The Experience of Void in the Onlife Domain: The Hikikomori Case

Primavera Fisogni[1*] and Allegra Fisogni[2]

[1]La Provincia Daily Newspaper, Italy.

[2]Ospedale di Legnano (Mi), Italy.

ABSTRACT

New anthropological questions concerning pathological aspects of the human condition emerge from the hyper connected world. A leading one refers to the experience of derealisation in the Onlife environment. The blurring domain where the real and the digital are melted together, theorized by Floridi (2015), is highly valuable to investigate complex phenomena that are frequently interrelated. It is the case of *hikikomori* syndrome or severe withdrawal from society that affects adolescents and young adults. After having argued that the *hikikomori* is a phenomenon of derealisation, the authors suggest that the use of the Internet, within the voluntary isolation of the individuals, is not primarily a digital addiction like PIU or MIU (which may be frequently among the causes of the isolation), but highlights on the effort of filling the void determined by the voluntary detachment from any social activity. This process can be interpreted as a therapeutic approach to self-isolation from the world of life. The authors suggest that this theoretical insight could be highly relevant in psychiatry for grasping nosology and treatment of social isolation, a psychodynamic problem, an emerging issue that needs to be tackled with multiple approaches.

Keywords: Derealisation, Disconnection, On life, Offline, Online, *Hikikomori*, Internet addiction

INTRODUCTION

Derealisation is the well-known experience of discomfort suffered from the self as a consequence of the loss of contact with the world of life: In a phenomenological perspective, it depends on the lack of relation between the existential poles (I-You, Self-objects). In psychiatry "Depersonalization-derealisation disorder" [1] refers to the feeling of being detached from the environment; a condition in which the individual perceives himself/herself as an outside observer.

People can make this experience occasionally, in case of traumatic events, stress or when anxiety arises; it can be diagnosed «only if such feelings of detachment frequently recur». Derealisation basically alters the perception or cognitive characterization of external reality [2] with the consequence of perceiving oneself and the surroundings as strange and unreal [3].

At first sight, it seems that derealisation only pertains to the 'real world' and it cannot be applied to the digital domain that so largely affects everyday life. However, the hyper connected world is going to change the traditional realist frame, if we take into account the Onlife domain [4]. The term Onlife, coined in 2015 by Italian philosopher and Oxford scholar Luciano Floridi [5] makes references to a

region where the real and the virtual are hard to separate. These environments or systems are continually implicated as dynamic units that constantly interact, giving birth to phenomena that are said 'emergences' or II type systemic properties [6].

Within the Onlife region the notion of 'connection' grounds any activities linking the real to the digital and vice-versa. No experience of the virtual is ever allowed without a connection with the offline world. Any digital device, a smartphone as well as a computer, should be linked to 'real life' for working (the agent, the content). The interrelation between the real and the digital [4], a basic tool for grasping the very essence of the Onlife domain, is a valuable argument to prove that 1) it is impossible to separate any

Corresponding author: Primavera Fisogni, Editor at La Provincia daily newspaper, PhD in Philosophy, Via Anzani 17, 22100, Como, Italy, Tel: +39 349 8784740; E-mail: pfisogni@gmail.com

digital experience from a real one and 2) pathological aspects of the real world interact with the virtual region or 3) aspects of the digital domain can be useful for the therapeutic treatment of diseases that originate in the offline world, as it will be highlighted in this paper.

Hence it makes sense, within the Onlife world, to talk about derealisation, in terms of disconnection (voluntary or compulsory) from the network. Connection, on the other side, can be interpreted as a full experience of the virtual environment. On a metaphysical ground, we move from the realist view of the world of life to an enlarged ontology that embraces the virtual as philosopher Urbani Ulivi holds [7]. In the perspective of psychiatry, any effort to shed light on connection and disconnection might be fruitful to explore derealisation in itself, which is still an underdiagnosed and under-researched phenomenon [8].

Finally, this theoretical approach is expected to allow a better understanding of several disturbances, related to the Internet addiction but not fully explicable in terms of addictive behaviours, which are currently not included in the diagnostic frame of psychiatry.

BETWEEN THE REAL AND THE DIGITAL: VOID AND SOCIAL ISOLATION

At this point of the paper, we can briefly focus on the phenomenon of void [9], as a symptom of derealisation, which occurs as a consequence of being dissociated from one's body, one's mental processes and from one's surroundings. Void is the well-known recurrent symptom of several mental diseases like depression, schizophrenia [10], Narcissistic Personality Disorder [11], Personality Borderline Disorder [12] and the Alimentary Behaviour Disturbances [13], just to quote some of the most relevant pathologies currently diagnosed. Emptiness, on the existential frame of individual life, involves the rupture of the normally expected integration of psychological functions and the social presentation of the self [14].

In the psychotic experience of the void, as psychiatrist and phenomenologist Binswanger noticed (1960; 1956) [15], a loss of intentionality also occurs, limiting the capacity to look at the objects and the other entities different from the Self. If we move from offline to online domain, we notice that several experiences of the void are deeply related to the virtual world. Within this particular existential domain, the void is strictly related to social isolation.

Young people are primarily affected by disturbances linked to the overuse of the digital devices, like the Pathological Use of the Internet (PIU) or the Maladaptive Use of the Internet (MIU). Anxiety, depressive states, substance use, disorientation and a deficiency in relational and emotional competences are reported as effects of the high exposure to the web and the social domains [16]. Although there is wide consensus among scholars that «pathological Internet use (…) seems to increase» and «several authors have reported a

significant co-morbidity of PIU and mental and psychosomatic disorders» (OECD, 2018) [17], nevertheless the PIU does not appear within the DSM 5, despite the introduction of a specific digital-related disturbance (Internet Gaming Disorder) [18].

A huge number of investigations underline the pathological Internet use among adolescents in Europe, with a higher prevalence of PIU among males and females reported higher MIU [19], however, scientific evidences are still insufficient to establish diagnostic criteria. Nevertheless, there is a large agreement that compulsive use of the Internet is the result of maladaptive cognitions about the self and the world, along with behaviours that increase and reinforce them [20]. Scholarly investigations about this topic seem to suggest the high risk of derealisation linked with the pathological or at least problematic [21] Internet use, a particular trait that makes these disturbances a distinct diagnostic category respect the domain of the addictive behaviours in which they are generally included.

A relevant reported consequence of being engulfed with the virtual world is the difficulty to blend with the others in a social environment, outside the digital frame, since a very early age, as it been recently reported [22]. The reason we make direct reference to the Internet addiction [23] is due to the fact that scholars have recently argued a relation between those disturbances and the surge of a complex social-anthropological-behavioural disease known as the *hikikomori* syndrome, which can be seen as a case history of void in the Onlife domain.

In the next paragraph, we seek to underline that the discomfort of void provided by the social withdrawal (offline) seems to be compensated by the connection with the web (online).

FILLING THE VOID BETWEEN THE REAL AND THE DIGITAL: THE HIKIKOMORI SYNDROME

With the Japanese term *hikikomori* (staying indoors) scholars refer to the social withdrawal that affects adolescents and young adults up to 40, a phenomenon emerged in Japan in the 1990s, although the very first description dates 1978 [24]. The *hikikomori* persons [25] cut almost all ties with the ordinary existence in real life; they avoid any social contact and generally stop going to school or university, spending almost all their time at home for weeks, even for years, without leaving their room. Parents feel unable to cope with a behaviour, of which the origin is hardly related to a major prodromal event. As noted before, the digital overexposure has clearly proved to be linked with the surge of the disturbance: especially as Tateno et al. [26] concluded that the subject at high risk of *hikikomori* on H-25 (the 25-Item *Hikikomori* Questionnaire) [27] had longer internet usage time.

As Kato and colleagues suggest: Bio psychological, cultural and environmental factors are all listed as probable causes of

hikikomori [28] in Japan as well as in other countries where the syndrome was described. Western sociologists put forward that it is a transitory phenomenon due to social reasons [23]. Empirical studies [30] assume that the majority of *hikikomori* persons present some kind of psychiatric disorders. Teo and Gaw make a prudential distinction between cases oh *hikikomori* related to Axis I or II disorder [31] and the others, arguing that only the very severe syndrome belong primarily to the first group. Worth noting that the Japanese Ministry of Health, Labour and Welfare, within the 5 diagnostic criteria established for highlighting on hikikomori is oriented to exclude schizophrenia, mental retardation or mental disorders [31].

Why is the *hikikomori's* phenomenology so interesting for the present investigation concerning the experience of void in the Onlife domain?

In the *hikikomori* syndrome, two different dynamics of void could be noted, a dysfunctional one, offline, and a therapeutic one, online. On one side, the young person takes voluntary the distance from the world of life, isolating from the social community in order to engage in online gaming [27] or surfing in the web. The consequences of the Internet overuse are those that typically affect subjects with mental diseases: loss of motivations, alienations, depressive state, and a low care of themselves. Because of these psychotic-like symptoms, adolescents suffering from the *hikikomori* syndrome are frequently diagnosed with depression or latent schizophrenia; in some cases, psychiatric treatment is required, in other case, it is not. As Stip and colleagues note: The exact place of *hikikomori* in psychiatric nosology has yet to be determined [32].

We suggest that *hikikomori* can be interpreted as a (transitory) phenomenon of derealisation where void is experienced as a consequence of the voluntary closure to the world of life. The lack of contact with the 'real' world, accompanied by the loss of temporal frame, is compensated with the immersive approach to the digital environment. Young people affected by *hikikomori*, in fact, are withdrawn into their room but they spend most of their time coping with Pc and digital devices. This trait is common to the cases reported in the literature, where adolescents are described to be absorbed in PC games and Internet» or «surfing the Internet, chatting on online bulletin boards (…) and playing video games [33].

The digital world counterbalances the loss of reality filling the gap – social, relational, educational, relational, and motivational – that the *hikikomori's* phenomenology brings into the surface. Offline and online are melted together, in the *hikikomori*, in the same way as it happens in the Onlife domain, that's why The growing interconnectedness of offline and onlife worlds could also offer ways to ease *hikikomori* back into everyday life [34]. Far from being a pathological trait, this interrelation recalls the typical operation of filling the void in the 'real' world, which is aimed at recovering something that has been lost. As Tateno, Kato, Skoukaukas and Guerrero reported [35], a patient affected by the syndrome started going out, leaving his room, after downloading Nintendo's smartphone game Pokémon Go.

Strictly dependent on the idea of absence, the concept of *horror vacui* - the Latin formula for the fear of the void refers to the urge/necessity to fill an empty space with all kind of details [36]. Although it originally referred to the domain of art, the horror vacui provides a better understanding of void as a consequence of derealisation, because it reveals the connection between the human subjects and their being-in-the-world. Filling the void could be interpreted as an existential strategy to overcome anguish. In Was ist die metaphysic? (1929) German philosopher Martin Heidegger assumed that anguish is the feeling of absence. In the digital domain filling the void belongs to the operation of cutting and paste [37], in which also consists of the peculiar power of the digital, as Floridi theorized [38].

DISCUSSION

An «under-diagnosed and under-researched phenomenon», derealisation is a crucial key for understanding several disturbances that affect individuals when they lose any contact with the environment and make the experience of the void. The increasing role of the digital in our lives suggests shedding lights on the virtual side of this existential discomfort. There are phenomena that can be understood only within the frame of the Onlife domain, where offline/real and online/virtual are melted together. It is the case of the severe social withdrawal among adolescents or young adults that - the authors argue – can be interpreted as a case of voluntary derealisation.

Differently from the pathological emptiness, which follows to anxiety or traumatic experiences or mental diseases, in *hikikomori* void does not overcome the individual. It is frequently reported that the self-isolated subjects fill the emptiness through the Internet, spending a huge part of the time surfing or gaming or using social networks. They seem to repeat the strategy of filling the void, a process that exists in the real world in order to manage anxiety or panic. In brief, we could say that connection (online) may be the cure for derealisation (offline), which is often caused by addictive Internet behaviours. We should not be amazed by this vicious/virtuous circle: the Onlife domain is characterized by a constant interaction of the real and the virtual. No surprise that adolescent or young adults, who are the main consumers/actors of this melted environment, are so exposed to the risks that belong to it. What emerges within the *hikikomori* dynamics is the therapeutic potential of the Onlife world, whose power has not yet been explored. This dynamic, very common in the *hikikomori* syndrome could clarify why these social withdrawals very often do not give rise to psychotic-like symptoms.

From the aesthetic experience to severe mental illness, filling the void means to replace a loss of reality with content, an object, in order to repair what has been detached: hallucinations in schizophrenic patients, for example, restore a certain interpersonal relationship that has been lost. If we accept this premise, we can set on a secure ground the possibility that the digital traces a possible therapeutic pathway for *hikikomori* as well as for several social isolation phenomena which are increasing [39] in the Onlife age.

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