

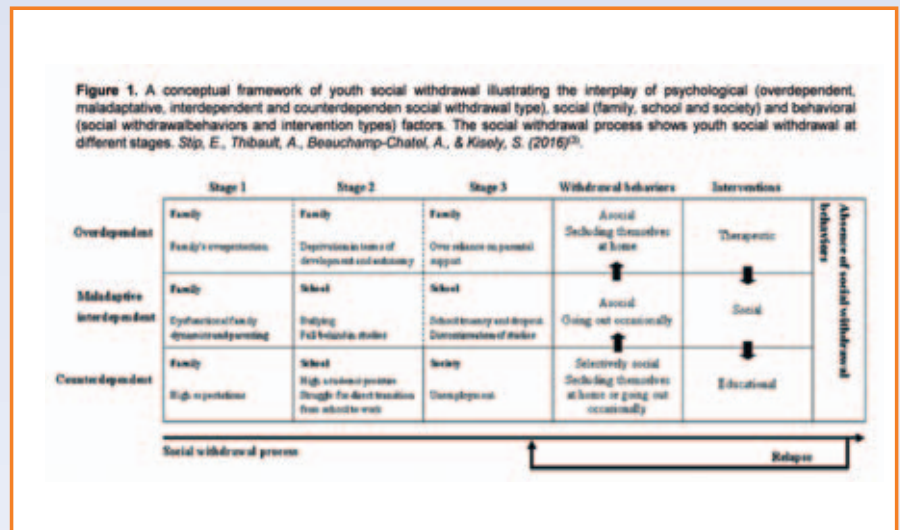
SOCIAL ISOLATION AND THE FUNCTIONALITY OF THE SYMPTOM

Anna Massó, Nadia Sanz, Anna González, Magda Bellsolà,
Miquel Angel Jerónimo García, Luis M. Martín, David Córcoles

Equip Multidisciplinari de Suport Especialitzat en Salut Mental. Institut de Neuropsiquiatria i Adiccions. Parc de Salut Mar, Barcelona

Introduction

First studies proposed social withdrawal behavior as a culture-bound psychiatric syndrome in Japan but recently, several cases have been reported in different countries⁽¹⁾. This behavioral pattern has been called Hikikomori disorder and has been defined as a psychopathological and sociological phenomenon in which people, especially adolescents or young adults, become completely withdrawn from society for at least 6 months, with a lifestyle centered at home and with no interest or willingness to attend school or work⁽²⁾. The insidious and nonspecific presentation of symptoms and the incidence of new technologies in our life and social interactions difficult to distinguish between normal development and a wide range of disorders such as depression, social phobia, personality disorders, schizophrenia, internet addiction or social isolation. In addition, some features are shared between isolation disorder and prodromal phases of schizophrenia, negative psychotic symptoms and Internet addiction, which are common differential or comorbid diagnosis⁽³⁾. The heterogeneity in which these are presented and the lack of a consensual definition makes its diagnosis difficult. So that, some authors have proposed a theoretical framework as a help in the diagnosis and intervention⁽¹⁾. The main objective of this study is to evaluate with a single case the presence of this patient's clinical manifestation. See Fig. 1.



Methods

Design: Retrospective analysis of clinical case.

Information of patient

Biography aspects: An 18-year-old is the eldest of two brothers, with divorced parents and currently lives with his little sister and mother. Secondary education completed and job inactivity. **Psychiatric family antecedents:** a first-degree relative with alcohol-related disorder, a first-degree relative with anxiety-depressive clinic in context of referred dystocia and marital abuse and a third-degree relative affected by fibromyalgia. **Medical antecedents:** No medical-surgical or substance use history. **Psychopharmacological treatment:** escitalopram 10 mg 0-0-1. **Psychological treatment:** behavioral guidelines to recover functionality. **Other aspects:** repetition of a school course.

Reason for consultation: He was referred to Multidisciplinary Support Group for Specialized Mental Health due to episodes of heteroagresivity and isolation at home for three years. Marked interference in its functionality in daily life with abandonment of activities and obligations, school absenteeism, loss of interests, rupture with its social environment and alteration of the relationship with the family nucleus. Irritable mood and tendency to react impulsively and heterogeneously. Sad mood, apathy, abulia and loss of interest. High basal anxiety and social anxiety symptomatology. Addictive behaviors to computer games and internet.

Assessment instruments: The main evaluation tool had been the clinical interview. Otherwise it was used the *Coping Strategies Inventory (CSI)* to evaluate how he faced the problems.

Results

Through the use of the clinical interview qualitative data have been obtained.

1.In our assessment we observed an anxious temperament and shy personality, scarce coping strategies, difficulties adapting to changes, low tolerance to frustration and tendency to react impulsively. These seem to be vulnerability factors which in interaction with stressors trigger behavioral problems; **2.**In context of family dystocia showed poor academic performance and scholar absenteeism, rupture of social relations, Internet addiction, circadian rhythms reversal and episodes of heteroagresivity at home, sad mood, irritability and high basal anxiety; **3.**The maintenance of these behavioral problems led to the situation of dropping out of studies, job inactivity, abandonment of leisure activities, social isolation, bad family relationship, abandonment of personal hygiene and and weight gain.

Discussion

In the line of studies, our results have showed an insidious and nonspecific presentation of symptoms as depression, social phobia, internet addiction and social isolation that make the diagnosis difficult. Firstly, anxious and depressive symptomatology does not meet all the clinical criteria for a psychiatric disorder of the affective sphere. Secondly, internet addiction not seems the main diagnosis due to his ability to regain the control. Thirdly, social isolation appears as an associated symptom because with the establishment of behavioral guidelines the patient recovered its functionality. So far, we have seen that its lack of capacity to react adaptively to stressful situations and the absence of behavioral limits at home has led him to a situation of severe social isolation accompanied by the other symptoms as irritability, rupture with relationships or leisure activities abandonment. It is because of that, the patient has been diagnosed with Adaptive Reaction Disorder with Withdrawal being rule out Hikikomori Syndrome diagnosis.

References

- (1)Wong, T. M. L. and P. W. (2015). Youth social withdrawal behavior (hikikomori): A systematic review of qualitative and quantitative studies. *The Royal Australian & New Zealand Journal of Psychiatry*, vol. 49, issue 7 (2015) pp. 595-609.
- (2)Kondo, N., Sakai, M., Kuroda, Y., Kiyota, Y., Kitabata, Y., & Kurosawa, M. (2011). General condition of hikikomori (prolonged social withdrawal) in Japan: Psychiatric diagnosis and outcome in mental health welfare centres. *International Journal of Social Psychiatry*, 59(1), 79–86.
- (3)Stip, E., Thibault, A., Beauchamp-Chatel, A., & Kisely, S. (2016). Internet addiction, Hikikomori syndrome, and the prodromal phase of psychosis. *Frontiers in Psychiatry*, vol. 7, issue MAR (2016) Published by Frontiers Research Foundation.