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# Youth locked in time and space? Defining features of social withdrawal and practice implications

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**Victor Wong**

**Youth locked in time and space? Defining features of social withdrawal and practice implications**

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**Abstract**

*This paper is vested with the purpose of critically discussing the defining features of social withdrawal by drawing references from studies in Hong Kong and Japan in particular. With the use of empirical data, the practice implications for working with young people in acute social withdrawal are examined with specific reference to the four defining features, namely, time, place, social relations and social status. It is argued that unless the defining features and the implied directions for measures and practice are thoroughly addressed, personal troubles and social ills that give rise to the downward spiral of withdrawal as a personal experience and social phenomenon cannot be broken.*

Key words: social withdrawal, hikikomori, young people, adolescent mental health, social exclusion

**Introduction**

Young people in social withdrawal, a phenomenon uncovered since 2004 in Hong Kong, are those who seclude themselves at home for a protracted period of time and reject most forms of contact and relationship with the outside world (Hong Kong Christian Service, 2006). It is indeed an echo to the phenomenon of hikikomori (social withdrawal), which has existed with an impressive size in Japan which can be traced back to the mid-1980s. These hikikomorians or youth with hikikomori (a condition) are usually males in their twenties who may comprise nearly a million scattering mostly in urban outskirts of densely populated Japanese cities (Shimoyachi, 2003; Watts, 2002). Whereas in Hong Kong, in spite of the lack of any sophisticated study on estimating the size of withdrawal cases, the phenomenon itself has witnessed a

wide coverage in the media since 2004. This new phenomenon is nothing oriental. Even the most casual search of internet materials will show that the same phenomenon is reported in the West. For example, in Australia, ‘social withdrawal’ is defined by ARAFMI (2008), an Australian organization, as ‘the apparent reluctance to participate in “normal” interpersonal contacts of day to day life and retreat into one’s own comfort zone’. When the BBC documentary on the topic of hikikomori was broadcast in Britain in 2002, the BBC homepage received numerous messages from viewers that they had personal experience with hikikomori.

The real problem is that a consensus on the defining features for this newly emerging phenomenon has not yet materialized. At one extreme, some would argue that the phenomenon is but a social construction or discourse created by social workers and academics exercising a closer social control over young people, and fighting for more professional intervention and resources (Ip, 2005); whereas at the other extreme, some would attempt to widen the net to include as many suspected or potential cases as possible by simply employing the depression scale to identify those who are linked to depression or other identifiable psychological disorders who may be vulnerable to acute social withdrawal (Youth Voluntary Groups Federation, 2006). From the former perspective, the consequence is to stop making any attempts in searching for a set of parameters constructing or defining the phenomenon which would undesirably infringe upon the freedom of youth in choosing their own way of life and result in youth stigmatization; whereas from the latter perspective, defining social withdrawal in a very loose sense is to help promote early prevention. There is no dispute that any stigmatization and net-widening effects are to be conscientiously avoided; it is, however, important to build up a set of parameters from which we can distinguish those who are suffering from acute social withdrawal from those who are not. With such a consensus, two purposes can at least be served: ensuring that people refer to the same youth group irrespective of how socially invisible it is, and providing solid ground upon which to formulate responsive, proactive and systemic strategies to meet the needs of young people in social withdrawal.

## **Methodology**

This study is based on literature review and empirical data. The data were collected from a project team called Life Engagement Training Scheme (LETS) which is so far the only local social work team in Hong Kong specializing in outreaching young people in social withdrawal. As an unpaid consultant to this project and the principal investigator of a number of related research projects, the author has been able to obtain continuing access to relevant data and hold focus groups and interviews with

the LETS team.

In the first two phases of the project between October 2004 and July 2007, the team employed a range of ten to twelve professional social workers. In the current third phase starting from August 2007, the size of the team is cut to seven only because of inadequate funding support. Up till May 2008, the team has served a total number of 252 cases suffering from social withdrawal. About 80 per cent of cases are males, and the remaining 20 per cent are females. The age range of the users is largely from 13 to 24 usually characterized with low level of education and working class background.

As the topic is a sensitive one, and as those clients still entrapped in social withdrawal would be very unlikely to develop a relationship based on trust with outsiders other than the concerned social workers, data collection in the form of individual or focus group interview with the clients would be neither possible nor ethical. In spite of this difficulty, the author could enjoy the privilege of accessing to the face-sheet data filled in by the social workers of the LETS team, and conducted four focus group interviews with the project team of about ten social workers between November 2004 and June 2005, which lasted for about two hours each. The focus group shared their working experience and the typical cases they served, and explored the possibilities for service improvement. It is known that people are more likely to share personal experiences in group than dyadic settings, particularly when they are of the same background (Morgan & Krueger, 1993; Kitzinger, 1995; Carey, 1994; Morgan, 2004), and that group discussion dynamics promote more active involvement by encouraging other respondents to echo or extend what they have heard, thereby sharpening the focus of discussion (Fern, 2001). Since December 2007, upon getting another research fund, the author has initiated another round of interviews with six social workers on an individual basis for approximately two hours, where each of them shared three to five cases. Because of more time available, and because of the trust of the respondents on the author, they shared the cases more in depth. If the researcher was a stranger to the respondent, conducting an in-depth interview on a dyadic basis may be too challenging to uncover more the details of the cases (Berg, 2007; Willis, 2007). All the focus groups and individual interviews were tape recorded and transcribed accordingly. Naturally the practitioners and clients have all been anonymised.

### **Identification of defining parameters**

To begin with, it is important to grasp the basic difference between indicators and parameters. Indicators are usually linked to the specific ways of accounting or

explaining the phenomenon. For example, for those who opt for a structural perspective, social indicators showing young people's social exclusion along social, economic and cultural dimensions may need to be identified; whereas for those who opt for a psychological perspective, indicators or symptoms identifying individual and family psychologies may be preferable. Parameters must, however, all be satisfied in order to identify the defining features of certain phenomenon or group of people. With the use of a set of parameters, we can distinguish those who are in the state of social withdrawal from those who are not. The use of parameters is to define acute social withdrawal rather than the potential causes, whether structural or psychological, leading to this phenomenon.

### *Locked in time and place*

At least two core parameters, though not sufficient, have to be enlisted if social withdrawal is to be defined: time and place. According to Isobe (2004), a Japanese psychiatrist, hikikomori is a state where people 'seclude themselves for more than six months at home'. Temporary social withdrawal may be harmless. For example, it is not unusual for healthy persons to enjoy periods of solitude, whether for reflection/meditation or just a break from burdensome work or distressful and stressful social relations (Scott, 2002). However, spending months or even years in a closed room without a clear or legitimate purpose may cause anxious and lonely feelings (Uriu & Okude, 2005) and is clearly undesirable for individuals and families (Saito, 2002).

According to a Japanese study, among those labelled or self-labelled as hikikomori, the length of the hikikomori ranges from a few months to decades (Naruse, 2003). Through examining the narratives of hikikomori, Kaneko (2006) argues that they not only free themselves from the social space imbued with unforeseeable interactions but also from the pressure of punctuality and efficiency emphasized so much in the post-industrial Japanese world. To withdraw oneself at home for protracted periods of time can thus be taken as an anomic response to social alienations taking place in the outside world (Furlong, 2008). To make possible earlier identification and accessible support, some Japanese academics and professionals are considering using three months as the threshold for defining the temporal dimension of social withdrawal (Dziesinski, 2003); similarly, the Hong Kong's LETS team takes three months or more as a core parameter in identifying potential service targets (Hong Kong Christian Service, 2006). Such a temporal threshold does mean that unintended labeling and net-widening effects can be managed with young people simply taking a break or retreating from personal problems before resuming a

‘normal’ life not being unnecessarily problematized.

Social withdrawal can take a number of forms: people may just be secluded at one’s home or even one’s room; people may take a walk at midnight to avoid neighbors, and may go out, normally alone, for example, for buying stuff at a convenience store, usually when few people are around (Hattori, 2005). As reflected from Wong and Ying’s study in Hong Kong, and the research studies in Japan, they dare not to go out routinely for breakfast or a hair cut for fear of eye contact with others or having to respond to so-called normal greetings (Ogino, 2004; Saito, 2002; Wong & Ying, 2006). Hence hikikomori in Japan are called “family hermits” (Lewis, 2004), or “bedroom hermits” (Ryall, 2003).

Time and place, though necessary are not sufficient parameters by which to identify young people experiencing social withdrawal. With the widespread use of advanced computer and internet technology, the home-based office has become a reality for many; and for those with a legitimate social status, nobody will claim that such a practice is a case of social withdrawal. Accordingly the legitimacy of social status has to be taken into consideration if social withdrawal is to be defined; we return to this point later.

#### *Lack of face-to-face contacts with others other than family members*

As reflected from the empirical data, whilst some young people entrapped in social withdrawal may still talk to their parents and family members; others have not spoken to their families for a long time after their withdrawal commenced. In one case drawn from the author’s study, a mother who was unable to talk to her son face-to-face for months, could only cry outside her son’s bedroom door, pass paper notes under it for his attention. In other cases, individuals unable or unwilling to keep in direct touch with the outside world prefer to chat online with strangers without compromising their need for privacy and anonymity, and may even enjoy extended periods of virtual intimacy with people they have never seen online or met offline in the real world. Although young people in social withdrawal live without physical contact with others other than their family members, they can have mental contact with ‘virtual’ others through the virtual social network made possible by the internet world of communication and online games. This may be interpreted as an outcry of their desires to establish contact with others in spite of their resistance to have face-to-face communication and interactions with others outside the home.

Whilst dispensing with negative social contacts and relations with others (those characterized, for example, by bullying or abuse) is not necessarily undesirable, an inability on the part of young people to engage in normal interactions and

relationships is clearly a problem. Friendships in a peer support system are an essential ingredient for youth development and a sense of well-being (Hodges et al., 1999). Briggs (2002) also sees adolescent identity as being formed through and within relationships with others, rather than through a solitary withdrawal from others. Current discussion on the promotion of social capital has focused on the various strategies of establishing, maintaining and strengthening the social networks of vulnerable groups, both among themselves and with the rest of the community precisely for the purpose of improving their sense of relatedness and amassing extra resources in terms of formal and informal support (Putnam, 2000). The extended absence of a variety of face-to-face contacts is likely to lead to young people becoming further deskilled in terms of communication and interaction, and, accordingly, heightening both negative self-perceptions and objective isolation.

This does not mean, however, that the socially withdrawn young people are wholly inactive: many of the cases drawn from the author's study do engage in such solitary activities as watching television, surfing the internet, chatting with strangers in the virtual world and pursuing a range of interests and hobbies. Social withdrawal may not be complete withdrawal, both online and offline, but, more precisely, be taken in the form of withdrawal from face-to-face real-world communication, relationships and social activities.

#### *Excluded from enjoying a legitimate social status*

In mainstream society, youth's successful transition to adulthood is largely measured by their move from school to work (Coles, 1995). In view of the increasingly keen competition particularly evident in post-industrial societies, various activation programmes and training institutions have been put in place to enable young people to swim against the tide confronted in the transition process (Weil et al., 2005). Although finding a job in the labour market is regarded as the ultimate goal, schools and training institutions are also major social institutions giving young people a legitimate social status. The idea of 'Status Zero' is used to describe those young people who are not in education, training or work (NEET), and who cannot enjoy a legitimate social status in their searching for a transition pathway to adulthood for they are neither students, trainees nor workers themselves (Williamson, 1997).

Being in the state of 'Status Zero' is necessary but not sufficient for defining social withdrawal. For example, in the West the idea of youth disaffection is employed to study at-risk, if not the hardest-to-be reached, youth who are socially and economically excluded from the mainstream social institutions, experiencing discrimination, and having a sense of failure, etc. (MacDonald & Marsh, 2001; Colley,

2003; Newburn & Shiner, 2005). Although disaffected youth may be 'Status Zero', they are still engaged in social relations with their peers, unlike their hikikomori counterparts withdrawing to their parents' home. The hikikomori simply choose to exist outside society completely. Without enjoying a legitimate social status or the adoption of a new identity, it can be said that hikikomori are asocial, invisible or even non-existent in the eyes of the public.

### **Missing parameters?**

Some might argue for taking into consideration other important parameters like socially avoidant or withdrawn personality if personal causes are to be stressed, or poverty and discrimination if structural causes are to be emphasized, or both if a more comprehensive picture is to be drawn. There is no doubt that many young people experiencing social withdrawal feel shy on social occasions but lonely when they are on their own. Yet shyness or loneliness, which may be a cause or consequence of social isolation, is not of itself a parameter defining social withdrawal. For example, many shy persons or those with so-called low emotional quotients may not be excluded from the social institutions deemed very important to the status and transition of young people, like the polity, economy and education sectors. In the case of Japan, young people who are shy and socially withdrawn from social relations and characterized by having obsessive interest in video games, computers or cartoons are named as otaku (Pena, 2006). The major defining differences between otaku and hikikomori are accounted in spatial and status terms, even though these two groups share the similarity of lacking social relationship or interactions with others.

Poverty may well be an important indicator or even cause of social exclusion and withdrawal. Nevertheless, many disaffected youth, who are much deprived of tangible resources and positive social networks, may just 'hang out' on the streets rather than taking social withdrawal or self isolation as an option.

Others may identify internet addiction as a proxy of social withdrawal, seeing it as a major cultural cause of the phenomenon. But internet addiction and social withdrawal, though closely associated, are two different entities. It is argued that the more severe withdrawal cases are usually those who surf no internet and chat with no friends in the virtual world (Wong & Ying, 2006). The use of internet may contradictorily be interpreted as a sign of the subtle wish of the young to make contacts with the outside world and crave for connectedness with others, even though such a virtual strategy is seemingly socially avoidant (Waskul, 2003).

## **Primary versus secondary withdrawal**

A group of psychiatrists in Japan emphasizes that social withdrawal among youth ‘is not the name of a disease but rather a term to indicate a condition involving problem behaviors’ (Suwa et al., 2003). That is, young people who have been previously diagnosed as having a psychiatric disorder (such as early psychosis, eating disorders, developmental disorders, affective disorder or personality disorder) will not be considered as ‘pure’ social withdrawal cases, even if all four parameters are satisfied. Distinguishing social withdrawals from psychiatric cases can help avoid or minimize any unnecessary labeling and stigmatizing effects by emphasizing that young people experiencing social withdrawal are not mentally ill at all, but responding to a range of family and social factors.

However, it is entirely possible that being entrapped alone for a long period of time may lead young people to be subject to attacks of depression and social anxiety, and finally become victims of mental illness. In such a scenario, young people diagnosed with mental disorders of any kind should be identified as cases of social withdrawal much earlier on for the sake of proper and timely intervention. So, instead of ruling out all the cases of psychiatric disorders from the phenomenon of social withdrawal, it is better to take them as cases of secondary withdrawal if a psychiatric diagnosis is already there. Withdrawal cases with no prior psychiatric diagnosis and no psychiatric symptoms should be regarded as instances of primary social withdrawal. According to the service portfolio of the LETS team specialized in reaching out young people in social withdrawal, less than 10 per cent of cases are diagnosed of having a mental disorder before (Hong Kong Christian Service, 2006). In other words, social withdrawal is not primarily a mental health issue, but a social phenomenon worthy of further in-depth study.

## **Implications for practice**

The mapping out of the four parameters discussed above is not only central to identifying the suspected cases of social withdrawal and screening out those who are not, but also shows the directions and context that policy makers and helping professionals have to take into account if reengagement with young people confined in social withdrawal are to be achieved.

### *Time*

The main purpose of specifying a minimum period of three months as the threshold

for defining social withdrawal is to prevent parents and practitioners from reaching premature conclusions of social withdrawal and accordingly overreacting. It has been the practice of the LETS team to classify cases with more than one month but less than three months of withdrawal as marginal cases (Hong Kong Christian Service, 2006), while cases with more than a year's withdrawal are considered to need special attention and extra efforts. So time, as an indicator, can serve to inform the allocation of manpower and resources for intervention purposes.

Youth workers have to be sensitive to the time dimension of intervention as well. For example, in a real case, a client named Shiu Ming asked the worker to accompany him to a barber shop nearby for a hair cut at a quiet time. The client's fear was that a barber shop with many customers would certainly frighten him away, as he did not know how to engage in social contacts with his neighbors and friends after a long period of staying alone at home. To find an 'unsocial' time for the client's hair cutting was not only a demonstration of the social worker's honoring of her promise, but also her sensitivity to the time dimension associated with intensity of social contacts.

However, whether social workers can exercise a flexible use of time deemed convenient and appropriate to the clients and yet at the same time meet the requirements of institutions is a difficult question. Cases where employers can offer the clients an opportunity to try to work on a trial and short-term basis, say, one or two days, are of much benefit in facilitating initial community reengagement. Conversely, exercising no flexibility with the time dimension of working or schooling can discourage disadvantaged young people from experimenting with social participation. For example, upon the encouragement of the worker, a client entrapped in social withdrawal for more than a year finally verbalized his desire to go back to school. However, the principal did not allow this to be done on a trial basis for fear that it would set a precedent for other students to drop out temporarily. This insensitivity on the part of the principal to the long duration of withdrawal effects on the client, and the inflexibility of the school to the need to adjust attendance requirements contributed to the failure of the client's reengagement attempts.

In the case of Japan, the phenomenon of hikikomori has led to the emergence of so-called 'hikikomori industry', which includes the publication of self-help aids, and the provision of support groups and even residential treatment. The approaches to working with hikikomori and their family are characterized by diversity and differences. In some cases, hikikomori are expected to internalize punctuality and socially defined values of time through various programmes placing emphasis on discipline and pre-determined schedules; whereas in other cases, flexibility is given much weight such as loose schedules, free time, informal and occasional meetings, etc. (Ogino, 2004; Kaneko, 2006). As the recovery process from hikikomori is usually

painstaking, Kaneko (2006) is sympathetic to those arrangements which are sensitive to the pace of hikikomori and flexible with the use of time, schedules and meetings so that the users or clients would not be pressurized to tune in the pace of 'real' society prematurely.

### *Place*

As elsewhere, the youth outreach service in Hong Kong is mostly understood in the sense of targeting young people on the streets or in residential or shopping areas. Unlike their 'anti-social' counterparts, the place where social workers can effectively outreach this particular target group with asocial behavior is their home. Even in the case of self-enquiry over the phone, it is futile to invite these clients to go to the workers' office for an appointment. In spite of entertaining the wish to fight against the problem of social withdrawal, they dare not to step out of their safe cocoon to have social interaction with friends or strangers in the community.

To begin with, clients' home is a place for initial contacts and rapport building. What workers need to do is to be sensitive to the clients' natural living environment like their room's decoration, their visible possessions, the books or magazines they read and the websites they surf: all these provide clues to possible talking points, and ways of entering clients' perceptual worlds. Initially, it is not unusual for the clients to reject workers' stepping into their room. When this happens, often by means of family photographs and albums, souvenirs or other symbolic artifacts the workers can talk with the parent(s) in the living room about better times in the past, in order to identify and prepare to harness clients' happy memories, abilities and strengths, including any harmonious relations they may have with the family or others. As more than 90 per cent of the cases of the project in Hong Kong were of working class background, the living spaces were tiny, and the door of the clients' room would not be a barrier for them to overhear the discussions. Paradoxically, such homes, precisely because they were small and crowded, could provide an opportunity for clients to hear something positive about themselves and to identify any unique outcomes or exceptions different from their own image of negativity.

On top of communication, the workers also engaged in activities which were of interest to their clients, for example, doing household chores, taking care of pets, cooking, photography and growing plants. Through all these activities, the energy level of the clients were boosted, their skills and knowledge acknowledged and their stories listened to. In some cases, the workers also invited volunteers or peer counselors to demonstrate the kind of skills the clients would like to learn: examples of this include magic performance, digital photos editing and baking cakes. Precisely,

in the beginning phase of therapeutic work, the home of the clients has provided the workers an accessible physical space within which a number of modalities of engagement can be tried or offered. The home of the youth clients offers them a secure space, both physical and mental, for thinking or reflecting on the changes and difficulties experienced personally, as these often involve intense feelings and emotions (Briggs, 2002; Bowley & Bratley, 2005).

The reengagement process is mostly non-linear. The progress may be punctuated by setbacks such as withdrawal from social activities and resisting face-to-face contacts with the workers. Under these circumstances, the virtual space realized in the internet world may become the only vehicle by which to keep in touch with the clients. This practice echoes well with the argument that the use of computer and internet can help bridge the communication gap between the young and the rest of the world, promote among them an increasingly rich, diverse, engaging and stimulating experience, and demonstrate respect for young people's cultural practice and desire for privacy (Valkenburg & Soeters 2001; Besley, 2003; Livingstone & Bober 2004). This in turn, however, creates another challenge: to let the clients know that over-valuing virtual space can provoke the unintended alienation involved in social withdrawal. So, simultaneously respecting clients' preference for privacy and encouraging them to venture beyond the virtual space into the real world of relationships and challenges is a significant professional issue.

Although the Ministry of Health and Welfare of the Japanese government and the Japanese psychiatrists do not take hikikomori as a clinical diagnosis or a symptom of depression or other psychotic disorders (Saito, 2003), it does not mean that the public health clinics and psychiatrists in Japan do not take hikikomori as their patients. Unlike the private support groups for hikikomori and their parents, these clinics and psychiatrists do not outreach the hikikomori patients: the parents and usually the mother have to accompany their child to seek help from health professionals in the first place. Whereas in the rehabilitation phase, the therapist or psychiatrist 'may accompany a client in his or her daytime activities, such as visiting a park or public places, or meet with new people whom the therapist regards as safe for the client' (Hattori, 2005, p. 195). As it is tremendously difficult for the hikikomori to leave their home to have any interaction with others, it may prove to be more beneficial if these health professionals can learn from the private support groups to establish rapport with youth in a place for them, i.e. their home. Another viable and less costly alternative to clinical or therapeutic approach that the Japanese counterparts may consider is to offer home visits and home-based intervention by specialized social work team just like the case in Hong Kong.

### *Relationship building*

Rapport building with clients is necessary if therapeutic work is to proceed. But the workers alone cannot create a quality life for young people incarcerated in the state of social withdrawal. Social workers' relationships with clients, being formal, are not substitute for the appreciation and promotion of peer relations in the world of informal relationship and dynamics (Hazler, 1998; Hazler & Denham, 2002). However, without the provision of a secure base in the form of therapeutic relationship with the social workers in the first place, the clients could hardly regain the courage to make a move outside their safe cocoon to explore making and experiencing social connections with others face to face in the community. Precisely, the formal working relationship established with the social workers can help pave the way for the clients' exploration and experimentation of informal relationship in the real world. For example, a group of three clients in Hong Kong who did not know each other before were invited by their workers to attend a sharing function with a group of volunteers and social workers. Probably because they had the same background of being troubled by the experience of social withdrawal and engaged by social workers of the same agency, they lent a listening ear to each other, and exchanged telephone numbers and email addresses. Friendship can illuminate the power of understanding and mutual support, and further encourage the development of social relationships with others in the community. This example helps to illustrate the need for social worker to flexibly allow adolescent clients to experience a sense of belonging and relatedness (Briggs, 2002). Some active members of private support groups in Japan also work as visiting supporters to workers and pay visits to fellow hikikomori, which can help lay the ground for making friends later (Kaneko, 2006). Such a little step taken in building up beginning friendship among fellow hikikomori is not insignificant particularly to those who have long been deprived of having any direct communication and interaction with peers and others in the real world other than their home. A therapeutic practice framework informed by systemic theory can enable fellow clients to support each other in the community, and social workers have a role to reinforce and support these informal networks and relationship which are conducive to social inclusion (Walker, 2004).

Nevertheless, undesirable peer relationships can develop, in which case the workers may need to step in. For example, two clients were invited to join a pre-vocational training programme with young people of a diversity of social background. Probably as a typical means of testing out, a few participants who were characterized by their 'anti-social' behavior called them names such as 'hidden youth' and 'withdrawn guys' in a teasing manner. This turned out to be a traumatic

experience for these clients, who accordingly withdraw again into their own private worlds: it was a hard lesson for the workers too, who learnt that the selected interactive group must be more emphatic and supportive than it is critical or destructive if future withdrawal and isolation are to be avoided.

Increased numbers of quality relationships multiply the ideas and options available to create a sense of hope. For example, a client came to know that his interests in setting up and installing a computer could be further developed with the support of an adult tutor who volunteered to teach him appropriate knowledge and skills. A variety of mentoring schemes for the young use this model by having a stable adult enter into a young person's world to help him or her appreciate and develop new behaviors as desirable alternatives (Piper & Piper, 2000; Colley, 2003). They go an important step further by having the adult share his or her own environment to further expand the clients' interactions with others and how to relate to them, and the clients may even be introduced new training or employment opportunities by someone they do not know or know little.

The chances for survival and further development for these young people disadvantaged by social withdrawal and social exclusion will largely depend on how much they can increase their positive involvement with others in ways that acknowledge their abilities and affirm their unique self-worth. How to make the most of strong ties and weak ties (Granovetter, 1982), how to cement the interface between formal and informal relations, and how to promote quality informal connections are all key issues to be addressed in a systemic way.

### *Social status*

The purpose of reengagement is both relational and institutional: it is relational because promoting peer and social relations is likely to lead to a diminution of withdrawal and isolation; it is institutional because achieving a social status as a student, trainee or worker requires a sound policy infrastructure and positive and inclusive organizational practice. Individual young persons have to learn for inclusion, but it will not be effective if the environment is imbued with the practices of social exclusion and organizational inflexibility.

The process of re-entering the community involves clearing many hurdles and is often non-linear and reversible just as is the yo-yo process experienced by so many 'normal' youth on their transitions to adulthood (Coles, 1995; Walter et al., 2002). If young people are deprived of choices and decision-making opportunities, they will not be able to learn from choices and failures, and equally important, learn for inclusion. So, promoting and respecting clients' exercising their own agency is a

guiding practice principle that youth work or health practitioners cannot afford to overlook.

Inflexible organizational practice can undesirably lead to traumatic experience. For example, many clients in the study found it difficult to cope with school life again after a lengthy withdrawal. Happily some school principals and teachers are sufficiently enlightened to brief the students in advance to minimize the likelihood of teasing; and some schools permit readmission on a trial basis. This does not always happen, however: in one sad case a client was not allowed to wear a hat and long-sleeved school shirt on the ground that other students might model themselves on him with a resultant problem for the principal in exercising discipline. But the client's motivation had nothing to do with authority and discipline and everything to do with preventing others from seeing his skin troubles. In this case, organizational inflexibility contributed to social exclusion, and achieving a legitimate social status as a student turned out to be an insurmountable hurdle for the boy concerned.

According to the study of Ogino (2004), once thinking of being challenged of what has taken place for a few years after leaving the school or work, the hikikomori fear that they could not manage to make an acceptable explanation in front of others and fit in existing categories of social status currently available for 'normal' youth in society. In a society emphasizing so much on assuming a legitimate social status that can properly define the social roles played by young people, it is certainly a challenging task to promote a social environment that is more tolerant of a greater spectrum of alternatives chosen by youth. On top of this, youth work agencies and practitioners could work with hikikomori to deconstruct the social expectations placed on so-called normal youth engagement and compartmentalize the tasks of reengagement in a pace appropriate to each client. To make all this possible, youth workers, employers, school principals and trainers have to be well aware of the mental and real challenges of managing social status confronted by hikikomori, say by means of giving the latter a legitimate social status like volunteers, learners, participants, etc.

The etiology of adolescent clients' distress is both a psychic phenomenon and a socio-cultural and environmental one. Walker (2005a; 2005b) argues that what distinguishes social work from other helping professionals is its use of a psychosocial and anti-discriminatory framework to understand and tackle human difficulties resulting from a combination of external distress and internal conflict. A growing number of academics and practitioners have come to adopt a psychosocial approach to welfare that strives to think and cement the psychological and the social together (Howe, 1997; Froggett, 2002; Cooper and Lousada, 2005; Taylor, 2006; Stenner & Taylor, 2008). Attending to systemic elements of distress requires social workers to look at institutional, community and agency contexts as well as their own policies,

practices and resources when addressing the psychosocial needs of young people on their journey to strive for a supportive network of both formal and informal relations on the one hand and a legitimate social status on the other hand.

### **Concluding remarks**

The task of setting a list of parameters for defining social withdrawal and identifying the potential cases of social withdrawal can help reduce the likelihood of net-widening and ensure that youth work practitioners or social workers refer to the same group of young people. Such an exercise serves not only to signify personal troubles and social ills, but also to identify those areas that need to be examined in depth if a downward spiral into withdrawal and isolation is to be broken. A combination of the four parameters embodies both the personal and the structural. Systemic efforts made to enable young people to develop quality peer and social relations and achieve a legitimate social status in society must address both personal background and institutional measures.

The road to achieving a legitimate social status and a successful transition to adulthood is anything but easy, particularly in postindustrial societies like Hong Kong and Japan characterized by widening gaps of wealth and power. Organizations and the community at large have to recognize the difficulties faced by, as well as desires and values held by young people. This includes the exercise of institutional flexibility and tolerance, and the promotion of peer-group and community acceptance, coupled with well-designed and tailor-made services allowing rooms for individual maneuvering, which can help the clients not to turn their attempts to join the community again as a traumatic experience that could help to further justify their social withdrawal in the first place, and even take a step further to recognize and develop their own trajectory even if that trajectory is different and divergent from the norm.

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