the interviews was approximately one hour. The research complies with the "Charter of Principles for Social Sciences and Humanities Research and Codes of Conduct". Data collection was in agreement with principles of the Commission for Research Ethics and Bioethics of the Italian National Research Council (CNR) and with the Helsinki Declaration.

Data analysis

The recorded interviews were transcribed verbatim. The transcriptions were sent to the participants to verify the correctness and to improve the contents. Collected data were examined through content analysis, an inductive qualitative analysis in which codes and categories are extracted from the data (Biasutti *et al.*, 2020; Schiavio *et al.*, 2022, 2023). The coding process included three phases: the first phase was dedicated to reading and re-reading the written material to become familiar with it. In the second stage, the text was segmented into smaller sections and the units of analysis were identified. At this stage, each researcher worked independently. The results led to discussion and unification of similar codes to reduce their number and clarify the distinctions. In the final phase, the codes were examined, and the relationships defined by grouping the codes into categories that deal with the same theme. An analysis envisaged the work done by each individual researcher and incongruences and different results were discussed for finding an agreement.

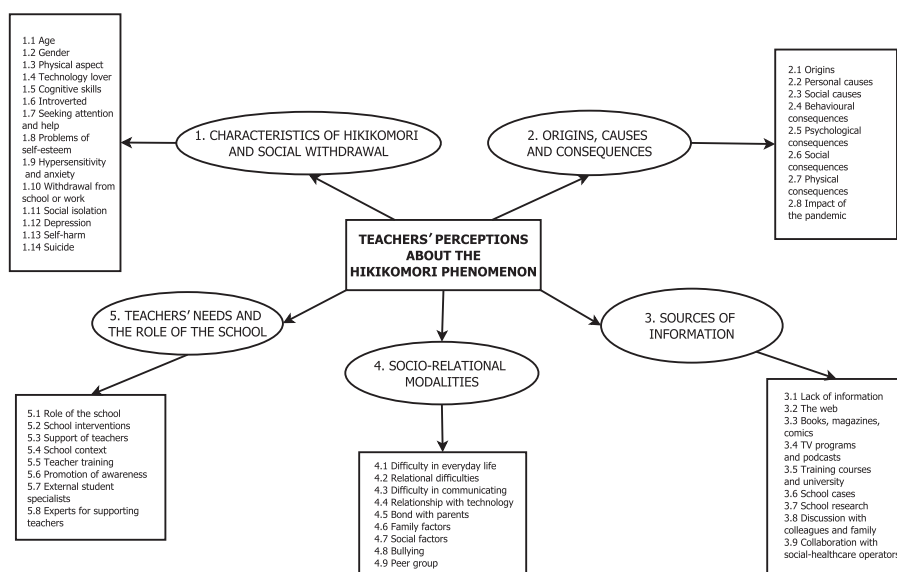
Results

The qualitative analysis revealed knowledge, beliefs, opinions, experiences and needs of teachers regarding hikikomori. During the inductive analysis, 49 codes emerged, which were divided into the following five categories:

- (1) Characteristics of hikikomori and social withdrawal;
- (2) Origin, causes and consequences of the hikikomori phenomenon;
- (3) Sources of information;
- (4) Socio-relational modalities;
- (5) Teachers' needs and role of the school.

The relationships between codes and categories are reported in [Figure 1](#) and presented next. The first research question regards the teachers' beliefs and knowledge on hikikomori that are included in the categories one, two and three.

Characteristics of hikikomori and social withdrawal: the first category describes the characteristics that teachers attributed to hikikomori. The codes were (1) Age; (2) Gender; (3) Physical aspect; (4) Technology lover; (5) Cognitive skills; (6) Introvert; (7) Seeking for attention and help; (8) Problems of self-esteem; (9) Hypersensitivity and anxiety; (10) Withdrawal from school or work; (11) Social isolation; (12) Depression; (13) Self-harm; (14) Suicide.



Source(s): Authors' own work

Figure 1. Relations between codes and categories considering teachers' perception about the hikikomori phenomenon

The category includes opinions about personal and demographic characteristics of hikikomori. Considering *Age* and *Gender*, the hikikomori is described as “adolescent” and “predominantly male”. According to the teachers, distinctive features are *Physical appearance* and *Passion for technology* as one participant described: “Manga type clothing, in black”. Other beliefs regard the *Cognitive skills* of the hikikomori, as stated by one participant: “often has a high academic and professional skill, with positive results in most cases”. Teachers expressed opinions about the hikikomori’s personality traits that were *Introvert* and *Seeking for attention and help*, and aspects such as “Alone, shy, insecure, withdrawn, scared of new things and need for security”. “Hikikomori asks for help through isolation without admitting it” was mentioned. Another characteristic is the withdrawal from school or work. Participants referred that a social withdrawn student may have problems of self-esteem, having an unrealistic “high” or “low level of self-esteem”. Traits of hypersensitivity and anxiety may be also present, as described by one participant: “Anxious, brooding subjects, sensitive to the judgment of others and distrustful of sociability”. The other characteristics referred are the tendency to *Social isolation*, *depression*, *self-harm* and *Suicide*. Participants reported that hikikomoris show “Total isolation, alienation from the real world; in the most extreme cases it can lead to suicide” and “At a certain point, on a psychological level, one gets depressed for not having lived life and seeing instead that others live it to the fullest” or “Isolation and self-harm”.

Origin, causes and consequences of the hikikomori phenomenon: this category describes the beliefs about the origin, causes and consequences. It includes eight codes: (1) *Origins*; (2) *Personal causes*; (3) *Social causes*; (4) *Behavioral consequences*; (5) *Psychological consequences*; (6) *Social consequences*; (7) *Physical consequences*; (8) *Impact of the pandemic*. Regarding the origin, teachers reported: “The term *hikikomori* (retreat) was coined in Japan, starting from the 80s, to indicate adolescents who retired to their room refusing to go out”. Furthermore, some participants mentioned both personal and social causes and stated that hikikomori “predominantly derives from internal causes experienced by the adolescents”, while others

outlined a multidimensional cause profile, as reported in the following sentence “I believe that the causes refer to personal, social situations or to contextual and family factors”. In some cases, “bullying” experiences were identified as causes. Concerning the consequences, teachers thought that the hikikomori could develop behavioural, psychological, social and physical consequences and that “total isolation and confinement with possible related illnesses” may be connected to the condition of social withdrawal. One participant referred that in past experiences with social withdrawn students, she realized “how isolation has effects on health and the physical aspect of the person who isolates himself weakens, gets sick more easily, is weaker at the immune level”. It seems that teachers who had experience with hikikomori students tend to develop a multidimensional view of both causes and consequences.

Sources of information: this category includes the sources of information about the hikikomori and the codes are: (1) *Lack of information*; (2) *The web*; (3) *Books, magazines, comics*; (4) *TV programs and podcasts*; (5) *Training course and university*; (6) *School cases*; (7) *School research*; (8) *Discussion with colleagues and family*; (9) *Collaboration with social-healthcare operators*. Teachers referred that a lack of information is common, as stated by one participant: “I was not aware of it”. Informal sources were websites, books, magazines, comics, tv programs and podcasts and discussion with colleagues and families. Formal sources were training course, university, school cases, school research and collaboration with social-healthcare staff.

With reference to the second research question, the relational modalities between the external reality (parents, families, peers and technology) and the person with the hikikomori syndrome were identified in the *socio-relational modalities* category. The following codes are reported: (1) *everyday life difficulties*; (2) *Relational difficulties*; (3) *Difficulties in communicating*; (4) *Relationship with technology*; (5) *Bond with parents*; (6) *Family factors*; (7) *Social factors*; (8) *Bullying*; (9) *Peer group*. According to participants, hikikomori had problems in establishing interpersonal relationships “in being included and in comprising oneself in the social context”. Furthermore, interviewed teachers thought that social withdrawn students have “unwillingness to deal with even the simplest everyday situations”. Social issues have consequences at the communicative level, as one teacher stated: [Hikikomoris have] “Poor communication and inability to express one’s thoughts for fear of judgement”. Participants underlined that hikikomori favours remote digital communication: “Personal communication is limited and communication mediated through technology is preferred”. Technology and the Internet are fundamental tools for assisting children and adolescents in hikikomori conditions. The teachers highlighted the ambivalent role of technology. On one side, it is a way to keep in contact with the world as stated by one participant: “It is the only means of contact with the world. It is the adolescent that chooses the contents; he/she feels free and not being judged”. Conversely, the excessive use of technology can have negative effects on the individual, becoming a source of addiction as pointed out: “Internet addiction could be a powerful element of the phenomenon”.

Teachers expressed their opinions about the relationships that hikikomori adolescents developed with their families, underlining that difficulties may emerge when there is an attachment bond excessively close or, conversely, lacking. One teacher argued: “many Italians have the concern that the hikikomori establishes an excessive bond with his parents”, while another teacher underlines that there is an “absence of one or more points of reference (parents)”. At a peer level, participants revealed a dual perspective: peers could be part of the problem when some bullying experiences become main causes of the individual’s social withdrawal as reported here: “Little self-confidence, difficulty in creating relationships, episodes of bullying”. Conversely, the group of peers could be a resource to help: “we have to try to reach the pupil through classmates”.

The third research question regards the educational interventions that could be carried out in agreement with the category *Teachers’ needs and role of the school*. The following eight

codes emerged: (1) *Role of the school*; (2) *School interventions*; (3) *Support of teachers*; (4) *School context*, (5) *Teacher training*; (6) *Promotion of awareness*; (7) *External student specialists*; (8) *Experts for supporting teachers*.

Participants recognize the role of school not only in identifying students in a condition of social withdrawal, but also in preventing the causes and reducing the risks of developing a hikikomori condition. Teachers argued: “The role of the school should be to protect children against possible denigrating or violent behaviors or experiences of bullying” [. . .]. The “way of doing school has to be reconsidered avoiding the standardization of processes and developing an inclusive approach to education. Furthermore, I believe that the role of the school is educating children about failure considered as a physiological step in the path of life”. “The school should understand the reasons why the student has fallen into this situation and to identify if the cause is in the school or is external”. In case of social withdrawal, the school should “Respect the choice and help him/her in any case”. The needs of the students have to be considered and prevention programs should adopt a student-centred method. Finally, participants argued that it is necessary to “Involve the entire school system to provide help and support”, arguing that the school as a whole could play a fundamental role.

Participants expressed the needs for more information and training opportunities “A course of a couple of hours would be appropriate for clarifying the topic. I believe that the school could invest more in these causes to avoid a future spread of the phenomenon, acting upstream” and more “the inclusion and recognition of the phenomenon through training courses and meetings”. The school is recognized as the core context for developing preventive actions, in an educational dimension including both didactic and social goals. Teachers call for external expert support: “the expert is needed or at most training for teachers could be carried out by an expert, certainly it is not enough for the teacher to buy the book and say I do therapy to the class”. The promotion of awareness is another central issue: “I would like to have been informed by experts on this condition or rather that there had been refresher courses on the problems in which we could discuss”. The expert intervention is required to inform the classmates about the problem: “it is relevant to involve the class in helping the hikikomori, as well as being followed by a specialist such as a psychologist or a psychiatrist”.

In [Table 1](#), quotations for the categories are mentioned.

Discussion and conclusions

The current study focuses on the beliefs and experiences of school teachers about hikikomori in the Italian school. Data were collected with an interview that was analysed with an inductive method.

Regarding research question 1: *What are the teachers' beliefs and knowledge on the hikikomori phenomenon?* The results highlighted the complexity of the hikikomori. Although considering it a crucial current topic, teachers argued that they do not have sufficient knowledge claiming for more information and materials. They identified hikikomori as an “exotic” phenomenon, belonging mostly to Japanese culture ([Saito and Angles, 2013](#)). A stereotypical portrait of a hikikomori adolescent was highlighted, emphasizing the aspects such as nonconformist physical appearance and interests, shyness, insecurity and difficulties of social interaction, and high, albeit underestimated, cognitive abilities. Beyond stereotypical beliefs, participants correctly identified the possibility of concomitant psychological issues or, in some cases, real mental disorders, as confirmed by studies about hikikomori ([Katsuki et al., 2019](#)). For teachers, social withdrawn students are experiencing difficulties and suffering. Their self-isolation is a “warning sign” for expressing their unease and maybe seeking for help, knowingly or unknowingly. This belief reflects what [Nonaka and Sakai \(2021\)](#) have found about the difficulty of hikikomori adolescents in adopting effective strategies for seeking help from others: isolating themselves could be considered a

Categories	Codes	Quotations
Characteristics of hikikomori and social withdrawal	1. Age	"Adolescent" "young kid"
	2. Gender	"Predominantly male subjects (although in the last period it seems the phenomenon is spreading to females)"
	3. Physical Aspect	"Manga type clothing, black"
	4. Technology lover	"Passionate about technology, with no great interest in extra-curricular activities"
	5. Cognitive skills	"... often with high academic and professional skills, with positive results"
	6. Introvert	"Alone, shy, insecure, withdrawn, scared of new things, need for security"
	7. Seeking for attention and help	"They ask for help through isolation without admitting it, all of which is a wake-up call."/"Will to get out of the "conformism"
	8. Problems of Self-Esteem	"... low self-esteem"
	9. Hypersensitivity And Anxiety	"Anxious, brooding subjects, sensitive to the judgment of others and distrustful of sociability"/"High sensitivity"
	10. Withdrawal from School or Work	"School dropout"/"The difficulty of entering the world of work"
	11. Social Isolation	"Total isolation, alienation from the real world"/"kids lose touch with reality"
	12. Depression	"On a psychological level, one gets depressed for not having lived life and seeing instead that others live it to the fullest."
	13. Self-Harm	"Isolation and self-harm, loss of perception of reality"
	14. Suicide	"Total isolation, alienation from the real world, in the most extreme cases it can lead to suicide."
Origins, causes and consequences	1. Origins	"The term hikikomori (retreat) was coined in Japan, starting from the 80s, to indicate adolescents who retired to their room refusing to go outside."
	2. Personal Causes	"Derives from internal causes experienced by the adolescents"
	3. Social Causes	"The causes refer to personal situations that are not going well combined with contextual and family factors"
	4. Behavioral Consequences	"In the long term, other psychological and behavioral problems will surely arise"
	5. Psychological Consequences	"Total isolation and confinement with possible related psychological illnesses"
	6. Social Consequences	"Negative effects will emerge in social life"
	7. Physical Consequences	"... how isolation has effects on health and the physical aspect of the person who isolates themselves, weakens, gets sick more easily, and have a weaker immune system"
Sources of information	8. Impact of the Pandemic	"I heard about it [hikikomori phenomenon] after the pandemic lockdown"
	1. Lack of Information	"I was not aware of it, and it was not easy to find information"
	2. The Web	"I got informed through articles on the Internet."
	3. Books, Magazines, Comics	"Deepen through textbooks on the subject"
	4. TV Programs and Podcasts	"I have heard it in some newscasts, and also in TV programs"
	5. Training Course and University	"I have heard the term at university, in magazines and on TV"/"Hikikomori was mentioned in a training course"
	6. School Cases	"Direct contacts at school"
	7. School Research	"Search educational info"
	8. Discussion with Colleagues and Family	"Discussions with colleagues and students. Discussions with adolescents in a family environment"
9. Collaboration with Social-Healthcare Operators	"I had the opportunity to discuss this issue with social and health workers in the field of child psychiatry"	

Table 1.
The categories, the codes and quotations from teachers' interviews

(continued)

Categories	Codes	Quotations
Socio-relational modalities	1. Difficulty in Everyday Life	"Unwillingness to deal with even the simplest everyday situations"
	2. Relational Difficulties	"Difficulty in being included and in including oneself in the social context"
	3. Difficulty in communicating	"Poor communication and inability to express one's thoughts for fear of judgment."/>"He/she doesn't speak, he/she doesn't express his feelings"
	4. Relationship with Technology	"It is the only means of contact with the world and since it is the adolescent who chooses the contents, he/she feels free and not being judged"/"Internet addiction could be a powerful element for inducing the phenomenon"
	5. Bond with Parents	"The concern that he/she establishes an excessive bond with the parents, a concern currently present in Italy"
	6. Family Factors	"It depends on the cases. Sometimes the family unfortunately contributes to the kid's malaise"/>"Wish to 'violate the rules' of every day, absence of a or more points of reference (parents)"/>"Inattention and superficiality in the family"
	7. Social Factors	"Dissatisfaction with the reality that surrounds him, a desire to be what one is not"/"I believe that aspects of internal discomfort are important to implement a condition of social withdrawal, as well as external factors related to family, school and peer group."
	8. Bullying	"Difficulties in building relationships, bullying episodes"
	9. Peer Group	"Trying to reach the pupil through classmates"
Teachers' needs and the role of the school	1. Role of the School	"The school has an important function as it can be a source of social withdrawal but at the same time it has the intention of reintegrating the subjects and students."/>"The school is supportive and should help. It should be the environment where those suffering from this discomfort find a safe space in which encountering the others." "The role of the school should be to protect children from possible denigrating or violent behavior or experiences of bullying at school which can foster feelings of disesteem and distrust in pupils"
	2. School Interventions	"The school has to reconsider the "way of doing school" avoiding the standardization of educational processes . . . Furthermore, I believe that the school must educate children about failure which is a necessary step in one's life."
	3. Support of Teachers	"Defining a figure among the teachers who maintains relationships on a daily basis"
	4. School Context	"The school should understand why the adolescent fell into this situation, more than anything else it should try to understand if the cause is in the school itself or is external"
	5. Teacher Training	"A hikikomori course of a couple of hours would be appropriate. I believe that the school could invest more in these causes to avoid a diffusion of the phenomenon"/ "Training courses on the recognition of the phenomenon would be beneficial" "Certainly it is not enough for the teacher to buy the book and say I will do therapy to the class"
	6. Promotion of Awareness	"I would like to have been informed by experts on this condition in training courses in which we have the possibility to discuss and confronting ourselves"
	7. External Student Specialists	"to involve the class in helping the hikikomori, as well as being followed by a specialist such as a psychologist or psychiatrist"
	8. Experts for supporting Teachers	"The Expert is needed"

Source(s): Authors' own work

Table 1.

non-adaptive strategy for asking help. In this condition, teachers may not identify any distressing situations in a timely manner. It becomes essential to prevent the risk of self-isolation, supporting the development of social and emotional skills, with not only specific interventions but also encouraging collaboration and positive exchanges within the class. Designing a friendly and welcoming setting in which collaboration and constructive interactions develop is one of the core tasks for teachers.

Regarding research question 2: *What are the relational modalities between the external reality and the subject in the condition of hikikomori?* Participants referred that the difficulties in social interactions may affect the school and the family contexts. According to teachers, parent-child bond may be a risk factor for developing a hikikomori condition, when it is excessively strict or permissive. These kinds of attachment bond may negatively affect communication within the family, which could not be properly focused on the expression of the real feelings of the children (Hamasaki *et al.*, 2022), leading more on unresolved conflicts or superficial topics. However, findings from literature have highlighted that a secure attachment bond within the family may become a protective factor for social withdrawal, since it allows children to develop adaptive social competences (Krieg and Dickie, 2013). Teachers recognized the ambivalent role of technology, which may become one of causes of social withdrawal, as stated by Amendola *et al.* (2021), and Li and Wong (2015), but also the only instrument available to hikikomori for communicating with the external world. The theme of technology is a crucial one because the challenge for family and teachers is how to use technology for establish contact with socially withdrawn children and help them gradually to overcome this condition. Several challenges are posed to the school, which should implement training courses for promoting ICT education with an adaptive and socially correct use of technology and the Internet.

Regarding research question 3: *What teachers' needs and the educational interventions could be carried out to assist a hikikomori student?* Participants highlighted the crucial role of the teachers not only in identifying hikikomori and supporting them in the intervention phase, but also in protecting students from the risk of social withdrawal with preventive actions. Teachers claim for more information about hikikomori and the main causes and consequences of adolescents' social withdrawal. Teachers call for a collaborative way of working in the school to develop an inclusive approach to education (Biasutti *et al.*, 2020). Moreover, participants recognize that activities and prevention programs should be based on a student-centred approach, based on the needs of all the students, especially those who are in a condition of disadvantage (Biasutti and Concina, 2021). Moreover, teachers identify the importance of the peers finding in the peer education, a methodology to involve students with social withdrawal traits. School context is important and teachers have to cooperate, to structure positive social experiences for the students. Regarding the use of technology, the educational interventions should be promoted not only in the school but also at home, offering parents the opportunities for developing ICT skills and awareness of the benefits and possible risks of the Internet. More specifically, school should promote a perspective in which technology could be viewed as a support for face-to-face social interaction and direct experiences with the external reality, and not merely a substitute for it. Teamwork is crucial for facing social withdrawal among students and teachers requested the support of clinical and psychological professionals: the educational dimension should be integrated with the psychological and medical ones, when the situation requires it. Experts may offer suggestions and ideas for training opportunities for teachers and families coordinating the joint work when a psychological and educational intervention should be designed and implemented. The signals of social withdrawal in children and adolescents could be expressed in several life contexts, and a cooperation between family, school and other educational realities is needed to implement timely interventions and promote preventive actions.

The current study presents some limitations that rely mainly on the small sample of participants, who are located in the Northeast of Italy. Future research should include

teachers from several school levels (from primary, to middle and secondary schools) and from different parts of Italy, to have a more extensive overview of the phenomenon.

The current study have practical implications, for developing teachers' training activities for promoting awareness. Encouraging the development of awareness is a crucial point, because school is a key context for designing the prevention of social withdrawal and self-isolation. The class is the context where students may encounter challenges and issues relates to the social dimension of life, and the school is the place in which teachers and educators may co-create an adaptive social environment. Teachers have to be prepared for facing the educational challenges, offering their students the opportunity for building up positive social relationships and learning experiences. Considering the phenomena of hikikomori and social withdrawal, the school has the opportunity to develop several actions. Teachers are aware of the educational issues related to hikikomori and the risks of students' social withdrawal. Teachers highlight to reconsider the way of doing school with a personalized student centred method for preventing the risk of self-isolation, supporting the development of social and emotional skills, and encouraging collaboration and positive exchanges within the class. Teachers recognize their role in reducing possible risks factors and in supporting students' development of social competences and team working skills and highlight the importance of developing preventive actions in which the school, the families, external agencies and experts collaborate.

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Appendix

Interview questions (Source(s): Authors' own work).

- (1) Please describe the circumstances in which did you hear the term "Hikikomori" and your associated experiences.
- (2) What are the causes that push an adolescent to implement social withdrawal? How is relevant internal discomfort? What are the external factors?
- (3) What are the characteristics of a hikikomori adolescent?
- (4) What are the long-term consequences for a hikikomori adolescent?
- (5) What is the effect of a hikikomori condition on communication with peers and relatives?
- (6) What is the role of technology and the Internet on the hikikomori adolescent?
- (7) What is the role of the school on the hikikomori adolescent?
- (8) What can the school do if a hikikomori adolescent do not attend classes?
- (9) What educational support does the school offer to hikikomori adolescent?
- (10) Have hikikomori courses for teachers been implemented in your school? With what contents and modalities?
- (11) What contribution could experts have to overcome hikikomori condition?
- (12) How could the social context and the family help and assist to promote the hikikomori adolescent's reintegration?
- (13) Do you have any other comment?

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