"Annali online della Didattica e della Formazione Docente"
Vol. 13, n. 21/2021, pp. 129-149 – ISSN 2038-1034

The hikikomori phenomenon in Italy at the time of the pandemic: pedagogical implications

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Abstract – *Hikikomori are teenagers who decide to completely isolate themselves in their room for long periods of time by refusing any form of contact with the outside world. This particular manifestation of self-exclusion originates in Japan, but in recent decades it has also been gaining ground in non-Asian countries, including Italy. After familiarizing ourselves with the worrying reality of the hikikomori phenomenon, we will try to read it in light of the recent Covid-19 pandemic. That is, we will try to understand if the pandemic has played a certain role in the onset of the problem, in the increase in cases and in the worsening of those already existing or if the condition of self-exclusion is independent of the pandemic and, consequently, more linked to a close correlation between individual and contextual variables. After outlining the different possible scenarios that can arise from the hikikomori-pandemic relationship, we will try to shed some light on their pedagogical implications in order to grasp valuable information that can help limit the risk of the onset of different and multiple problems.*

Riassunto – *Gli hikikomori sono adolescenti che decidono di isolarsi completamente nella loro stanza per lunghi periodi di tempo rifiutando qualsiasi forma di contatto con il mondo esterno. Questa particolare manifestazione di autoreclusione ha origine in Giappone, ma negli ultimi decenni sta prendendo piede anche nei paesi non asiatici, tra cui l'Italia. Dopo aver familiarizzato con la preoccupante realtà del fenomeno hikikomori, si cercherà di leggerla alla luce della recente pandemia da Covid-19. Ovvero, si cercherà di comprendere se la pandemia abbia giocato un ruolo determinate nell'insorgenza della problematica, nell'aumento dei casi e nel peggioramento di quelli già esistenti o se la condizione di autoreclusione sia indipendente dalla pandemia e, di conseguenza, più legata ad una stretta correlazione tra variabili individuali e contestuali. Dopo aver delineato i diversi scenari possibili che possono scaturire dalla relazione hikikomori-pandemia, si cercherà di fare un pò di chiarezza sulle loro implicazioni pedagogiche al fine di cogliere preziose indicazioni che possono aiutare a limitare il rischio di insorgenza di diverse e molteplici problematiche.*

Keywords – hikikomori, pandemic, new forms of social withdrawal, social support, helping relationship

Parole-chiave – hikikomori, pandemia, nuove forme di ritiro sociale, sostegno sociale, relazione d'aiuto

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1. Introduction

The data that reveal the existence of multiple and different forms of youth malaise and discomfort that cause problems in interpersonal relationships and self-closure are alarming. What emerges is that, often, when children are faced with specific requests from society, family and / or school, they are not always able to find other ways of reacting than by isolating themselves. And the more these expectations are constant and pressing, the more the imprisonment becomes automatic, restricting the number of possible alternatives.

In these cases, we speak of *hikikomori*, an expression with which we refer to a particular condition in which the only possibility of survival seems to be that of isolating oneself from society and disappearing by retreating completely to one's room. The subjects in hikikomori, in fact, put an end to any form of communication, even that with their families.

Currently, the hikikomori phenomenon must also be read in light of the recent Covid-19 pandemic in order to understand if the pandemic has played a decisive role in the onset of the problem, in the increase in cases and in the worsening of those already existing or if the condition of self-closure is independent of the pandemic and, consequently, more linked to a close correlation between individual and contextual variables.

Another aspect not to be overlooked is to verify whether the various legislative restrictions linked to the pandemic have created the conditions for the manifestation of other forms of isolation that can provide valuable information to limit the risk of the onset of different and multiple problems.

2. The hikikomori phenomenon

The term *hikikomori* was coined in the early 1980s by the Japanese psychiatrist Saito Tamaki, who with this expression meant a socially worrying phenomenon that emerged in Japan about ten years earlier. It was a voluntary confinement of some subjects who decided to shut themselves up completely in their room for long periods of time, even years, refusing any form of contact with the outside world.

It is a condition that arises and manifests itself mainly in Japan and then spreads to Korea and China, and in recent years also to the United States, Australia and Europe, including Italy[1].

The word *hikikomori* (contracted form of *shakaiteki hikikomori*) is the substantivized form of two verbs: *hiku*, to retreat and *komoru*, to isolate oneself, to close oneself, to hide.

Hikikomori can be defined as such only when they show social withdrawal for at least 6 months, previous school phobia, sometimes Internet addiction, inversion of the circadian

[1] Cf. C. Ricci, *La volontaria reclusione. Italia e Giappone: un legame inquietante*, Roma, Aracne, 2014; T.M.H. Li, P.W.C. Wong, *Youth social Withdrawal behavior (hikikomori): a systematic review of qualitative and quantitative studies. Australian and New Zealand*, in "Journal of Psychiatry", 49, 2015, pp. 595-609; T. A. Kato, *Does the "Hikikomori" syndrome of social withdrawal exist outside Japan? A preliminary international investigation*, in "Social Psychiatric Epidemiology", 47, 2011, pp. 1061-1075; J. Garcia-Campayo, M. Alda, N. Sobradiel, B. Sanz Abòs, *A case report of hikikomori*, in "Spain Medical Clinic", 129(8), 2007, pp. 318-319

rhythm, excessive shyness and physical violence towards parents (especially towards the mother)[2]. Furthermore, all hikikomori, when they begin isolation, are united by the desire to completely break off relations with the outside world.

In Japan there are more than one and a half million hikikomori and, usually, they are males between the ages of 18 and 27, only children or first-born, of medium-high social class and belonging to *normal* families. Men generally flee from an overly pressing social and school system to which they must necessarily conform; on the contrary, women (about 10%) close themselves off because they perceive sadness, loneliness and a sense of isolation from social relationships. Compared to men, young Japanese girls are not subjected to a whole series of pressures and this would allow them to be more independent and objective since they are not totally dominated by the system[3].

The withdrawal in hikikomori usually takes place after a period of absence from school due to poor performance, a rejection, episodes of school bullying, etc[4].

In recent years, however, a form of hikikomori is spreading in Japan in which isolation no longer concerns only young-students, but also adult-workers who decide to self-lock themselves due to being bullied in the workplace, due to work difficulties, for overwork or after losing your job. This has resulted in an expansion of the age range of hikikomori which has extended up to 40 years.

Some aspects common to all hikikomori, both young and adult, are high levels of anxiety, the attempt to annihilate themselves through withdrawal, the knowledge that they should give up their isolation, the loss of the conception of time brought about by an imprisonment repeating day after day always in the same way and the inversion of the circadian rhythm: hikikomori modify the day-night rhythm in order to relieve the anxiety states and feelings of guilt they continually feel when they think about what people municipalities do daily[5].

There is also often a death wish and a suicide planning which, however, is almost never implemented because the subjects in hikikomori want to live, but do not know how to do it[6]. Self-closure is therefore configured as an explicit request for help.

In recent decades, the hikikomori phenomenon has also been gaining ground in Italy, albeit with characteristics and peculiarities not entirely similar to those of Japan, but strictly related to the specific reference context.

The Italian hikikomori can be defined as those subjects who do not reject society a priori, on the contrary they do everything to be able to be part of it, but due to both specific individual and contextual factors and consequently triggered negative emotional states, they do not succeed

[2] Cf. T. Saito, *Hikikomori: adolescence without* end, Minneapolis, University of Minnesota Press, 1998.

[3] Cf. R. Filippini, *Eclissi giovanile nel Sol Levante. Hikikomori e il suo contesto sociale*, in "Quaderni del Centro Studi Asiatico", 5/1, 2010, pp. 47-56; A.R. Teo, *A new form of social withdrawal in Japan: a review of Hikikomori*, in "International Journal of Social Psychiatry", 56(2), 2010, pp. 178-185.

[4] Cf. C. Ricci, *Hikikomori: adolescenti in volontaria reclusione*, Milano, FrancoAngeli, 2008; A. Borovoy, *Japan's hidden youth: mainstreaming the emotionally distressed in Japan*, in "Cultural Medical Psychiatry", 32, 2008, pp. 552-576.

[5] Cf. K. Bagnato, *L'hikikomori: un fenomeno di autoreclusione giovanile*, Roma, Carocci, 2017.

[6] Cf. C. Ricci, *Hikikomori. Narrazioni da una porta chiusa*, Roma, Aracne, 2009.

and arrive at develop the idea of not being suitable to stay in society and that, therefore, the only possible solution is to lock yourself up in your own room. Added to this is the belief that through isolation one becomes autonomous and free because one is no longer forced to do what others expect[7].

Like the Japanese ones, even Italian self-prisoners are usually very bright, intelligent, creative and introverted subjects who can be defined hikikomori only when they have exhibited social withdrawal for at least six months, previous school phobia, sometimes Internet addiction and inversion of the circadian rhythm[8]. However, the peculiarities inherent in excessive shyness and physical violence towards parents, typical of the Japanese condition, remain excluded. Unlike Japan, so far in Italy there have been mainly cases of primary hikikomori, that is forms of social withdrawal not associated with any underlying disorder.

Currently, in Italy there are about 100.000 hikikomori and, generally, they are males who begin imprisonment around the age of 18 and continue for about four / five years, unlike Japan whose isolation record was fifteen years. Another element that differentiates Japan from Italy is that, in our country, the condition of hikikomori does not seem to affect more the only children or the firstborn, consequently the offspring can manifest a condition of isolation regardless of the order of filiation. With regard to gender, even in Italy self-reclusion tends to manifest itself more in men than in women. Another element that unites both countries is the belonging of the hikikomori to families of medium-high social class and belonging to *normal* families[9].

Also, in Italy, the retreat in hikikomori usually takes place after a period of absence from school, but not necessarily due to poor performance, a rejection or episodes of bullying. The problem may also concern the school in its entirety and complexity: the encounter with the other of the opposite sex and competition with those of the same sex can lay the foundations for the subject to worry about being judged and rejected[10].

Additional aspects common to Japanese and Italian hikikomori are high levels of anxiety, the awareness that they should abandon their isolation, the loss of the conception of time and the inversion of the circadian rhythm. Unlike in Japan, where the mother also takes care of the child in the daily preparation of meals, in Italy this occurs less frequently because every effort is made to discourage the behaviour of imprisonment. In summary, the mother is aware of the fact that if she took full care of her child, she would create the conditions for him to feel more and more at ease with her and this would not make him feel the need to get out of her confinement.

The causes that push Japanese and Italian hikikomori to self-close are the continuous experiences of inadequacy that push them to withdraw from confrontation with others in order to avoid constantly experiencing a sense of frustration and defeat. And it is precisely in the latter that the root causes of this phenomenon are to be traced: that is, the presence of a gap between one's ideal self and reality generates fear of failure, of disappointing others, of wasting time and even a strong sense of self-shame.

[7] Cf. C. Ricci, *La volontaria reclusione. Italia e Giappone: un legame inquietante*, cit.
[8] Cf. T. Saito, *Hikikomori: adolescence without end*, cit.
[9] Cf. C. Ricci, *La volontaria reclusione. Italia e Giappone: un legame inquietante*, cit.
[10] Cf. T. Scodeggio, *La difficile relazione con i pari*, in R. Spiniello, A. Piotti, D. Comazzi (Eds.), *Il corpo in una stanza. Adolescenti ritirati che vivono di computer*, Milano, FrancoAngeli, 2015.

In today's society, many young people have to deal with grandiose ideas about their own self, with excessive expectations and ideals of perfection which, on the one hand, society proposes as models to aspire to, on the other, families support as ambitions to be to pursue.

The idea that derives from this is that young people, pressured by social values based on extreme perfectionism and the tendency to always have to excel, do not feel up to the standards required of them and prefer to deprive themselves of freedom in order to avoid facing a reality, which they feel as oppressive.

Moreover, the coexistence of multiple risk factors at an individual and contextual level increases the number of areas in which the child encounters difficulties, leading him / her to a growing demotivation in dealing with the outside world, up to a real rejection of the same. At a cognitive and behavioural level, a real mechanism of avoidance of the situation is put in place that causes discomfort, a refusal to face problems and a consequent withdrawal in a place that transmits protection: one's own room. Consequently, imprisonment is paradoxically configured as the only possible solution, the only tool to express one's dissent and discomfort towards a suffocating reality.

Another element to underline is that in the literature on the subject, a distinction is made between *primary* and *secondary* hikikomori[11]. The first refers to those subjects who do not have comorbidities with other psychiatric pathologies, while the second concerns those subjects who are affected by psychiatric disorders (i.e. mood disorders, pervasive developmental disorders, anxiety disorders, etc.) and in which self-closure is interpreted as a consequence of the presence of the disorder.

In relation to *secondary* hikikomori, it should be emphasized that even if some scholars consider voluntary self-exclusion as the result of a psychiatric disorder, in reality hikikomori has been recognized as such only in the DSM-IV-TR[12]. In fact, in the DSM-IV-TR hikikomori has been included in the Cultural Syndromes, that is, in those mental disorders characterized by symptoms that are perceived, manifested and interpreted in relation to the individual's social context. In particular, in the analysis of Cultural Syndromes, reference is made to the specific ways of a given culture of expressing a condition of mental distress.

Subsequently, hikikomori was not included within the DSM-V[13] given the lack of consensus in the scientific field to consider hikikomori as a psychiatric disorder or as the result of psychiatric disorders.

In this regard, Tajan[14] identifies three positions relating to the conceptualization of this phenomenon:

(1) according to some, people in hikikomori always have a psychiatric disorder already

[11] Cf. M. Suwa, K. Suzuki, *The phenomenon of "hikikomori" (social withdrawal) and the socio-cultural situation in Japan today*, in "Journal of Psychopathology*",* 19, 2013, pp. 191-198.

[12] Cf. American Psychiatric Association (APA), *DSM-IV-TR. Diagnostic and statistical manual of mental disorders. Text Revised*, Washington (DC), APA, 2002[4] (it. tr. Milano, Masson, 2007).

[13] Cf. American Psychiatric Association (APA), *DSM-5. Diagnostic and statistical manual of mental disorders*, Washington (DC), APA, 2013[5] (it. tr. Milano, Raffaello Cortina, 2014).

[14] Cf. N. Tajan, *Social withdrawal and psychiatry: A comprehensive review of Hikikomori*, in "Neuropsychiatrie de l'Enfance et de l'Adolescence"*,* 63, 2015, pp. 324-331.

present within the *classic* diagnostic classification systems and, therefore, a new specific category is not necessary for it;

(2) others are in favour of the distinction between *primary* and *secondary* hikikomori because they argue that, although some actually have a psychiatric disorder that explains self-reclusion, there are still a number of subjects for whom no psychiatric disorder is identifiable and, therefore, it cannot be considered pathological;

(3) finally, other scholars, in line with the differentiation between *primary* and *secondary* hikikomori, believe that some may actually receive an already existing psychiatric diagnosis, while for others it is necessary to reintroduce it in the section of the DSM dedicated to Cultural Syndromes.

From my point of view, hikikomori should be interpreted as a propensity for social isolation that is prolonged over time and dictated by a pessimistic view of relationships, society and reality in general. Consequently, it is not necessary to make a clear distinction between those who may fall within this definition and those who are completely unrelated to it. The basic question is that we are faced with an important increase in psychological distress, increasingly present at a young age, with an important role played by the social environment.

This does not mean that there are no self-excluded subjects who may have psychiatric disorders, but that the very presence of the disease ensures that self-exclusion is a consequence of it and not a propensity for social withdrawal.

Personally, I share the thought of Saito Tamaki[15] who maintains that in hikikomori the condition of isolation should not be the primary symptom of other psychiatric disorders. Therefore, the hikikomori is configured as an adaptive discomfort of a social nature within which there is a great heterogeneity of cases, with the only common element represented by the tendency to social isolation, while the modalities of manifestation of the discomfort can vary enormously.

Precisely for this reason, it is specified that in the present work in the discussion of the problem relating to voluntary self-reclusion, reference will be made exclusively to hikikomori understood as a propensity to social withdrawal prolonged over time and dictated by a pessimistic vision of relationships, society and, in general, of reality.

3. The hikikomori phenomenon at the time of the pandemic

The pandemic linked to the Coronavirus (Covid-19), which began in China in December 2019 and then spread rapidly around the world, has required most world leaders to take specific measures to try to contain and control the spread of the virus, such as social distancing, physical distancing and mass quarantine.

This was necessary because, right from the start, the World Health Organization highlighted the high number of infected subjects, the rapid and incessant spread of the virus and also the large number of deaths related to it; the whole world, therefore, found itself having to face a total blockade that imposed the stay at home of all citizens, as well as the closure of schools,

[15] Cf. T. Saito, *Hikikomori: adolescence without end*, cit.

recreational places, shopping centres and any other type of activity.

After the total lockdown in spring 2020, a series of more or less partial closures and restrictive measures followed one another aimed at trying to stem the spread of the virus.

In relation to the phenomenon of voluntary self-exclusion, at this point it is legitimate to ask: What effects have these restrictive measures had, absolutely necessary and indispensable, on hikikomori?

First of all, it should be noted that forced social distancing has not made us all hikikomori since there is a big difference between voluntary and forced imprisonment. The hikikomori sees their retirement as a choice, lockdown isolation is something imposed for security reasons and does not have the same motivational basis as voluntary social withdrawal, consequently the psychological repercussions are also different.

These forms of confinement bring into play the difference between isolation and *loneliness*, different phenomena that can dialogue or remain independent. Lockdown isolation is an objective condition characterized by the absence of people with whom to interact and is usually due to a specific circumstance or life event; the loneliness of hikikomori is more of a psychological nature and refers to the subjective feeling of being alone even in those situations in which, in reality, one has the possibility of being in contact with others.

At present, it would seem that the pandemic has outlined the occurrence of three possible scenarios in relation to hikikomori[16].

A first scenario refers to those subjects who, before the lockdown, began to show a tendency to withdraw, but who still managed to maintain contact with the outside world and who, therefore, could not be considered hikikomori. In them, forced imprisonment would seem to have resulted in a worsening of some traits related to isolation, the establishment of various forms of social withdrawal and considerable difficulties in resuming those activities carried out before quarantine.

A second scenario concerns the hikikomori who in the period preceding the pandemic had undertaken an educational path that had helped them to restore, for example, school attendance and some outings. For these, forced isolation has interrupted their return to society, has made them lose the social progress achieved and has also led to the emergence of some secondary problems (phobias related to the fear of contagion, social anxiety, etc.).

Finally, the last scenario refers to subjects who were already in hikikomori when the lockdown occurred. They seem to have felt a general sense of relief because that forced confinement led to justify their choice, to legitimize their staying at home, to free them from the sense of guilt that oppressed them and, finally, provided them with a sense of equality with a common lifestyle, perhaps, however, with a more pronounced loneliness.

[16] Cf. M. Rooksby, T. Furuhashi, H.J. McLeod, *Hikikomori: a hidden mental health need following the COVID-19 Pandemic*, in "World Psychiatry", 19(3), 2020, pp. 399-400; P.W.C. Wong, *Potential changes to the hikikomori phenomenon in the wake of the Covid-19 pandemic*, in "Asian Journal of Psychiatry", 54, 2020, 102288; T.A. Kato, N. Sartorius, N. Shinfuku, *Forced social isolation due to COVID-19 and consequent mental health problems: Lessons from hikikomori*, in "Psychiatry and clinical neurosciences", 74(9), 2020, pp. 506-507; T.H. Roza, D.T. Spritzer, A. Gadelha, I.C. Passos, *Hikikomori and the COVID-19 pandemic: not leaving behind the socially withdrawn*, in "Brazilian Journal of Psychiatry", 43(1), 2020, pp. 114-116.

With reference to the latter scenario, Marco Crepaldi[17], president of the *Hikikomori Italia* association, states that "these subjects, during the quarantine, experienced a decrease in the pressures of personal fulfilment on their shoulders because, in a blocked society, in which no one may come out, perhaps for the first time in a long time they have felt *normal* or at least similar to everyone else. Parental pressure will certainly have eased too and this could be a positive factor as pressing a hikikomori to leave the house is almost never a good idea. However, it would become a negative factor if the decrease in pressure translates into an underestimation of the child's condition, with the risk of losing precious time to work on solving the problem and thus allowing loneliness to continue its chronicization process. In fact, thinking that, since no one can leave the house, then nothing can be done to help a self-excluded person, is a serious mistake and underlies the biggest misunderstanding concerning hikikomori, that is to believe that the goal of a whatever intervention is to convince him to leave the house, instead of helping him to feel better even at home! The isolation of hikikomori is not, in fact, *the problem* in itself, but rather *a symptom* of a problem that remains psychological-adaptive. If a person is well, he will spontaneously tend to seek sociality […] and he will not need any stratagem to be pushed to do so".

A further risk linked to the Covid-19 pandemic is that of the psychological repercussions that the hikikomori may have experienced at the end of the lockdown and, more generally, they could live at the definitive end of this health emergency. Because if it is true that several hikikomori have found relief from a blocked society, what will happen when everything resumes normally and people return to live their sociality? Perhaps, in that moment, the hikikomori will realize all the criticality of their condition and will realize that *their quarantine* is not transitory and due to external factors, but it is a captivity that can potentially last a lifetime.

From the various studies and researches, it emerges, therefore, that the impact of the pandemic on the phenomenon of hikikomori risks being very negative in terms of an increase in cases and worsening of those already existing, while it would not seem to play a primary role in the onset of problematic. That is, it would seem that the condition of voluntary self-closure is independent of the pandemic and, consequently, more linked to a close correlation between individual and contextual variables.

In the face of the emergence of these scenarios concerning hikikomori, however, the need to implement educational actions that offer them support and support emerges more and more.

It is a question of guaranteeing these subjects a *space* of help that does not have as its objective the provision of advice or suggestions for resolution, but rather the activation of all those resources available to the subject, but which at the moment he is unable to use.

This implies the implementation of a pedagogical counselling path that does not try to convince the hikikomori or those who are proceeding towards the path of voluntary self-reclusion, to leave the house or not to be locked up, but which promotes in these subjects the possibility of change and a path of personal growth. That is, it is necessary to grasp their need for help and encourage them in the search for functional strategies to overcome that moment of impasse

[17] M. Crepaldi, *Conseguenze del Coronavirus sull'hikikomori*, in https://www.hikikomoriitalia.it/2020/10/, accessed 25/02/2021.

without creating dependence, but increasing their self-esteem and sense of *empowerment* (i.e., the sense of being *master* of one's own life, of own choices and actions).

In this sense, pedagogical counselling is configured as an intentionally structured relationship by virtue of which we aim to help the subject in the process of self-understanding, evaluation of their experiences and control of their emotions.

The aim is to help the self-recluse (or those on the path of self-reclusion) to grow: that is, to stimulate him to clarify the situation that he perceives as problematic and stressful, to make constructive decisions, to acquire those conceptual and behavioural tools that are useful to deal with problems. Consultancy therefore constitutes an instrument of freedom aimed at increasing the autonomy of the subject.

The consultant has the task of structuring a place and a setting in which problems can be discussed, clarified and understood by the subject in a condition of vulnerability. It is necessary that the individual is put at ease and can express himself without fear of being judged. To achieve these objectives, the consultant will have to promote an empathic relationship and authentic understanding respecting the feelings, times and decisions of the subject.

From this point of view, this educational path underlines the need to focus on the subject asking for help and his need must be read in the peculiarity of its origin.

This also implies that the consultant's attitude must be *non-directive*: that is, it must not be characterized by the presence of *directives* (in terms of precise indications to follow), but characterized by the *presence of a management*. Only in this way, the consultant can acquire that *maieutic* function that allows the subject to become what he is and *to learn to learn*.

4. Pandemic and lockdown: pedagogical-educational reflections

Before delving into social withdrawal behaviours, a clarification is appropriate: the pandemic has not only had important consequences on hikikomori, but on all affected populations. In fact, numerous studies have investigated the effects of quarantine in subjects who have been victims of it and which have highlighted how they, in the short and long post-quarantine period, have manifested important consequences in terms of physical and mental health[18].

In relation to physical health, deficits in the immune system, heart disease, hypertension and neurocognitive disorders (for example, dementia) seem to have increased; in reference to

[18] Cf. World Health Organization, *Mental health and COVID-19*, in https://www.who.int/teams/mental-health-and-substance-use/covid-19, accessed 01/03/2021; G.J. Rubin, S. Wessely, *The psychological effects of quarantining a city*, in "Bmj", 368:m313, 2020, pp. 1-2; S. Galea, R.M. Merchant, N. Laurie, *The mental health consequences of Covid-19 and physical distancing: the need for prevention and early intervention*, in "JAMA Internal Medicine", 180(6), 2020, pp. 817-818; S.K. Brooks, R.K. Webster, L.E. Smith, L. Woodland, S. Wessely, N. Greenberg, G.J. Rubin, *The psychological impact of quarantine and how to reduce it: rapid review of the evidence*, in "Lancet", 395, 2020, pp. 912-920; W. Cullen, G. Gulati, B.D. Kelly, *Mental health in the COVID-19 pandemic*, in "QJM: Monthly Journal of the Association of Physicians", 113(5), 2020, pp. 311-312; R. Tandon, *COVID-19 and mental health: preserving humanity, maintaining sanity, and promoting health*, in "Asian Journal of Psychiatry", 51, 2020, pp. 1-3; J. Li, Z. Yang, H. Qiu, Y. Wang, L. Jian, J. Ji, K. Li, *Anxiety and depression among general population in China at the peak of the COVID-19 epidemic*, in "World Psychiatry", 19(2), 2020, pp. 249-250.

mental health, isolation and loneliness seem to have played a fundamental role in the manifestation of emotional disturbances, loneliness, distress, stress, irritability, insomnia, depression, anxiety, post-traumatic stress symptoms, sleep disturbances, attacks of anger, frustration or boredom; as well as the tendency to engage in inappropriate behaviours (smoking, alcohol or substance abuse, domestic violence, avoidance behaviours, etc.) or obsessive-compulsive (persistent formulation of dysfunctional thoughts, constant temperature control, continually washing hands , constantly sanitize clothes and the house, etc.). In particular, it would seem that young people, when they are out of the labour market and/or the school system for a long time, are more likely to face problems of marginalization, loneliness, increased drug use, self-harm and suicide behaviour. It would therefore seem that there is a close correlation between forced isolation and some physical, psychological and emotional disorders[19].

Returning to social withdrawal, although it now seems certain that there is no correlation between the onset of the condition of hikikomori and quarantine, it is also true that the latter would seem to have created the conditions for the manifestation of other forms of isolation that can provide valuable information for limit the risk of the onset of various and multiple problems.

The watchword of this emergency was *isolation* and the virus taught to look at others with distrust, as possible carriers of the disease, insinuated suspicion and fear in all individuals and spread the idea that other can bring something bad and harmful, even if unintentionally.

Each lockdown has made and will continue to make individuals more suspicious, taught them in a dysfunctional way to isolate themselves and stay at home, in a space that is believed to be the only safe and secure.

Loneliness, the fear that nothing will return as before, the anguish of losing economic security, the fear of losing loved ones are the drama that each individual has experienced and continues to live due to the pandemic and which has created a condition of continuous psychological stress that destabilizes and generates the collapse of certainties[20].

Children and adolescents have paid the highest price of the pandemic because schools and recreational activities have closed before the offices and work of adults, as a result, all social systems have failed.

Furthermore, especially in the initial phase of the pandemic, the children had little access to logical clarifications and sensible explanations about what was happening and this led to the perception of a strong state of suffering that was expressed through impulsive acts, hyperactivity, opposition, loss of school autonomy, sleep problems, regression of small daily autonomies (eating alone, dressing alone), inability to manage free time, learning disability, etc.[21].

[19] Cf. D.L. Reynolds, J.R. Garay, S.L. Deamond, M.K. Moran, W. Gold, R. Styra, *Understanding, compliance, and psychological impact of the SARS quarantine experience*, in "Epidemiology & Infection", 136(7), 2008, pp. 997-1007; T. Adhanom Ghebreyesus, *Addressing mental health needs: an integral part of COVID-19 response*, in "World Psychiatry", 19(2), 2020, pp. 129-130; T. Matias, F.H. Dominski, D.F. Marks, *Human needs in COVID-19 isolation*, in "Journal of Health Psychology", 25(7), 2020, pp. 871-882.

[20] Cf. M. Biondi, A. Iannitelli, *CoViD-19 e stress da pandemia: "l'integrità mentale non ha alcun rapporto con la statistica*, in "Rivista di Psichiatria", 55(3), 2020, pp. 131-136.

[21] Cf. G. Wang, Y. Zhang, J. Zhao, J. Zhang, F. Jiang, *Mitigate the effects of home confinement on children during the COVID-19 outbreak*, in "Lancet", 395, 2020, pp. 945-947; Società Italiana di Pediatria, *Covid, ecco gli*

On the other hand, pre-adolescents and adolescents have manifested mood disorders, obsessive-compulsive and eating disorders, as well as irritability, general psychological malaise, addiction to technologies and inversion of the circadian rhythm that leads them to chat until so late at night that fail to connect for online lessons the next day[22]. Moreover, among these subjects the cases of school dropout seem to have considerably increased because for those who before the lockdown were evaluating the possibility or not of leaving school or began to perceive disinterest and discomfort towards the latter, the arrival of forced isolation he chose for them by creating the conditions for them to *temporarily* leave the school system. The problem is that even after the end of the quarantine these children have no longer felt the need to return to school since they are now well adapted to the *new* lifestyle that has allowed them to carry out a whole series of rewarding experiences incompatible with school attendance (sleeping late, watching unlimited TV, having plenty of time available for your hobbies and interests, etc.)

In addition to forced isolation, the attitude of parents towards school and the distance learning also seems to have played an important role in school dropout. In relation to the first aspect, an attitude of hypoinvestment on the part of the parents towards the school, characterized by underestimating the educational and developmental value of the study, has done nothing but confirm in young people the idea that the school was useless and that, therefore, by not attending it they would not have lost anything. With reference to the online teaching, from a research conducted by *Save the Children*[23], it emerges that about 38% of students attribute a negative connotation to distance learning due to the difficulty in concentrating and the difficulties caused by technical connection problems.

The different restrictive measures and the more or less total lockdowns have therefore led young people to spend much more time at home, to surf the Net a lot, to use all those technological devices that allowed them to remain in some way in contact with external reality and, at the same time, also offered them the possibility to let time flow.

With reference to the latter aspect, studies report both a significant increase in the use of the Internet during the period of the pandemic and the negative impact of the latter on the psychosocial well-being of the subject. In particular, vulnerability to Internet addiction would seem to

effetti indiretti sui bambini, in https://sip.it/2020/11/26/covid-gli-effetti-indiretti-sui-bambini-salta-prevenzione-aumentano-diseguaglianze-e-disagi-psicologici-a-rischio-i-diritti/, accessed 30/03/2021; E. M. Onyema, N.C. Eucheria, F. A. Obafemi, S. Sen, F. G. Atonye, A. Sharma, A. O. Alsayed, *Impact of Coronavirus Pandemic on Education*, in "Journal of Education and Practice", 11(13), 2020, pp. 108-121; L. Pisano, L. Cerniglia (Eds.), *"TRAUMA PANDEMIA". Gli effetti psicologici del coronavirus sulla vita dei bambini di età compresa tra i 4 e i 10 anni: gli esiti della ricerca*, in https://www.reserchgate.net/profile/Luca-Cerniglia/publication/340309177_Alcuni_temi_su_cui_riflettere_per_sugli_effetti_dell%27emergenza_Covid-19_su_bambini_da_4_a_10_anni_-_indagine_preliminare_qualitativa.pdf, accessed 30/03/2021.

[22] Cf. G. Catone, V.P. Senese, A. Gritti, *Effetti psicologici e sulle abitudini di vita della pandemia da COVID-19 e delle misure restrittive in un campione di studenti: dati preliminari*, in "Giornale di Neuropsichiatria dell'Età Evolutiva", 40(2), 2020, pp. 66-72; F. Bearzi, A. L. Menga, E. Orezzi, S. Recchi, S. Colazzo, *Il mondo della pandemia raccontato dagli adolescenti*, Roma, Armando editore, 2020; P. Musso, R. Cassibba, *Adolescenti in tempo di Covid-19: dalla movida alla responsabilità*, in "Psicologia Clinica dello Sviluppo", 2, 2020, pp. 191-194.

[23] Cf. Save the Children, *Scuola e Covid-19: pensieri e aspettative degli adolescenti*, in https://www.savethechildren.it/blog-notizie/scuola-e-covid-19-pensieri-e-aspettative-degli-adolescenti, accessed 30/03/2021.

relate more to adolescence, an age group in which there is a sort of *natural tendency* to use the Internet and, consequently, to develop a possible problem of Internet addiction.

Today's teenagers have unlimited access to the Internet and greater freedom to use it without being continuously and constantly monitored by their parents. Furthermore, since there is no possibility of going to school due to the pandemic, technology has become necessary to be able to access the school system and thus be able to continue their growth path. It is, therefore, important to be aware of how much the pandemic has greatly increased the use of technology and how, at the same time, it has contributed to the incidence of Internet Addiction[24].

Generally, Internet Addiction occurs more frequently in those subjects who have basic emotional fragility and who are already experiencing psychological difficulties (depression, obsessive-compulsive disorders, anxiety disorders, etc.). The use of the Internet is perceived by them as an attempt to compensate for relational difficulties or as a tool to escape from their psychological and emotional suffering. In the health emergency situation that has arisen, the aforementioned problems have prevailed over individuals already predisposed to the issue of dysfunctional behaviours. In particular, the disproportionate and improper use of the Internet has pushed individuals to withdraw into themselves, to develop relational insecurities, to feed the fear of rejection, to feel inadequate and in need of support, even if external and an end in itself. To confirm this, several studies carried out during the pandemic on adolescents[25] have found that neuroticism, impulsivity, depression, alexithymia and anxiety are strongly correlated to Internet addiction and how, instead, self-esteem, subjective well-being, social support and family function are negatively correlated with Internet Addiction.

All these new habits related to the use of technology and the Internet seem to have also increased the risk that young people no longer feel the need to leave the house as they are now fully adapted to the *new* lifestyle that *makes them safe*. The latter expression that has generated opposite psychological outcomes and dynamics, characterized, instead, by insecurity and which

[24] Cf. B. Fernandes, U. Nanda Biswas, R. Tan-Mansukhani, A. Vallejo, C.A. Essau, *The impact of COVID-19 lockdown on internet use and escapism in adolescents*, in "Revista de Psicología Clínica con Niños y Adolescentes", 7, 2020, pp. 59-65; B.K. Wiederhold, *Social Media Use During Social Distancing*, in "Cyberpsychology, Behavior, and Social Networking", 23(5), 2020, pp. 275-276; Y.S. Balhara, D. Kattula, S. Singh, S. Chukkali, R. Bhargava, *Impact of lockdown following COVID-19 on the gaming behavior of college students*, in "Indian Journal of Public Health", 64(6), 2020, pp. s172-s176; W.E. Ellis, T.M. Dumas, L.M. Forbes, *Physically isolated but socially connected: Psychological adjustment and stress among adolescents during the initial COVID-19 crisis*, in "Canadian Journal of Behavioural Science", 52(3), 2020, pp. 177-187.

[25] Cf. M.P. Lin, *Prevalence of Internet Addiction during the COVID-19 Outbreak and Its Risk Factors among Junior High School Students*, in "International Journal of Environmental Research and Public Health", 17, 2020, pp. 1-12; N. Kathirvel, *Post COVID-19 pandemic mental health challenges*, in "Asian Journal of Psychiatry", 53, 2020, 102430; H.Y. Wong, H.Y. Mo, M.N. Potenza, M.N.M. Chan, W.M. Lau, T.K. Chui, A.H. Pakpour, C.Y. Lin, *Relationships between Severity of Internet Gaming Disorder, Severity of Problematic Social Media Use, Sleep Quality and Psychological Distress*, in "International Journal of Environmental Research and Public Health", 17(6), 2020, pp. 1879; A. Singh, C.R.J. Khess, M. KJ, A. Ali, N. Gujar, *Loneliness, social anxiety, social support, and internet addiction among postgraduate college students*, in "Open Journal of Psychiatry & Allied Sciences", 11(1), 2020, pp. 10-13; Y. Tian, N. Qin, S. Cao, F. Gao, *Reciprocal associations between shyness, self-esteem, loneliness, depression and Internet addiction in Chinese adolescents*, in "Addiction Research & Theory", 2020, in https://www.tandfonline.com/doi/abs/10.1080/16066359.2020.1755657.

is pushing children, young people and adults towards *virus claustrophilia*, or that sense of comfort, protection and pleasure that only closed environments can offer. Naturally, reference is not made only to the domestic walls, but also to interpersonal and affective relationships that become increasingly reduced and exclusive.

Think of the children who, due to the various lockdowns, have remained in continuous and incessant relationship with their parents and this is not positive because, studies prior to the pandemic, had already highlighted how today's children were in possession of a repertoire of poorer social skills than that of their peers a few decades earlier. This means that the current health emergency - which has forced them to interact exclusively with their families, reducing all forms of contact with peers - can only make the situation worse and this could create the conditions for these children to become adolescents and young adults who may exhibit inadequate, dysfunctional or antisocial behaviours, precisely because of the failure to develop suitable social skills. The adolescents, on the other hand, who apparently proved to be very responsible, completely adequate to the various provisions and unwilling to live the post-lockdown carefree, seem to have manifested, already immediately after the first important reopening of May 2020, a significant regression in independence, called the *Cabin Fever*[26].

This expression refers to a state of bewilderment characterized by a mixed feeling of fear, insecurity, sadness or anxiety that is expressed in the desire to continue to remain safe in one's refuge. It is a real fear of the outside world that manifests itself through episodes of irritability, a sense of anguish and frustration, a state of lethargy, general physical discomfort, difficulty concentrating, poor memory, demotivation, etc.

The Cabin Fever does not only affect adolescents and young people, but also adults who have perceived a more or less intense and invasive feeling of agitation or annoyance at the idea of being able/having to start going out again[27]. A sort of fear of leaving the quarantine behind and returning, more or less, to the normal activities of life before the Coronavirus.

In confirmation of what has been said so far, Saltzman and colleagues[28], exploring the potential impact of the restrictions due to the pandemic from Covid-19 in terms of loneliness and related consequences on psychophysical health, underline that in recent months the concept of "social" distancing has been the protagonist, compared to the more appropriate one of "physical" distancing. This clarification is necessary because speaking of "social" distancing has negatively affected the subjective and psychological experience of individuals, as this term has more suggested the idea of relational isolation from others and, therefore, the sense of loneliness. Do not forget that social support has always played a key role in the well-being of the individual who, faced with the most disparate problem situations, seeks greater closeness with those who

[26] Cf. P.C. Rosenblatt, R.M. Anderson, P.A. Johnson, *The meaning of "cabin fever"*, in "The Journal of Social Psychology", 123(1), 1984, pp. 43-53.

[27] Cf. P. Crawford, J.O. Crawford (Eds.), *Cabin fever. Surviving lockdown in the Coronavirus Pandemic*, Bingley, Emerald Publishing, 2021; P. Crawford, *Editorial Perspective: Cabin fever – the impact of lockdown on children and young people*, in "Child and Adolescent Mental Health", 26(2), 2021, pp. 167-168.

[28] Cf. L.Y. Saltzman, T.C. Hansel, P.S. Bordnick, *Loneliness, isolation, and social support factors in post-COVID-19 mental health*, in "Psychological Trauma: Theory, Research, Practice, and Policy", 12(s1), 2020, pp. s55-s57.

constitute an important support (family, friends, etc.). In other words, social support and interpersonal relationships are both protective factors for the psychophysical well-being of individuals and predictors of resilience and adaptation following disastrous events of various kinds.

Social support would, therefore, be essential not only to reduce the symptoms of discomfort and loneliness, but also to encourage a positive adaptation to the traumatic event. Affiliation with others, in fact, favours a better regulation of emotions and a more optimal management of stress and resilience.

The different forms of social withdrawal that developed at the time of Covid-19, combined with the already feared and widespread phenomenon of hikikomori, represent different problems that have specific characteristics and peculiarities. The hikikomori, in fact, experiences their retreat as a choice, while the *other* forms of social withdrawal, listed above, derive from a prison imposed for security reasons and do not have the same motivational basis as voluntary social isolation.

Despite the specificity of each problem, it is possible to find some common elements attributable to the tendency to isolation (in its various facets) and to the interpretation of the latter as the only possible solution to escape from reality.

In particular, the analysis of the condition of hikikomori and of the *other* forms of confinement, has highlighted that in both cases we are dealing with multidimensional problems produced by the interaction of multiple individual and contextual variables that act at different times and at different levels giving result in different forms of imprisonment.

Nevertheless, in the pedagogical field, it is possible to develop theoretical-operational reflections that can cross the many phenomena related to imprisonment in a transversal manner and find in the tendency to isolation that element of common discomfort on which to intervene.

In the first instance, it should be pointed out that the implementation of any preventive or intervention educational action cannot fail to take into account the need to work on several fronts, that is, to operate not only on the subject, but also on the contexts of life at he closest: that is family and school which represent the two main educational agencies in the process of socialization, education and education of each individual.

In particular, it would be essential to provide for the implementation of a whole series of preventive and intervention actions aimed both at decreasing the possibility that the different forms of imprisonment arise (primary prevention) and at *containing* the manifestation of the same (tertiary prevention).

From a preventive point of view, family and school play a very important role as they can educate children to be *socially competent*: that is, to train young people in possession of that repertoire of cognitive, social and emotional skills necessary to establish adequate relationships with others and with the world around them, and to face the challenges of the social context.

In the family context, educational actions could be carried out aimed at promoting the well-being of children through interventions that offer support to parents and that aim to indicate to them the educational style and the most functional attitudes for a harmonious growth of the offspring. This is because strong and effective families and a positive family environment seem to be the indispensable requisites for preventing the most varied forms of unease and youthful malaise. Furthermore, studies on resilience affirm that parental support represents an

important protective factor capable of promoting both planning and the ability to set positive goals in the offspring[29].

Specifically, what are called Parenting Courses[30], Schools for Parents[31] or Parent Training[32] courses could be implemented in order to offer parents greater awareness and competence in the education of their children.

These paths develop and enhance the sensitivity and training attitude of parents, and promote the acquisition of a whole series of skills (i.e. Active listening, assertiveness, problem solving, etc.) necessary to solve the many and difficult relationship problems and communication that affect the family context. These skills, once learned, favour the resolution of difficulties and contribute to the creation of a healthy, effective and productive family climate for parents and children. In particular, the conditions are created so that children can structure that strong character that helps them to be able to respond to the different challenges / expectations that life offers without resorting to forms of escape or imprisonment.

Preventive actions in the school environment could, on the other hand, aim to educate students to be open to knowledge, responsible, socially well-adapted and participating citizens. In this regard, the World Health Organization underlines that the school has the task of providing for the promotion of the health and well-being of students through *life skills* education, an expression adopted to denote the skills that allow individuals to measure up with needs and changes of daily life.

Although there is no precise and definitive list of *life skills*, the World Health Organization[33] has defined a fundamental nucleus of ten skills attributable to both the cognitive dimension and that inherent to emotional intelligence that should be part of the psychosocial skills repertoire of all young people as they are necessary both to increase and promote autonomy and the assumption of responsibility and to face the difficulties related to change and expectations towards them (decision making, problem solving, creativity, critical spirit, effective communication, skills for interpersonal relationships, self-awareness or awareness, empathy, emotion management, stress management).

Additional educational paths that could be implemented are those related to emotional intelligence. The basic assumption is that most of the problems of young people derive from an *emotional illiteracy*[34] that affects them and that requires timely intervention aimed at teaching them that moods such as anxiety, disappointment, frustration, sadness and anger does not come this way without having any control over it, but it can be managed if you change the way

[29] Cf. F. Walsh, *Un modello di resilienza familiare per l'intervento e la prevenzione*, in "Rivista di Studi Familiari", 2, 2009, pp. 27-36.

[30] Cf. T. Gordon, *Genitori efficaci. Educare figli responsabili*, Molfetta, La Meridiana, 1994.

[31] Cf. L. Pati, *Pedagogia familiare e denatalità*, Brescia, La Scuola, 1998.

[32] Cf. S. Robiati, *Il Parent Training*, Assisi, Cittadella, 1996.

[33] Cf. World Health Organization, *Life skills education in schools,* WHO/MNH/PSF/93.A Rev.1, Geneva, WHO, 1993a; Id., *Training workshop for the development and implementation of life skills education*, WHO/MNH/PSF/93.7B, Rev. 1, Geneva, WHO, 1993b; Id., *Life skills education: planning for research*, WHO/MNH/PSF/96.2 Rev.1, Geneva, WHO, 1996.

[34] Cf. D. Goleman, *Intelligenza emotiva*, Milano, Rizzoli, 1996.

you see, feel and think about things. Teaching young people more productive ways of looking at their difficulties therefore decreases the possibility of engaging in inappropriate behaviour.

When, however, the problem of hikikomori and other forms of social withdrawal has already manifested and consolidated, then the only way to take will be to implement specific intervention actions.

At this stage, it is necessary to establish a form of *helping relationship*[35] with the imprisoned/vulnerable subject that favours their growth in a relationship of exchange with those who offer help. It is, consequently, important for the educator to focus on the subject not only in order to be able to grasp the need for it, but, above all, to read it in the peculiarity of its origin.

This helping relationship is compared by Batini[36] to the work of a conscientious and attentive gardener: the gardener takes care of his plants with care, trying to make them grow and giving them what they need according to their individual needs. A good gardener is aware that the plant must grow on its own, without being asphyxiated and knows that when it has grown into a tree and has taken root, it will no longer need its support.

In the helping relationship the same thing happens: an educator (or other figure) grasps the subject's need for help and encourages him in the search for strategies necessary to overcome the crisis without creating addiction, but increasing his self-esteem and sense of *empowerment*.

Empowerment is a construct that leverages the resources already present in the subject to increase self-determination and has the function of increasing the ability to act in one's own context and to make choices. Its founding values are, hence, change and the possibility of change.

It is configured as a dynamic interaction that takes place in a specific context in which subjects can acquire greater internal skills and overcome external obstacles in order to be able to access the most varied resources.

The recluse/vulnerable subject, however, cannot become *empowered* autonomously, but needs to be guided, stimulated and supported by the intervention of the educator who activates specific itineraries that allow him to accompany him in his path of growth, change and autonomy. These are beliefs and attitudes, concrete proposals and moments of verification that do not represent an infallible pre-packaged recipe, but rather the toolbox to use in an action that requires patience, graduality and strong motivation.

As Maritain states[37], if the term education derives from the Latin *e-ducere* and indicates the act of *pulling out*, it is configured as a person coming out into the open in order *to make himself known*, emancipate himself and reveal himself in all its completeness. All this should take place by freeing himself from all forms of selfishness, prejudice, dependence and fragility, so that the person has the possibility to show himself morally and civilly free and autonomous. Only in this

[35] See: C. Bandini, M. Gallo (Eds.), *Gesti di cura. Elementi per una pedagogia delle relazioni d'aiuto*, Trento, Tangram Edizioni Scientifiche, 2010; D. Simeone, *La consulenza educativa. Dimensione pedagogica della relazione d'aiuto*, Milano, Vita e Pensiero, 2004; M. Musaio, *Dalla distanza alla relazione. Pedagogia e relazione d'aiuto nell'emergenza*, Sesto San Giovanni, Mimesis, 2020.

[36] Cf. F. Batini, *Lo sguardo che carezza da lontano. Per una formazione alla relazione d'aiuto*, Milano, FrancoAngeli, 2001.

[37] Cfr. J. Maritain, *L'educazione della persona*, Brescia, La Scuola, 1976.

way, education can make the person capable of freedom and awareness of the reasons for their actions.

In the intervention process, it will also be necessary to involve the family and the school which with their attitudes and behaviours could have influenced the manifestation, maintenance and consolidation of the various forms of social withdrawal.

Also in this phase, it would be advisable to resort to Parent and Teacher Training courses that aim to refine the educational skills and relational skills of parents and teachers in order to offer them those useful tools to make valuable choices, identify criteria on the basis of which to direct their actions and help them to relate to the phenomenon of self-reclusion in its various facets.

These actions could help parents and teachers to read the discomfort that is consumed within the home and / or school and support the process of re-structuring educational relationships allowing them to achieve greater self-awareness, to examine their own motivations and to positively direct their educational action.

5. Conclusions

The analysis of the literature on the subject highlights that the impact of the pandemic on the phenomenon of hikikomori risks being very negative in terms of an increase in cases and worsening of those already existing, while it would not seem to play a primary role in the onset of the problem. That is, it would seem that the condition of voluntary self-closure is independent of the pandemic and, therefore, more linked to a close correlation between individual and contextual variables.

Although it now seems certain that there is no correlation between the onset of the condition of hikikomori and quarantine, it is also true that the latter would seem to have created the conditions for the manifestation of *other* forms of social isolation that deserve all the attention from those who deal with education.

This is because these *other* forms of isolation constitute the prerequisites for implementing educational actions aimed at promoting the psycho-physical well-being of subjects in conditions of confinement and/or vulnerability and favoring their ability to adapt to the most varied situations of hardship.

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Data di ricezione dell'articolo: 23 aprile 2021
Date di ricezione degli esiti del referaggio in doppio cieco: 25 maggio 2021 e 28 maggio 2021
Data di accettazione definitiva dell'articolo: 7 giugno 2021