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PSYCHOLOGICAL FACTORS AND MANIFESTATIONS OF HIKIKOMORI AMONG INTERNALLY DISPLACED PERSONS IN THE CONTEXT OF WAR CONDITIONS IN UKRAINE

The ongoing war in Ukraine and the imposition of martial law have caused the massive internal displacement of civilians, disrupting lives, homes and social networks. For many internally displaced persons, the upheaval involves not only physical relocation but also profound psychological stress: exposure to trauma, loss of home and identity, erosion of control and ongoing uncertainty about the future. In such extreme conditions, some people may adopt patterns of behaviour characterised by extreme social withdrawal, confinement and avoidance of social contact – a phenomenon that has been described in other contexts as hikikomori.

The term «hikikomori» (from Japanese – «seclusion» or «social isolation») was first introduced by Japanese psychiatrist Tamaki Saito in his research «Shakaiteki hikikomori: Owaranai shishunki» [6]. This work was groundbreaking in the identifying and systematizing a phenomenon characterized by the prolonged avoidance of social contact, isolation at home and refusal to participate in public life.

Tamaki Saito defined hikikomori as a state in which a person, usually a young person, isolates themselves from society for a period of six months or more, without participating in education, work or social interactions, while not having a diagnosis of a mental disorder such as schizophrenia [6].

Among the causes of hikikomori are sociocultural context and psychological aspects of this phenomenon.

Hikikomori is not a medical diagnosis, but rather a socio-psychological phenomenon that reflects the interaction of individual psychological characteristics and sociocultural pressure. There are three main criteria of hikikomori:

Physical isolation: the person spends most of their time at home, avoiding the outside world.

Lack of social contact: refusal to communicate with friends, family or colleagues.

Duration: the condition lasts at least six months and is not associated with the other psychiatric disorders [6].

Hikikomori as a psychosocial phenomenon is characterized by the prolonged voluntary social isolation, where an individual avoids interpersonal contact, work, study and other social activities, spending most of his /her time at home, accompanied by significant distress or functional impairment [5]. According to the scientific researches [2], hikikomori in Ukraine is defined as a form of acute social self-isolation associated with the psychopathological conditions such as depression, anxiety disorders and post-traumatic stress disorder with comorbidity (the presence of two or more chronic diseases) of up to 65 % [4].

Hikikomori is divided into primary (without obvious psychiatric causes) and secondary (associated with mental disorders) and in Ukraine it is often associated with childhood trauma and early onset (41.7 % of cases in adolescence) [2].

The key psychological mechanisms of this phenomenon are strategies for coping with stress, alexithymia, low self-esteem and social anxiety which are exacerbated in the context of emergencies such as war or economic instability [3]. In the context of war conditions in Ukraine, particularly among internally displaced persons, hikikomori can be a reaction to the loss of social connections, war trauma and uncertainty, which highlights the need for an interdisciplinary approach to diagnosis and therapy [3].

Internally displaced persons in Ukraine, especially those who are from occupied regions such as Donbas or Mariupol, often experience profound self-isolation due to the psychological trauma, the loss of social connections and stigmatization in new communities. The research proves that fear of judgment, economic instability and loss of identity cause internally displaced persons to avoid interaction, reminiscent of hikikomori [8].

According to the data of International Organization of Migration of Ukraine, self-isolation of internally displaced persons is often exacerbated by post-traumatic stress disorder, anxiety and feelings of not belonging, which complicates the integration [8]. These factors create a vicious circle where internally displaced persons, like hikikomori, choose isolation as a way to protect themselves from the external pressure.

The relevance of the hikikomori phenomenon in the modern world is due to its growing prevalence and socio-psychological consequences, which span different cultures. According to the results of scientific researches, the prevalence of hikikomori is 0.87–1.71 %, with higher rates among young people in the crisis situations (up to 10% in countries experiencing social upheaval) [5].

In the context of digitalization, the COVID-19 pandemic and war conflict (the Russian-Ukrainian war), social isolation gets new forms, increasing the risk of mental disorders, particularly depression and anxiety [4]. In Ukraine the phenomenon is associated with trauma, unemployment and displacement, making its study critically important for the development of psychological support strategies [2].

The phenomenon of hikikomori, characterized by prolonged social isolation and avoidance of interpersonal contact, is particularly relevant in modern Ukraine, where war and forced displacement exacerbate the psychological challenges.

According to the study «Does Hikikomori Exist in Ukraine?» [2], conducted by the authors from the Bogomolets National Medical University, hikikomori in Ukraine has been confirmed as a psychopathological and social phenomenon associated with childhood trauma, depression, anxiety and post-traumatic stress disorder.

In 2023, the number of internally displaced persons in Ukraine was about 3.7 million. In such situation the social isolation can serve as a protective mechanism in response to war stress, loss of social connections and economic instability.

The researches indicate that hikikomori among internally displaced persons has specific psychological characteristics, including a high level of comorbidity with psychiatric disorders (up to 65%) and early onset (41,7% of cases in adolescence) [2]. This happens because the internally displaced persons face high risk factors such as multiple displacement, loss of housing (80%), and limited access to psychological support (74% have a treatment gap) [2].

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PSYCHOLOGICAL DIAGNOSIS OF MENTAL HEALTH UNDER MARTIAL LAW IN UKRAINE

The state of war in Ukraine has created unprecedented challenges for the psychological well-being of the population. Under the influence of prolonged stressors – constant threat to life, forced displacement, loss of social ties, destruction of infrastructure, uncertainty about the future – the mental health of Ukrainians is undergoing a massive strain that requires systematic scientific analysis and the use of effective psychodiagnostic tools. That is why psychodiagnostics is becoming a key tool for assessing mental health, early detection of maladjustment and psychological disorders, and the development of sound psychological support strategies.

In the context of martial law, psychodiagnostics takes on specific characteristics, as research is conducted in conditions of increased vulnerability of the individual, dynamic mental processes, acute reactions to traumatic events, and the need to ensure maximum ethicality and safety of the procedure. In particular, today's psychodiagnostician must work in a reality dominated by phenomena such as acute stress reaction, post-traumatic stress disorder, anxiety spectrum disorders, depressive symptoms, emotional exhaustion, internal burnout syndrome, secondary