

Hikikomori and “Human Movement Consultation”

18th July 2018 Active Minds Workshop, Glasgow, Scotland, UK

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The definition of “*Hikikomori*” in the Japanese Ministry of Health, Labour and Welfare is as follows:

“A phenomenon in which persons become recluses in their own homes, avoiding various social situations (e.g. attending school, working, having social interactions outside of the home etc.) for at least six months. They may go out without any social contact with others. In principle, hikikomori is considered a non-psychotic condition distinguished from social withdrawal due to positive or negative symptoms of schizophrenia. However, there is a possibility of underlying prodromal schizophrenia”

Juveniles who are in a state of « Hikikomori (social withdrawal) » are gradually becoming acknowledged in Japan since the late 80s. It is said that there are currently 800,000 to 1,400,000 people in Japan.

People in a state of social withdrawal, hikikomori, are multidimensionally supported in three dimensions.

The first dimension is a dimension of therapy and support for the mental problem in the background factor of withdrawal, or for the secondary mental problem which simultaneously progresses during the course of withdrawal (such as internet dependence). This dimension is a treatment that is generally continued during the period of withdrawal. It is a dimension usually provided as individual therapy. The second dimension is a dimension related to factors such as environmental factors including the family. Since it is usually provided as family therapy, it is generally continued until the first step of treatment for the hikikomori himself, that is, until the hikikomori himself appears at the treatment site. However, at the actual treatment site, even after the patient him/herself appears for treatment, there are cases where family therapy is continued with an interval, for example, of once a year. The third dimension is a dimension that supports the tasks that should be overcome when a young “hikikomori” person, who had a serious setback at the stage of the developmental process of individual in puberty and adolescence, moves on from a withdrawn state out to the society. It is a dimension related to group therapy for the treatment of withdrawal. In general, treatment advances from family therapy (the second dimension), individual therapy (the first dimension) to group therapy (the third

dimension).

**Family therapy (the second dimension) → Individual therapy (the first dimension)
→ Group therapy (the third dimension)**

As one of those group therapies, I organize a club where the members talk about their hobbies called "The Collection Club" in Nagoya University. "The Collection Club" is held once a month for an hour and a half for each gathering (Speaker's presentation: 1 hour, Q & A: 15 minutes, schedule of the next gathering: 15 minutes). I ask a hikikomori student who wants to talk about his collection in front of the members. How they talk vary: Some bring their collection to the meeting and present them at the gathering, some take many pictures at home and show them using a software program such as PowerPoint, and others present them just by talking without depending on the actual objects.

However, among the "Hikikomori" whose treatment has advanced to the third dimension, there are young people who are interested in sports and outdoor activities. From last year, I decided to ask a university lecturer who is in charge of sports and health science practice (so-called physical education practice) to provide treatment called Human Movement Consultation for those students individually.

In this presentation, I propose the Human Movement Consultation which considered as the novel supporting approach for the "Hikikomori". Four "Hikikomori" college students were participated the Human Movement Consultation during eighteen months. The duration time and frequency of one consultation is basically one hour and once every two weeks, respectively. In this consultation, a student took exercise with a consulter using the rhythmic movements (walking, running, and cycling) and the interpersonal movements (catch, tennis, table tennis, and badminton).

First of all, I would like to explain Rhythmic Movements. It can be said that Rhythmic Movements is a "mobile" type event where participants move in various environments. "Hikikomori" are often devoted to the virtual world of games. In this virtual world, it is possible to change their own environment by just one movement of their fingertips. However, in many cases in the real world, we have to work on the environment through the movements of our whole body. Rhythmic exercise is exactly a mobile type event that changes our own external environment by our whole body movements, therefore it can be considered as movements that enable us to experience that the point of contact between self and environment is our body. In addition, by walking side by side with the consulter, there are times when the hikikomori and the consulter fall into step almost before they realize, and there is a possibility that it will become an opportunity to experience a

connection with others through the physical body, even if they are “Hikikomori” who have resistance to verbally communicate with others.

Next, I would like to explain Interpersonal Movement. Unlike Rhythmic Movements, events such as tennis, catch, table tennis and badminton are often played in certain places such as courts, therefore Interpersonal Movement can be called a “fixed” type event. In Interpersonal Movement, communication is conducted via "objects" such as balls and shuttles. It is an extremely common phenomenon for Hikikomori that even though they can receive emails from others, they cannot send emails to others. It can be said that this is a situation where they cannot relate to others proactively. It is considered for such withdrawals that Interpersonal Movement becomes an opportunity to experience subjective involvement with others through a situation in which they definitely have to throw "objects" thrown by others. Furthermore, it is expected that Interpersonal Movement becomes an opportunity to regain physicality such as the perception of space and time of the real world where others exist.

The four "Hikikomori" could be divided into two types: one was a type where they shut themselves in at home and hardly did physical exercise, and the other was a type where they regularly practiced physical exercise through part-time jobs and hobbies. While Human Movement Consultation was continued, the Hikikomori of both types showed changes such as beginning to work part-time or going back to school. Of course, although the contributory factor of such changes is not only Human Movement Consultation, it is expected that there is a possibility that it had a certain effect on the recovery of physicality and subjectivity of "Hikikomori" including the improvement of life rhythm.