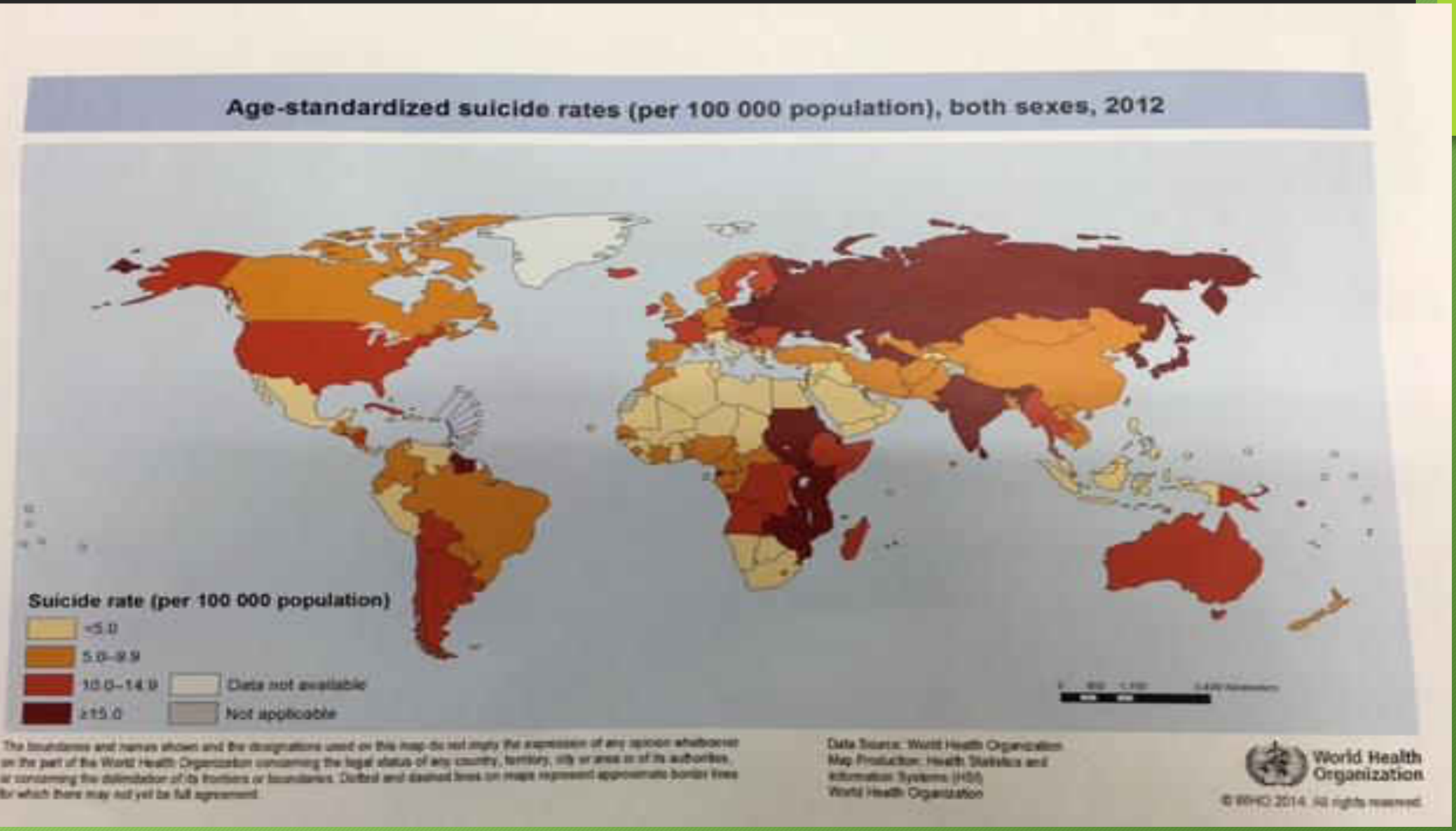
Depression and social withdrawal in cultural context: Unpacking contextual triggers for *hikikomori* in rural Japan.

The role of cultural context in the depressive disorder of *hikikomori* in rural Japan.

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The suicide rate for Japan is roughly 60% higher than the global average: WHO data 2014.



CBS. Culture bound syndromes defined.

When a community or culture has an above average presentation of psychiatric or somatic disorders that are extremely unusual or unheard of elsewhere.

When cultural norms and societal expectations have contributed to the development and exacerbation of the disorder (EBM).

Difficult to explain within the conceptual framework of Western psychiatry, best explained anthropologically as manifestations of structural and functional elements that exist in the societies in which they are found. Understood only with accompanying cultural cues.

Perceptions of “Hikikomori as a possible clinical term in psychiatry” Tateno et al. 2012. Hikikomori is not currently listed as a disorder in the DSMV however many of the symptoms are.

Table 1 The summary of the results

	Medical doctor (n=106) (psychiatrist / pediatrician) (n=80 / n=26)	Nurse (n=595)	Psychologist (n=46)	Student (n=229)	Others (n=62)
To be diagnosed as hikikomori, how long do they withdraw from the society and keep staying in their home?	6.32±3.7 (6.85±3.9 / 4.69±2.3)	3.83±3.8	5.67±4.1	2.95±3.4	3.82±2.5
Hikikomori is NOT a disorder	2.70±1.1 (2.74±1.0 / 2.58±1.3)	2.61±1.1	2.80±1.0	2.86±1.1	2.81±1.2
Hikikomori persons shut themselves in their room the while day and rarely see their family	3.22±1.2 (3.20±1.2 / 3.27±1.2)	3.73±1.2	3.11±1.2	3.74±1.2	3.35±1.2
Hikikomori individuals sometimes go out for grocery stores and bookstores	3.52±1.1 (3.57±1.1 / 3.42±1.1)	2.91±1.3	3.61±1.1	2.86±1.2	3.33±1.2
School refusal closely relates to hikikomori	4.12±0.9 (4.11±0.9 / 4.15±1.0)	3.99±1.0	3.89±0.9	3.90±1.1	3.95±1.0
Recovery is possible in individuals with hikikomori	3.78±0.8 (3.67±0.8 / 4.04±0.7)	4.00±0.9	4.13±0.8	4.26±0.8	4.08±0.9
Hikikomori is related to biological factors such as psychiatric disorders or developmental disorders	3.87±0.9 (3.86±0.8 / 3.85±1.1)	3.30±1.0	3.70±0.8	3.17±1.0	3.48±0.9
Hikikomori is related to psychological factors such as bullying at school or frustration at workplace	3.99±0.8 (3.91±0.7 / 4.23±0.9)	4.24±0.7	4.02±0.6	4.39±0.7	4.16±0.6
Hikikomori is related to social factors such as family environment which accepts the situation	4.02±0.7 (3.96±0.7 / 4.19±0.7)	4.03±0.8	3.85±0.7	4.16±0.8	3.87±0.7
Hikikomori is related to Japanese society, culture or national characteristics	3.61±1.0 (3.65±0.9 / 3.50±1.2)	3.16±1.1	3.30±0.9	3.40±1.0	3.18±1.0

The results are expressed as the mean ± standard deviation (SD). On the five-point Likert scale, score 5 means the strong agreement.

Cultural context cues in social withdrawal.

- Identity: Separation individuation: symbiotic self, reciprocal entity. Exchange of praise and acceptance for fulfilling expectations in conforming to group ‘average’. Self defined by external agencies.
- Bullying>truancy>depression>isolation.
- Cultural concepts and logic of *amae* and *kakugo-no-jisatsu;* dependency and suicide of resolve.
- Increase of neglector and decrease of mediator.
- The three systems of self, family and society.
- Room as comfort.
- Male/female roles.

Urban: Rural

- Access to support services, for example the youth support center
- Anonymity
- Dr. Tamaki Saito
- Takeyama gakko
- Rent-a-sister (rent-a-friend)
- Education options
- Family diversity
- Options for non-Japanese intervention

- Traditions run deeper
- Rumor, shame
- Doctors and social workers fewer
- Education options limited
- Wide distances to travel
- Diversity null
- Perceptions of time and self relection

- Shudan seikatsu (group life) and kouhai-senpai. Newcomers and outsiders

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The muffled scream of an individual strangled by society; much like the tragic ‘loyalty’ Japanese kabuki plays (Alex Kerr, 1996).

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In the words of Dr. Arthur Kleinman, if we are to understand (deviations from behavioral norms) extreme social withdrawal, we need to examine and understand “the social origins of distress”, the cultural context and the individual experience of suffering.

Thank you very much for listening and thinking about social withdrawal in Japan in social context as a culture bound syndrome.