Meaning of the family and family communication — Experiences of Hikikomoris

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ABSTRACT

The originally Japanese phenomenon of hikikomori, or being socially withdrawn, has been identified in several countries across the world. This qualitative study describes meanings ascribed by self-defined hikikomoris to family and family communication. The study aims at producing knowledge that can be used by professionals in education, health care and social services to support and counsel the socially withdrawn individuals. The data were collected in May 2020 from an anonymous forum for self-defined hikikomoris or socially withdrawn people in Finland. Inductive content analysis was used to analyze the data. The socially withdrawn people had both positive and negative experiences associated with their families. Some of the hikikomoris appreciated the support and encouragement from their families, while others associated their failures in life with poor family dynamics, abusive experiences and lack of communication in the family. Counseling and support are required to improve interaction, dialogue and other aspects of family dynamics.

Key Words: Family, Experience, Hikikomori, Socially withdrawn, Communication

1. INTRODUCTION

The purpose of this qualitative research is to describe how self-defined hikikomoris, socially withdrawn people, experience the meaning of the family and family communication. Although the earlier norm of a two-parent family living together with their biological children has been replaced by a diversity of family structures in many countries,[1] the family still has an important role in socializing children through a combination of social support and social control.[2] Through their behavior and responses to children, parents explicitly and implicitly teach their children about communication and expression of emotions.[3,4]

The hikikomoris are among the increasing number of people, who suffer from loneliness and social isolation.[5,6] Their experienced loneliness has been found to co-exist with experienced failures, depression and suicidal thoughts. The need to gain more information about the meanings ascribed by hikikomoris to the family has been identified in previous research.[6] Qualitative research can provide useful data to help understand family life and communication from individual perspectives and to explore the experience in the family context.[7] Qualitative studies can also allow the voices of those on the margins of society be heard, and contribute to the development of interventions.[8]

The family perspective is important, because families are primary networks that greatly influence individuals’ beliefs, values and communication behaviors.[9] The interaction be-
tween parents and children creates models for social interaction, for example for conflict management and health communication behaviors.

Family dynamics is a concept that can be used to study patterns of interactions, roles and relationships, and factors that shape the interactions. The dynamic of the relationships in a family can be studied for example by using the McMaster model, in which six areas of family functioning can be assessed: problem solving, communication, roles, emotional response, emotional involvement, and behavior control.

In family research, parents’ emotion-socialization behaviors and way of communication have been associated with psychosocial outcomes in young people. For example, rewarding responses to a child’s sadness or anger – comfort, empathy and helping the child solve a problem - have been associated with positive socioemotional development. It has also been proposed that some families are resilient, because they know how to use adverse events to develop strengths and prepare for future stressful events. In addition, a parent’s punitive (disapproval, mocking) and neglectful (e.g. ignoring) emotion socialization responses have been associated with increased psychological distress, anxiety and depression in children. A link may also exist between similar internalizing symptoms as above, and parents’ rewarding the child’s expressions of fear. Overriding, or dismissing an emotion and distracting the child may be linked with socially inappropriate behavior. Furthermore, magnifying the child’s responses or matching or intensifying the child’s expression of emotion seems to be correlated with both internalizing and externalizing symptoms. It is also interesting to note in this context that an individual’s proneness to shame or stable negative evaluation of self, when associated with parental behaviors, appears to be linked with depression and poor interpersonal relationships. In contrast, guilt, which is more specific and relatively unstable, has been linked with the development of empathy and positive relationship outcomes.

The concept of conversation orientation, used to assess family interaction, is also relevant in the context of this study on hikikomoris. Families with high conversation orientations encourage and enjoy communication, share ideas, and make decisions together. In families low in conversation orientation, interaction is less frequent and the individuals tend to avoid open discussion. They are less likely to share their private thoughts or to make decisions together. A family’s high conversation orientation has been associated with better mental health outcomes compared to a low conversation orientation.

In addition, families can be examined on a continuum of conformity orientation. A high conformity orientation means that harmony and cohesion of values and beliefs are considered important in a family. This orientation may lead to pressure to show mutual agreement and compliance. In contrast, families with low conformity orientation typically stress the family members’ individuality and independence. Family communication patterns, such as the conversation and conformity orientations, tend to transmit to subsequent generations, at least to some extent. The patterns are formed early through the parent-child interaction and stabilized over time.

It has been proposed that the interaction between family members is a factor that may affect the family’s health more than family structure and function. In other words, the depth of interaction and sharing of meanings may be more decisive for family health than who exactly or in which role the family members are. When families are studied from the perspective of family health, they are seen to be in a dynamically changing state of wellbeing, which includes biological, psychological, spiritual, sociological and cultural factors of the family system. The family can be seen either as a resource or stressor factor in the background in an individual’s life.

In the industrialized countries, however, a growing number of people live alone. Loneliness and social isolation are becoming increasingly common, despite globalization and sophisticated communication technology. Loneliness is here seen as a subjective experience, involving feelings about a lack of being connected with people. Loneliness can exist despite having a social network. Social isolation, on the other hand, refers to the objective fact of not having connections with other people. Loneliness has been found to be associated with physical and mental health problems, death wishes and mortality.

The so-called hikikomori are among the increasing number of people, who suffer from loneliness and social isolation. The term is a compound verb made up of the two Japanese kanji characters for “to pull back” (hiku) and “to seclude oneself” (komoru). It can be translated as “to be confined inside” and it can be used to refer to both a person and a state of being. The term primarily refers to the avoidance of social contacts; a hikikomori is a person who seeks to avoid social contacts. Tamaki Saitō has been assumed to have first used the term in its current meaning in 1998. As reported by Ohashi, however, Okadou was the first to use the word Hikikomori in academic research as early as 1980. According to the Oxford English Dictionary, hikikomori means “abnormal avoidance of social contact, typically by adolescent males” and “a person who avoids social contact.”
The hikikomori phenomenon has cultural and historical roots in the Japanese society, but it has been identified in several countries across the world. Researchers have reported its existence for example in Spain,[38–40] Finland, Italy,[41] South Korea, India and USA.[42,43] As pointed out by Tan et al.,[44] the phenomenon has clearly become global, although some of its features are related to the Japanese culture.

The official definition for a hikikomori provided by the Cabinet Office of Japan[45,46] depicts a person remaining home-bound for over six months, with at least one or more of the following conditions applicable:

1) Going outside their home only to engage in hobby and leisure activities 2) Going shopping at a nearby store, such as a convenience store 3) Leaving their own room but not going outside home 4) Spending most of their time in their own room.

The diagnostic criteria proposed for hikikomori include marked social isolation (at home); duration of continuous social isolation of at least 6 months; and significant functional impairment or distress associated with the social isolation.[47]

Although hikikomori has mostly been understood as a phenomenon that concerns young males, part of the Japanese hikikomoris are women and an even greater percentage are middle-aged.[43] In recent studies, a distinction has been made between hikikomoris (kyōgi no hikikomori in Japanese) and pre-hikikomoris (jun hikikomori), who partly fill the criteria of the Japanese Cabinet Office.[45,45] In Finland, for example, many socially withdrawn young people seem to meet the definition of pre-hikikomori. They are at risk of becoming increasingly isolated from society.[48] It should be mentioned in this context that in some cases, the hikikomori lifestyle may be a matter of choice, similar to earlier hermits’ withdrawal from society.[39] Tan et al.,[44] for example, have described the hikikomori phenomenon as a person’s deliberate seclusion from mainstream society.

Previous research on hikikomori has primarily focused on analyzing the characteristics of the phenomenon[36] and the related psychiatric factors.[43,49–51] The cultural and sociological factors that affect the lives of socially withdrawn people have not been considered very extensively. An exception to this are studies on the information behavior[39,52] and sexuality of socially withdrawn people.[39] As it has been confirmed that socially withdrawn people run a higher-than-average risk of committing suicide,[53] more research is required on the hikikomori condition as a risk factor of suicide.[33] According to a recent study,[6] one of the barriers to suicide is concern for the family. In many cases, hikikomoris do not want to cause grief for their parents or grandparents.

In addition, some limited evidence has been reported to support a connection between internet usage and suicide.[54] Heavy use of the internet is a characteristic feature of the hikikomori lifestyle.[52] Kato et al.[33] have suggested that hikikomori may be a precursor symptom of suicide, but more evidence is required. According to Zdanow and Wright,[55] glorification, promotion and encouragement of suicidal behavior are typical of suicide-related groups on Facebook. Moreover, internet searches conducted on suicide are frequently related to actual suicides among Japanese men and women in their 20s and 30s.[56] On the other hand, it must be remembered that we do not always know what kind of causality may lie behind various connections. For example, does network addiction lead to social withdrawal, or social withdrawal to network addiction? It is a chicken and egg dilemma, as Haasio[35] and Kato et al.[47] have pointed out.

As discussed above, a young person’s family situation and parental behavior may contribute to their social withdrawal. In the context of hikikomori, Kato et al.[33] have pointed out that overprotective parenting and/or absence of paternal involvement may be linked to the occurrence of this phenomenon. Still, as the hikikomoris do not spontaneously seek help, support and interventions from families are required to encourage the socially withdrawn persons to seek therapeutic help. Teachers’ role is also important, since social workers do not easily reach hikikomoris.[52]

Cultural differences should be taken into consideration when discussing rehabilitation, therapy and the role of the family in therapeutic interventions for the hikikomoris. For example, when family values in Japan and Western Europe are compared, Hofstede’s (2005) cultural dimension “individualism vs. collectivism” seems to be relevant.[57] Many European countries, including Finland and other Scandinavian countries, are very individualistic, whereas in the Japanese society, traditional values and collectivism are emphasized.[52]

In Japan, the hikikomoris tend to have no other human relationships beside their family and they stay in their homes most of the time. They do not attend school or have workplaces, which results in becoming isolated from society. Being “home-bound” may be linked to a social norm. In Japan, the family is thought to be responsible for the offspring by providing them security and economic support until they become socially and financially independent. This social norm can affect parents with a hikikomori child in two ways: It can lead to an excessive financial burden on the parents and to lack of social interaction with other people. The parents may avoid discussing the situation with neighbors, colleagues or even relatives. They may experience shame, thinking that the situation must result from their failure to support their
child in an early development stage, and they may fear exposure and loss of social status. The lack of social interaction also makes it difficult to access psychological and financial support. The situation typically deteriorates when parents lose their jobs or retire,[52] and are less able to support their offspring. There is little support from government social policy or social security system; the general assumption seems to be that it is primarily the family that should take care of the family members. In recent years, however, a number of researchers and practitioners have started to advocate psychological and financial support for hikikomori individuals and their parents.

In this study, family means any individuals that the hikikomori online forum users refer to as family members or persons closest to them, most commonly parents and grandparents. There was little reference to spouses or partners in this study; being single is considered to be part of the hikikomori phenomenon.

1.1 Research purpose and aim
The purpose of this qualitative research is to describe how socially withdrawn people or hikikomoris experience the meaning of the family and family communication for their coping. The study aims at producing knowledge that can be used by professionals in education, health care and social services to develop interventions and support family communication. Since this is a qualitative study, no hypothesis was generated. Instead, the study seeks to provide insight into the experiences of socially withdrawn individuals. The research questions were:

RQ 1. How do socially withdrawn people (the hikikomoris) experience the meaning of family for their coping?
RQ2 How do socially withdrawn people describe communication in their families?

2. METHODS

2.1 Participants
The study participants were anonymous users of a Finnish discussion board, a forum for self-defined hikikomoris or socially withdrawn people (http://www.ylilauta.org/hikky). The data were collected in May, 2020. The forum is an anonymous image board; the users can post messages and answer posts without registration. The empirical data consists of 42 discussion threads containing 2,644 messages. All in all, there were 2,589 discussion threads in the forum, but only those dealing with family were included.

Typically of anonymous image boards, it is possible to have discussions in the forum without revealing much about one’s identity. Due to this anonymity, people involved in the discussions may express their feelings and recount their experiences and fears relatively freely.[39] The exact number of the participants is not known. Some of the forum users share their age, educational background, gender and other personal information, but most do not. Despite this it is possible to deduce from the messages that most of the forum users are 16-30-year-old males. The same conclusion about the gender and age of the participants was reached in other studies using data from this forum.[39, 48, 52]

2.2 Data analysis
The first and second researcher read through the material several times. One of them conducted the inductive content analysis by picking out original utterances that represented an answer to the research questions. These utterances, stored in Word files, were then reduced so that their original core content was retained. Reduced utterances representing similar perspectives were grouped into categories, which were combined into two higher level categories. Finally, the researchers discussed the results of the analysis to ensure that there was consensus. The trustworthiness of the analysis is increased by the fact that two researchers read the data and discussed the results.[58]

2.3 Ethics
Good ethical practice was maintained during the study.[59] The topic was chosen because there is a limited body of research knowledge and need to find means to help socially isolated individuals and their families. The use of anonymous information can be considered ethically justified in exploring a sensitive topic like the hikikomori phenomenon.[60] No research permission was required for the anonymous data.

The material collected from the discussion board reflects the participants’ genuine experiences at the time of data collection. The material is authentic also in the sense that it has not been subjected to memory distortion.[60] Another advantage of using existing internet data is that it does not reactivate any trauma in the participants.[61]

As the image board used is open for anyone without registration, it can be freely used for research purposes.[62–64] The material was used with extreme care, with the principle that no harm must be caused to the individuals involved in the discussions.[65, 66]

2.4 Rigor
Inductive content analysis was used to ensure that the voice of the socially isolated people was heard. The trustworthiness of the findings is increased by the use of original quotes in the report. The confirmability of the results was strengthened by careful analysis and reporting, and by having both
Finnish investigators read the material through several times. The analysis was conducted by one of them, but the interpretations were discussed and consensus was reached. The investigators were also conscious of the importance of reflexivity, or the potential influence of their background and work experience.[67,68]

3. RESULTS
The socially withdrawn people or hikikomoris had both positive and negative experiences associated with their families. The two main categories of experiences which evolved in the analysis were: (1) the meaning of the family for coping and (2) challenges in the family situation and dynamics. The participant quotes have been translated from the Finnish language.

3.1 Meaning of the family for coping
The first main category, the meaning of the family for coping, involved two categories; appreciation of family as a support to one’s coping, and protecting the cohesion of the nuclear family. The sub-categories for each category are presented in italics in the text.

3.2 Appreciation of family as a support to one’s coping
It seems that many forum users felt genuinely understood and supported by their parents. The grandparents’ supportive and encouraging attitude was also frequently mentioned. Expressions like “genuine presence”; “being able to be oneself” and still being seen, heard and understood, were used to describe the relationship. To quote the forum users, “My parents have always supported and encouraged me” and “Mother is deteriorating, after she has passed away I will have no reason to live. Until now Mother has cared for me, although I am close to 30”. In addition, although less commonly, the loving and supporting attitude of the spouse was mentioned.

3.3 Protecting the cohesion of the nuclear family
It was important for the forums users to protect their families from grief, shame and guilt. The wish to protect the close ones from suffering and grief was one of the factors that prevented them from committing suicide. The forum users wrote, “It’s not that I don’t have the balls, I just don’t want to hurt the close ones”; “I have never tried suicide, because I don’t want to cause grief to Mother”, and “My suicide would be a terrible shock to the relatives”.

The forum users seemed to contemplate the consequences of their hypothetical suicide from the perspective of their families. They pointed out, for example, that other members in their families also suffered from mental health problems, and might not be able to cope with the suicide. Besides the anticipated grief, shame and guilt of family members, the forum users appeared to envisage various concrete difficulties. They wrote, “My suicide would cause quite a lot of grief and some practical problems, so I haven’t done it” and “I hope that little by little I will manage to take care of things, so that my passing away will not derail anybody else’s life, I mean financially or otherwise”. Many forum users seemed prepared to endure mental suffering as long as their close family members were alive. For example, “I will commit suicide after my parents pass away” and “After my parents have departed this life, I will shoot my brain out”.

3.4 Challenges in the family situation and dynamics
The second main category, Challenges in the family situation and dynamics, consisted of the following categories: poor family dynamics; harmful and abusive experiences, and the family’s socioeconomic status as a background for one’s failure.

3.5 Poor family dynamics
Lack of close, genuine relationships seemed to be a typical feature in many contributions to the forum. The writers indicated that they had got used to being treated in a controlling and manipulative manner. Many of them expressed a strong need to be cared for, loved, understood and touched. One participant wrote, “as far as loving family members are concerned, I wish they loved you before death, not afterwards.”

Poor emotional intelligence skills were frequently referred to or described in the hikikomori forum. Some participants mentioned their childhood role models and life centered around work and routines. Their expressions of emotions had been discouraged, and they had not properly learned emotional intelligence skills, such as interpreting or sharing emotions. They wrote, for example, “...kind of sulking, you’re afraid of emotions, whether negative or positive.” The inability to express and deal with emotions had had negative consequences; the forum users said that they felt lonely and “like outsiders”. They described life as “living on autopilot”, with “bottled-up” emotions. They also found it difficult to put themselves into another person’s position or to express their needs. As one participant wrote,

"A couple relationship has its challenges, you can’t see inside the other person’s head and read their thoughts. It’s difficult to change someone, and does the other person even want to change, if you take up the problems? The same is true for yourself."

Difficulty of communication was also frequently referred to in the hikikomori forum. There seemed to be little open or accepting interaction and communication in many families. According to the forum users, their family members used...
“telegram communication” to update the situation and often only pretended to listen to each other. Instead of trying to reach another family member’s perspectives, conclusions were made based on guesses and “prejudice”. One writer described the ending of a relationship: “One person hatching plans to end the relationship for months or years, without the other having any clue about what was going on. Understanding this afterwards seems even more terrible than the actual abandonment”.

In many cases, the childhood and youth of the forum writers had been characterized by broken relationships in the home. Arguments, violence and abusive relationships were commonly mentioned or indicated, as in this quote: “You don’t know in what kind of position and what things I had to endure and experience with my relatives and family”. Many writers recounted their experiences of parental divorce or severe mental disorders, which had undermined their feeling of safety. Some male writers thought that they would not “make good fathers”, if they ever found the courage to start a family. They dreamt about having a good relationship, but many of them revealed being afraid of women. In the minds of many hikikomoris, a couple relationship or family was a dream, unlikely to be realized.

Loss of time spent with the family seemed another typical feature in the lives of many hikikomoris. According to the forum users, their family members avoided contact and escaped to their computers, social media or television. For example, “Nowadays families escape the harsh reality to the internet, instead of spending time together” and “Here we are, rotting alone in front of the television or computer screen, until you manage to take an overdose or shoot yourself in the head”. On one hand, the escape to the virtual world was seen as a risk to the quality of relationships. One of the forum users asked, for example, “Does human life have any value, when people make friends with machines?” Another forum user wrote, “… I will soon lose my ability to speak, people will turn into machines and all discussion will in electronic form. “On the other hand, the virtual world was also experienced as a safe and logical place where one did not have to deal with emotions. The interaction in the virtual world was considered to be more predictable and safely distant compared to “real-world” interaction. Avatars could be used to increase one’s self-confidence. The forum users wrote, for example, “Real friends are replaced by virtual friends” and “When you have a robot as a friend, who needs people anymore?”

In a similar vein, the hikikomori forum users described estrangement between family members. This was considered to be associated with work being more important than family, and digitalization of the society making daily life busier. One forum user wrote, “It is weird that your own family becomes estranged. Shouldn’t family be the most important thing in the world?” Some hikikomoris wrote that the family lost its importance, because work demanded much time, and people constantly needed to be available for their employers.

Finally, social isolation and loneliness was much discussed in the hikikomori forum. The forum users’ attitudes seemed ambivalent; they dreamt of family life and good relationships, but were simultaneously afraid of human contact, and tended to withdraw from contact. They wished to be seen and approached, but were afraid of the very same thing. Social situations frequently made them “hot with anxiety”, and it was difficult for them to find the right words or express their emotions. Finding a partner seemed difficult because of shyness or lacking social skills. One of the participants wrote, “all the women I have approached seemed either uncomfortable and told me to get lost, or laughed in my face.” Other forum users described their situation as follows:

“There is this insane anxiety again, when you know that you are alone. Nobody to hug. Nobody to give love. Suicidal thoughts come up. You ask yourself if there is any sense in this life, when you have to be alone.”

“I don’t know how long a person can live lonely, like an empty robot. If your dream is to have what is the most important and actually the only thing that makes a person human, that is find the one, have sex, have a family.”

3.6 Harmful and abusive experiences

Many of the people who contributed to the hikikomori forum had experienced or witnessed family violence. They described the accumulation of hidden suspicion and jaundice in the family, until pent-up emotions had been released and found their expression in violence. As one of the forum users wrote, “…family violence, the situation escalates and gets out of hand when you don’t know how to control and deal with your emotions”.

A few forum users referred to having been sexually abused by a parent or partner. To quote one writer, “Being locked in the cellar, abused by your own parent”. The forum users described the fears, insomnia and anxiety that had resulted from the sexual abuse or other type of violence experienced in the family. The topic was found difficult to address and it was associated with shame, guilt and the feeling that one might have somehow contributed to the development of the situation. The experience was also associated with the feeling of being abandoned and losing control over one’s life. In addition, some people in the forum described how painful it had been to be made fun of or ridiculed after revealing their most intimate emotions to another person. One forum user wrote, “You give everything to someone, who turns out to be
You have been delicately, little by little building up closeness being seen. A strong need to be accepted, understood and loved is reflected in the contributions of socially withdrawn people. Their situation is ambivalent, however, as they seem to simultaneously fear human encounters and the experience of "being rejected made it difficult for them to start a new relationship. Shame, depression and loneliness were associated with the experience. One participant described an experience:

"You have been delicately, little by little building up closeness for years, then it suddenly comes as a bombshell, ciao, not interested anymore, have a good life. There you are, picking up pieces of your heart from the floor and trying to keep your sanity".

The relatives’ depreciative attitude was mentioned a number of times in the forum. Some writers described how they felt underestimated and "arrogantly" criticized by their relatives. They also felt that appreciation could only be earned if they demonstrated excellent success at school, or had a respected profession or high salary. To quote the participants, “My relatives have been putting me down, belittling and criticizing me for things they do themselves too” and “My relatives are like, they don’t even deserve to know, they have always enjoyed sorting out things, talking and gossiping about other people’s ailments and problems, the whole family together”.

3.7 The family’s socioeconomic status as a background for one’s failure

Finally, it was discovered in this study that some participants to the Hikikomori forum seemed to attribute their failure to their parents’ poor socioeconomic situation. They described the parents’ poor economic situation and social status, often associated with low education levels, unemployment and use of intoxicants. One of the writers explained that, having adopted a model of underachieving as a “family heritage”, he/she had no ambition to study to get a proper profession. One participant wrote, “For work you need to have the right kind of family background, in addition to education”.

4. DISCUSSION

A strong need to be accepted, understood and loved is reflected in the contributions of socially withdrawn people. Their situation is ambivalent, however, as they seem to simultaneously fear human encounters and the experience of “being seen”.

Part of the hikikomori forum users experienced their families, especially their parents and grandparents, as a source of genuine acceptance, encouragement and support to their coping. Although it is not clear from the forum contributions in what form exactly the support was communicated, these individuals had felt accepted the way they were, despite having otherwise failed in life. The support from the family seems to have created a sense of continuity and safety in this group of hikikomoris. The role of good multigenerational family dynamics and the family as a source of emotional and social support have been emphasized before.\textsuperscript{[69–71]} In this study, the existence of parents and grandparents was the reason to continue life for some individuals. Although they seemed to have little will to live, the hikikomoris wanted to protect their families from grief, shame and guilt. They did not indicate having experienced pressure to show mutual agreement and compliance, as might be the case in some families with a strong conformity orientation.\textsuperscript{[9]}

Another part of the hikikomori forum users reported negative experiences with their families. In their communications, the forum users seemed to associate their failures in life with their parents’ lacking emotional, social or economic resources, lifestyle and use of intoxicants. Poor coping and lack of social skills were sometimes experienced as intergenerational problems, not to be solved with the limited means and resources of the hikikomori.

The forum users described poor family dynamics and lack of genuine human relationships. Many of them had experience of broken families with poor emotional intelligence and limited communication skills. Some families seemed to lack the ability to naturally spend time together; the family members avoided contact, became estranged from each other and did not share meaningful experiences. Their family dynamics was characterized by social isolation, loneliness and otherness. Many forum users felt unable to express their emotions or recognize other individuals’ emotional reactions. It has been proposed earlier that hidden emotions and family secrets can lead to distorted family dynamics.\textsuperscript{[72,73]} Many socially withdrawn individuals seemed to find the virtual world safer and more logical and predictable compared to “real-world” human relationships. They felt overwhelmed by the various roles prevalent in society and by the need to respond to other people’s emotions and expectations. However, the hikikomori condition involves a risk of electronic communication replacing most of the face-to-face communication. Competition and comparing oneself to others in the social media may also lead to the so-called Facebook depression.\textsuperscript{[74]}

A few forum users in this study had experienced family violence and sexual abuse, which had resulted in profound feelings of fear, shame, guilt and humiliation. Broken couple
relationships and the feeling of being abandoned had rendered many forum users reluctant to approach the opposite sex. The forum users also described criticism from relatives, for example from their aunts or uncles, which further increased their insecurity and feelings of inferiority.

Socially withdrawn people might benefit from support and counseling interventions designed to improve family dynamics and communication. Frameworks that address stress, coping and resilience might be useful to increase family members’ knowledge and help them build skills required in supporting each other.[75] This is not to say that individual therapy interventions or peer support are not required.

More research on the hikikomori phenomenon needs to be conducted, especially from the family dynamic perspective. Hochman, Segev and Levinger’s (2020) systemic model might prove useful in such research.[14] The model goes beyond the perspective of individual family members, connecting the different perspectives and thus enabling an understanding of the complex dynamics of family relationships.

4.1 Translational section
Professionals working with socially withdrawn individuals, or the hikikomoris, might find considering the following points useful:

a) The hikikomoris are not a uniform group. The meaning of the family and family communication seems to vary from one individual to another. For some individuals, protecting the cohesion of the family is an important value, and they feel supported by their parents and grandparents, while others describe lacking communication, negative experiences and individual pathways of the family members.

b) The hikikomoris do not usually seek help, so how could they be detected? General awareness of the phenomenon should be raised by education, workshops or similar, so that the relatives or professionals in contact with the hikikomoris are activated to intervene.

c) The hikikomoris and sometimes their family members find it easier to communicate online or in writing, compared to face-to-face situations. It might be helpful to establish the initial contact gradually, using media that are familiar and may feel “safer” to the hikikomoris. Professionals seeking to teach emotional intelligence skills or facilitate communication between family members are well advised to use the family’s own language and forms of communication.

d) Even if it is not possible to improve family communication, as may be the case following severe maltreatment by family members, the hikikomoris might benefit from learning to verbalize their experiences and emotions.

f) Being a hikikomori can also be considered a sub-culture, which values a degree of isolation. Some individuals may experience their situation as a lifestyle of their own choice.

4.2 Limitations & future directions
The study is limited to a national setting, although the extensive data provides a comprehensive description of hikikomori’s experiences in Finland. The anonymity of the material can be considered another limitation, because age and gender distributions cannot be determined. Neither is it possible to gain further knowledge by interviewing the forum users. Only some of them revealed their age and gender, but it might be assumed based on the contributions that the majority of the forum users were young males.

In future, interviews with hikikomoris could be fruitful to further explore the meaning of the family, family dynamics and family communication for them, provided that an adequate number of individuals agree to be interviewed. Future studies could also examine hikikomoris’ experiences of peer support provided by the online forum. It might also be useful to explore family members’ experiences of family communication and their role in supporting the coping of social withdrawn individuals. The topic could be extended to cover family members’ needs for help and support.

5. CONCLUSIONS
The family can have a central role in detecting and alleviating social withdrawal. Even if a person is already socially isolated or has become a hikikomori, the role of the family in therapeutic work can be crucial. Counseling and support are required to improve interaction, dialogue and other aspects of family dynamics.

CONFLICTS OF INTEREST DISCLOSURE
The authors declare they have no conflicts of interest.

REFERENCES
[1] Ortiz YMB, SuárezVilla M, Expósito MY. Importance and recognition of the family in health care: A reflection for nursing. Nursing & Care Open Access Journal. 2017; 3(5): 307-309. https://doi.org/10.15406/ncoaj.2017.03.00084
[2] Ballard NR. Family structure, function, and process. In SM Hanson, ST Boyd (Eds.), Family health care nursing: Theory, Practice and Research. F.A. Davis Company; 1996. 57-75 p.
[3] Morelen D, Jacob ML, Suveg C, et al. Family emotion expressivity, emotion regulation, and the link to psychopathology: Examination across race. British Journal of Psychology. 2013; 104(2): 149-166. https://doi.org/10.1111/j.2044-8296.2012.02108.x

[4] Morelen D, Suveg C A real-time analysis of parent-child emotion discussions: The interaction is reciprocal. Journal of Family Psychology. 2012; 26(6): 998-1003. https://doi.org/10.1037/a0030148

[5] Salo AE, Junttila N, Vauras M. Social and emotional loneliness: Longitudinal stability, interdependence, and intergenerational transmission among boys and girls. Family Relations 2019; 69(1): 151-165. https://doi.org/10.1111/fare.12398

[6] Haasio A, Salminen-Tuomaala M. Suicide Motives and Protective Factors - Contributions from a Hikikomori Discussion Board. Issues in Mental Health Nursing. 2020; 42(5): 417-429. https://dx.doi.org/10.1080/01612840.2020.1817209

[7] Gilgun JF. Enduring themes of qualitative family research. Journal of Family Theory and Review. 2012; 4(2): 80-95. https://dx.doi.org/10.1111/j.1756-2589.2012.00118.x

[8] Ganong L, Coleman M. Qualitative research on family relationships. Journal of Social and Personal Relationships. 2014; 31(4): 451-459. https://dx.doi.org/10.1177/0265407514520828

[9] Koerner AF, Schrodt P, Fitzpatrick MA. Family communication patterns theory: A grand theory of family communication. In D. Braithwaite, E. Suter, & K. Floyd (Eds.), Engaging theories in family communication: Multiple perspectives (2nd ed.). Routledge: 2018. 142-153 p. https://dx.doi.org/10.4324/9781315204321-13

[10] Koerner AF, Schrodt Fitzpatrick MA. You never leave your family in a fight: The impact of family of origin on conflict-behavior in romantic relationships. Communication Studies. 2002; 53(3): 234-251. https://dx.doi.org/10.1080/1050197020938588

[11] Afifi TD, Olson L. The chilling effect in families and the pressure to conceal secrets. Communication Monographs. 2005; 72(2): 192-216. https://dx.doi.org/10.1080/0363775050111906

[12] Rauscher EA, Schrodt P, Gemme Campbell-Salome G, et al. The intergenerational transmission of family communication patterns: (In)consistencies in conversation and conformity orientations across two generations of family. Journal of Family Communication. 2020; 20(2): 97-113. https://dx.doi.org/10.1080/15267431.2019.1683563

[13] Jabbari B, Rouster AS. Family Dynamics. 2020 Jul 27. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020.

[14] Hochman Y, Segev E, Levinger M. Five phases of dyadic analysis: Stretching the boundaries of understanding of family relationships. Family Process. 2020; 59(2): 681-694. https://dx.doi.org/10.1111/fam.12466

[15] Miller IW, Ryan CE, Keitner GI, et al. The McMaster approach to family communication patterns and their associations with information processing, behavior, and psychosocial outcomes. Communication Monographs. 2008; 75(3): 248-269. https://dx.doi.org/10.1080/03637750802256318

[16] Friedman M. Family nursing: Research, theory, and practice (4th ed.). Appleton & Lange; 1998.

[17] Åstedt-Kurki P, Lehti K, Tarkka MT, et al. Determinants of perceived health in families of patients with heart disease. Journal of Advanced Nursing. 2004; 48(2): 115-123. https://dx.doi.org/10.1046/j.1365-2648.2004.03178.x

[18] Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: A meta-analytic review. PLoS Medicine. 2010; 7(7): e1000316. https://dx.doi.org/10.1371/journal.pmed.1000316

[19] Hughes ME, Waite LJ, Hawkley LC, et al. A short scale for measuring loneliness in large surveys: Results from two population-based studies. Research on Aging. 2004; 26(6): 655-672. https://dx.doi.org/10.1177/01640275042686574

[20] Dijkstra PA. Older adult loneliness: Myths and realities. European Journal of Ageing. 2009; 6(91): 91-100. https://dx.doi.org/10.1007/s10433-009-0110-3

[21] Dahlberg L, Andersson L, Mckee KJ, et al. Predictors of loneliness among older women and men in Sweden: A national longitudinal study. Aging & Mental Health. 2015; 19(5): 409-417. https://dx.doi.org/10.1080/13652640.2014.944091

[22] Heikkinnen RL, Kauppinen M. Mental well-being: A16-year follow-up among older residents in Jyväskyla. Archives of Gerontology and Geriatrics. 2011; 52(1): 3339. https://dx.doi.org/10.1016/j.jagger.2010.01.017

[23] Tilvis RS, Routasalo P, Karpinnen H, et al. Social isolation, social activity and loneliness as survival indicators in old age: A nationwide survey with a 7-year follow-up. European Geriatric Medicine. 2012; 3(1): 1822. https://dx.doi.org/10.1016/j.eurger.2011.08.004

[24] Kato TA, Kanba S, Teo AR. Hikikomori: Multidimensional understanding of media and scholars; multicausal explanations of the phenomenon. Psychotoday Monographs. 2008; 75(3): 248-269. https://dx.doi.org/10.1080/03637750802256318

[25] Krysinska D. Hikikomori (social withdrawal) in Japan: Discourses of media and scholars; multicausal explanations of the phenomenon. Doctoral dissertation, University of Pittsburgh. 2007.
[36] Saito T. Hikikomori: Adolescence without end [English translation of Shakaiteki hikikomori: owaranai shishunki]. Minnesota University Press. 1998/2013.

[37] Oxford Dictionaries. Meaning of the word hikikomori. 2020. Available from: http://www.oxforddictionaries.com/definition/english/hikikomori

[38] Ovejero S, Caro-Cañizares I, de León-Martínez V et al. Prolonged social withdrawal disorder: A hikikomori case in Spain. International Journal of Social Psychiatry. 2014; 60(6): 562-565. https://doi.org/10.1177/0277094013504560

[39] Haasio A. Toiseus, tiedontarpeet ja tiedon jakaminen tietoverkon "pienessä maailmassa": Tutkimus sosiaalisesti vetäytyneiden henkilöiden informaatiokäyttäytymisestä [Otherness, information needs and information sharing in the "small world" of the Internet: A study of socially withdrawn people's information behavior] (Summary in English). Acta Universitatis Tamperensis 2082. Tampere: Tampere University Press; 2015. Available from: http://urn.fi/URN:ISBN:978-951-44-9878-7

[40] Husu HM, Välimäki V. Staying inside: Social withdrawal of the young, Finnish 'Hikikomori'. Journal of Youth Studies. 2017; 20(5): 605-621. https://doi.org/10.1080/13676261.2016.1254167

[41] Ranieri F. When social withdrawal in adolescence becomes extreme: The “hikikomori” phenomenon in Italy. Psychiatria i Psychologia Pediatrix. 2018; 7(1): 105. https://doi.org/10.1002/wps.20497

[42] Tajan N. Social withdrawal and psychiatry: A comprehensive review of hikikomori. Neuropsychiatrie de l’Enfance et de l’Adolescence. 2015; 63(5): 324-331. https://doi.org/10.1016/j.neurenf.2015.03.008

[43] Tan M, Lee W, Kato, T. International experience of hikikomori (prolonged social withdrawal) and its relevance to psychiatric research. BJ Psych International. 2020; 1-3. https://doi.org/10.1192/bjpi.2019.0023

[44] Nihon Naikakufu (Cabinet Office of Japan). Wakamono no seiatsu ni kansuru chosa hokokusho. [Survey report on youth’s living conditions]. Cabinet Office, Government of Japan. 2016. Available from: http://www8.cao.go.jp/shoushi/shinseido/links/gaiibu/nihon-kodomo.html

[45] Tajan N, Yukiko H, Pionnié-Dax N. Hikikomori: The Japanese culture-bound syndrome of social withdrawal? A proposal for DSM-V. The Journal of Nervous and Mental Disease. 2010; 198(6): 444. https://doi.org/10.1097/NMD.0b013e3181e086b1

[46] Kondo N, Sakai M, Kuroda Y, et al. General condition of hikikomori (prolonged social withdrawal) and its relevance to psychiatric research. Social Psychiatry and Psychiatric Epidemiology. 2012; 47(7): 1061-1075. https://doi.org/10.1007/s00127-011-0411-7

[47] Tenk [Finnish Advisory Board on Research Integrity]. Responsible conduct of research and procedures for handling allegations of misconduct in Finland 2012. 2012. [In Finnish, Swedish and English]. Available from: http://www.tenk.fi/files/HTK_ohje_2013.pdf

[48] Zdanow C, Wright B. The representation of self injury and suicide on emo social networking groups. African Sociological Review/Revue Africaine de Sociologie. 2012; 16(2): 81-101.

[49] Hagihara A, Miyazaki S, Abe T. Internet suicide searches and the incidence of suicide in young people in Japan. European Archives of Psychiatry and Clinical Neuroscience. 2012; 262(1): 39-46. https://doi.org/10.1007/s00406-011-0212-8

[50] Hofstede G, Hofstede GJ. Cultures and Organizations: Software of the mind. (Rev. and exp. 2nd ed.). McGraw-Hill; 2005.

[51] Poli DF, Beck CT. Nursing research: Generating and assessing evidence for nursing practice (8th ed.) Wolters Kluwer Health/Lippincott Williams & Wilkins; 2012.

[52] Aho AL, Kylmä J. Sensitiivinen tutkimus hoitotieteessä - näkökohtia tutkimusprosessin eri vaiheissa. [Sensitive research in nursing evaluation]. Hoiotiede. 2012; 24(4): 271-280.

[53] Hagihara A, Miyazaki S, Abe T. Internet suicide searches and the incidence of suicide in young people in Japan. European Archives of Psychiatry and Clinical Neuroscience. 2012; 262(1): 39-46. https://doi.org/10.1007/s00406-011-0212-8

[54] Harviainen JT, Haasio A, Ruokolainen T, et al. Information Protection in Dark Web Drug Markets Research. In Proceedings of the 54th Hawaii International Conference on System Sciences. (2021, in press). https://doi.org/10.24251/HICSS.2021.567

[55] Hofstede G, Hofstede GJ. Cultures and Organizations: Software of the mind. (Rev. and exp. 2nd ed.). McGraw-Hill; 2005.

[56] Williams & Wilkins; 2012.

[57] Kozinets RV. Netnography: Doing ethnographic research online. Sage publications; 2010.

[58] Harvainen JT, Haasio A, Ruokolainen T, et al. Information Protection in Dark Web Drug Markets Research. In Proceedings of the 54th Hawaii International Conference on System Sciences. (2021, in press). https://doi.org/10.24251/HICSS.2021.567

[59] Parahoo K. Nursing research, principles, process and issues (2nd ed.). Palgrave Macmillan; 2006.

[60] Hagihara A, Miyazaki S, Abe T. Internet suicide searches and the incidence of suicide in young people in Japan. European Archives of Psychiatry and Clinical Neuroscience. 2012; 262(1): 39-46. https://doi.org/10.1007/s00406-011-0212-8

[61] Harviainen JT, Haasio A, Ruokolainen T, et al. Information Protection in Dark Web Drug Markets Research. In Proceedings of the 54th Hawaii International Conference on System Sciences. (2021, in press). https://doi.org/10.24251/HICSS.2021.567

[62] Tenk [Finnish Advisory Board on Research Integrity]. Responsible conduct of research and procedures for handling allegations of misconduct in Finland 2012. 2012. [In Finnish, Swedish and English]. Available from: http://www.tenk.fi/files/HTK_ohje_2013.pdf

[63] Kozinets RV. Netnography: Doing ethnographic research online. Sage publications; 2010.

[64] Whiteman N. Undoing ethics: Rethinking practice in online research. Springer. 2012. https://doi.org/10.1007/978-1-4614-1827-6

[65] Ferguson RH. Offline 'stranger' and online lurker: Methods for an ethnography of illicit transactions on the darknet. Qualitative Research. 2017; 17(6): 683-698. https://doi.org/10.1177/1468794817771884

[66] Martin J, Christin N. Ethics in cryptomarket research. International Journal of Drug Policy. 2016; 35: 84-91. https://doi.org/10.1016/j.drugpo.2016.05.006

[67] Craneheim UH, Lundman B. Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. Nurse Education Today. 2004; 24(2): 105-112. https://doi.org/10.1016/j.nedt.2003.10.001

[68] Kylmä J, Juvakkka T. Laadullinen terveyttäkäytäminen. [Qualitative health research.] Edita Publishing Oy; 2007.

[69] Harrington Meyer M, Abdul-Malak Y. Grandparenting children with disabilities. Springer; 2020. 1-26 p. https://doi.org/10.1007/978-3-030-39056-6_1
[70] Gerhard C. Families in motion: Dynamics in diverse contexts. SAGE Publications; 2020.

[71] Silverstein M, Giarrusso R. Aging and family life: a decade review. Journal of Marriage and Family. 2010; 72(5): 1039-1058. https://doi.org/10.1111/j.1741-3737.2010.00749.x

[72] Barnwell A. Hidden heirlooms: Keeping family secrets across generations. Journal of Sociology. 2018; 54(3): 446-460. https://doi.org/10.1177/1440783317727878

[73] Galvin KM, Braithwaite DO, Bylund CL. Family communication: Cohesion and change (9th ed.). Routledge; 2014. https://doi.org/10.4324/9781315663982

[74] O’Keeffe GS, Clarke-Pearson K. The impact of social media on children, adolescents, and families. American Academy of Pediatrics. 2011; 127(4): 800-804. https://doi.org/10.1542/peds.2011-0054

[75] Myers-Walls JA. Family life education for families facing acute stress: Best practices and recommendations. Family Relations. 2020; 69(3): 662-676. https://doi.org/10.1111/fare.12452