

Societal Hikikomori and the Importance of Bridging Community Capital

*"I know of a place, where you never get harmed. A magical place, with magical charms.
Indoors! Indoors! Indoors!" —SpongeBob SquarePants*

Physical isolation is increasingly becoming a common way that people cope with challenges in our society. [Hikikomori](#) is a Japanese term that describes a condition where a person, typically a young adult is socially avoidant to the point of staying isolated at home, often in their bedroom for at least six months without social interaction. It started getting attention about twenty years ago when [this paper describing it](#) was published. Cases emerged worldwide. Hikikomori is best understood as a social condition of young adults who fail to fledge and differs from agoraphobia in which avoidance tends to cluster around specific facets and a symptom of broader societal challenges. During the pandemic, it began to get attention in the US, as described in [COVID Threatens to Bring a Wave of Hikikomori to America](#). Ameliorative processes to address this condition tend to focus on micro level service



interventions to address what is perceived as individualized pathology. We should instead view and address what is occurring as part of a symptom of a larger global society wide dynamic related to the widespread erosion of social connection. Solutions then must focus on building bridging social capital and in the context of addiction, recovery community capital with a focus on the healing or building of real-world community.

The prevalence of Hikikomori rates of the eight countries range from 0.87 % in Nigeria, to 1.2 % in Japan, 6.6 % in China, 1.9 % in Hong Kong, 2.3 % in South Korea, 20.9 % in Singapore, 9.5 % in Nigeria, 2.7 % in the United States, and 9% in Taiwan respectively ([Takefuji, 2023](#)). To understand what it looks like, [Hikikomori silent epidemic: a case study](#) (2019), identified common themes including, that in many cases, people had been victims of bullying or other forms of peer rejection they had dysfunctional family dynamics related to parental rejection or over protection and were at risk of Internet addiction. They described the average Hikikomori patient as lonely and deficient in social support with difficulty maintaining meaningful relationships. It also described a relationship between attachment style and Hikikomori syndrome and concluded that ambivalent attachment, as a result of parental rejection, in combination with peer rejection significantly predicts Hikikomori, while temperamental shyness can additionally influence Hikikomori.

In a broad sense, this is evidence that we are failing at key facets of a society in supporting healthy attachment and societal level sense of belonging and purpose. We have also recently seen a recent in the US a Surgeon General's Report focused on the [Epidemic of Loneliness and Isolation](#). None of these challenges are new, yet it is spreading. Increasingly playing out across the world as people find no reason to leave cocoons that they have created around themselves.

Bullying and Social Rejection in the Internet Age:

Dynamics of bullying and social rejection are as old as humans. Nearly every young person in the world has navigated the dynamics of bullying and rejection. Historically, people have taken such experiences and developed coping strategies that helped them overcome these very painful experiences in ways that more positively redefined who they were. As an example, Winston Churchill's childhood experience of cold, distant parents and near constant bullying with little reprieve or support is [well described in the history books](#) and is nearly identical to the conditions that can lead to the Hikikomori, but quite obviously in the pre internet age, there was no retreating into a virtual world so he developed ways to thrive. He became known as a bulldog later in life as he famously asserted that Britain would never give up and never surrender.

The internet reduces opportunities for real life engagement while serving to soothe feelings of rejection even as it contributes to a lot of related challenges. Studies [have shown that](#) “greater internet use was associated with a decline in participants’ communication with family members, a decrease in their social circle, and an increase in depression and loneliness.” As bullying and social rejection is now unfortunately prevalent on the internet, a person can have a lot more difficulty feeling validated, and it can be overwhelming in ways prior generations did not experience before as virtual connection is both remote and widely visible. We live in a world where disconnecting is more appealing than connecting. The temptation and opportunity to retreat into a virtual cocoon can be enticing in ways that no prior generations have experience with, although the imagery of opium smokers in opium dens in the late 19th century seems a rough parallel. Conditions now differ as a result of our technology than any that has come before us. These are new challenges.

Ambivalent Attachment in the Internet Age:

Ambivalent or insecure attachment is a bonding style where someone has difficulty forming secure relationships. This can be related to parenting styles in which the parents do not form secure attachment to their children. Thinking about parents out in public glued to their phone as their kids look at them causes one to wonder how smart phones may relate to insecure attachment. [Relationship between insecure attachment and mobile phone addiction: A meta-analysis](#) found that there is a positive correlation between mobile phone addiction and insecure attachment.

In an age in which media and instant communication, in a more powerful medium than ever before in world history are constantly present and vying for real world attention, is it any wonder that real world attachment has been impacted by the devices of virtual engagement? Whole warehouses of academic study have been devoted to the consequences of attachment issues and their consequences. I recently read the [Anxious Generation How the Great Rewiring of Childhood is Causing an Epidemic of Mental Illness](#) by Jonathan Haidt and given the data he presents, it would be difficult to argue against the facts. The introduction of smart phones worldwide has created global challenges for the mental health of the Gen Zs. It is not just about their use of screens but that of their parents as well. We are in a brand-new environment in world history that seems to have few parallels. Finding ways to reinvigorate real world community instead of simply relying on virtual world connections which does not have the bridging capacity of real world relationships should be one of our very highest priorities as a society.

Parental Rejection or Overprotection in the Internet Age:

A [2022 study on parenting style and internet use](#) found supportive parents had teenagers who spent less time online and were less engaged in leisure-related use. When parents mediated internet use it was more closely associated with use for learning purposes and less likely to be associated with leisure-related use. Parents who themselves are online for leisure and less engaged with their children risk having children who use the internet in unhealthy ways. Media and the increased coverage of news that focuses on abductions, human trafficking and mass shootings have led to conditions in which parents don’t feel their kids are safe in unstructured real-life activities while also having to pay attention to online safety. It is possible to be so overprotective of children that they have difficulty navigating both ecosystems. A [2020 study suggests that](#) optimal parenting is a balance among parental care roles of protection, and allowing adolescents to build independence and competence through their own experiences. Yet parents cannot model what they do not have, so unless we focus on teaching kids to navigate the real world, we will lose capacity here in the next generation.

Substance Use Conditions and Hikikomori:

There are also suggested associations between Hikikomori style social isolation and substance use conditions. [The relationship between addiction and hikikomori tendencies: a case-control study](#) revealed that within the addiction group, the severity of the substance use problem (as quantified by an index of craving) correlated positively with the level of hikikomori symptoms and negatively with quality of life. In other words, the more severe the addiction, the more extreme the social withdrawal tendencies and the lower the quality of life. One way to look at investment in community capital is that it is both preventative of these ills and restorative for those so impacted.

Societal Wide Hikikomori Dynamics Require Broad Social Connection Building Strategies:

The Hikikomori associated technologies, and their related use have spread broadly across the globe. Following their applications we are increasingly seeing the rise of increased mental health conditions, loneliness, isolation and even newly conceived syndromes such as Hikikomori to pathologize the erosion of social connection. Instead of considering standard micro level pathology focused solutions, we should consider broader, more strength based oriented solutions to bring people together. In the addiction recovery realm, we are in parallel with making a mistake by focusing

interventional strategies on the level of individual recovery capital at the expense of interventional strategies that focus on building community recovery capital.

We are not going to find viable solutions to this global challenge with micro level interventional strategies. Humans are hard wired to the core of our beings as social animals who require a sense of belonging. We need interventions that build connection and community in the real world. It is time we invest in community based them and not just micro level service orientation. As noted in this 2020 Brookings Report [Social Capital: Why We Need It and How We Can Create More of It](#), author Isabel Sawhill writes (page 2) that:

Without shared norms, values, and rules embedded in networks or communities, it's more difficult for people to cooperate with one another in ways that facilitate exchange or collective action. At one extreme, a lack of social capital can produce social alienation which may lead to dysfunctional behaviors such as school shootings, opioid addiction, police brutality, and racial strife. It can exacerbate the "deaths of despair" associated with depressed communities. It can impede the ability to regenerate a local community via local cooperation.

The report identifies that one of the most important areas of focus is what is called Bridging Social Capital, focused on bringing people who are dissimilar together so that they can find common ground. Isolated people primarily see and experience differences, and this has broad societal implications. These include Hikikomori syndrome where people wall themselves off from what they experience as foreign and uncomfortable.

The Recovery Parallel – Bridging Capacity Within Recovery Mutual Aid:

One of the primary features of recovery fellowships and 12 step orientations that stretch back nearly a hundred years to Alcoholics Anonymous and Narcotics Anonymous, is the powerful community bridging functions within these fellowships. People from all walks of life, some who have almost nothing else in common, were able to find connection and support each other's healing. In doing so, they found windows into each other's lives and formed bonds across the chasms of other differences. As recovery pathways have expanded, there are opportunities to form such connections for more people who may not orient to the traditional 12 step model mutual aid groups. These efforts came out of what is called the [New Recovery Advocacy Movement](#), itself a bridging process that brought broad groups of people in recovery and their allies together nationally to find ways to move forward recovery efforts across America.

The Role of Recovery Community Organizations in Bridging Recovery Capital

The development of recovery community organizations, conceived in recovery community and supported through servant leadership at SAMHSA pulled recovery community together through the Recovery Community Support Program (RCSP) to foster deeper connections. In the early years this was its orientation. It shifted to a service orientation for political reasons. The emphasis on recovery community was largely lost as the focus became the provision of individualized interventions. Bridging resources of community recovery capital as the focus shifted to a micro level peer service model. While peer services are important micro level interventions, the macro level community building strategies faded from focus while the business of peer services are booming. Early advocates understood that this direction would not serve our needs well and would end up replicating failed models of the past, yet it is the course we are now on.

A few years back, I had a conversation with a senior policy official who is now retired about the loss of emphasis in funding resources on community building. The person acknowledged it was easier for policymakers to focus on micro level services than macro level interventions as all our models are built on individual level service orientations. This brings us back full circle as Hikikomori and related dynamics of isolation and despair. As the Brookings article notes above, without common ground norms and values that come from connection we risk ceasing to function as a society. Individual oriented services do not build bridging capital. As such, it is imperative that we invest in macro level, community capital bridge building strategies. In the smaller realm of addiction recovery, we have recovery community organizations to foster the support we need to bring recovery community together. We are an important part of larger societal solutions, given the chance and the resources.

Current Efforts to Develop Community Bridging Capital at the Federal Level:

There is a recognition within related federal offices that increased effort needs to be focused on strengthening community capital by bringing people together and supporting space that provide opportunity for collaborative activities across communities. At SAMHSA in the Office of Recovery this year, The [2024 Gallery of Hope: Artistic Expressions of Recovery Across the Nation](#) served to showcase arts in multiple mediums and foster connection across the national

recovery community. The office is also bringing stakeholder groups together under their inclusion policies to strengthen policy initiatives in areas such as Recovery Friendly Workplace initiatives while buttressing key social drivers of recovery capital including Recovery Housing, Collegiate Recovery, and Recovery School among others. They are also hosting regional meetings and creating space for the development of shared values through the promotion of recovery and wellness models (P. Delvecchio, personal communication, November 1, 2024)

Four and a half years ago, in the first weeks of the COVID Pandemic isolation, I wrote [Let's focus the recovery community on hope, connection, and purpose](#). In that piece, I penned "we must focus all of our collective efforts on three things. Hope, connection, and purpose. And spread these concepts as broadly as we can to everyone to find these three things in this time of difficulty. These are not just the keys to our own recovery, but they can and will support the well-being of the larger communities in which we live." We have societal wide challenges of isolation, loneliness and despair experienced to the degree that young people are walling themselves off from the world.

When we see such things as symptoms of our collective failure to support social capital bridging functions, we can understand that we need to invest deeply in community building efforts. The challenges we face are ones that have emerged from new technologies that impact global society on a macro level and will require new interventions that support community on the macro level. The 2020 Brookings article concludes (page 14) with these words:

"The stronger our social ties, the more likely we will be able to find common ground, respect one another, and have sufficient trust to address the challenges that transcend our differences. It is in this context, that discussions of social capital have resonance. But it is only one factor among many that determine the quality of our lives and it is hard to know how to create more of it. Ironically, those who tout its benefits often believe that government programs and assistance have crowded out voluntary efforts but then must turn to those same programs to find ways to address it. What's legitimate and most useful in this endeavor is the idea of marrying government support to the kind of individual and community initiatives that build social capital at the same time that they provide practical help to local residents."

One area in which we have groups poised to do so is within our recovery community organizations, other ways to do so include investing in the arts as SAMHSA is doing, or in groups that bring volunteers together in ways that support their communities. We will not solve these challenges by retreating into our own cocoons of media that deliver us things we like and show us what we do not like about other people. When we fail to bring people together, we are all harmed.

What happened a generation ago in the addiction recovery space is that community groups rose up and identified needs, and servant leadership in the government started down the road to support the building of recovery community capital. We must get back on that path. That vision and that need exist in our own era to a degree we could not have imagined twenty-five years ago. If we do not go down the path of building bridging capital, within our society and within our recovery community, we stand to become Hikikomori, trapped in our own little worlds while broader connections fall out of our capacity to grasp, and society erodes.

It does not have to be this way.

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