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Impact of the Pandemic on Therapy: Addressing Modality Change in Post-COVID Japan

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ABSTRACT

COVID-19 reinforced maladaptive behaviors found in social anxiety and cultural variants, such as hikikomori and taijin kyofusho. As a result, mental health professionals had to modify their modalities to adapt to the changes that resulted from the pandemic. This study used a qualitative research method and Theory of Mind (ToM) framework exploring ToM deficits resulting from the pandemic and linked to social anxiety. Twenty mental health professionals with experience working in Japan were chosen for the study. The participants had worked in Japan during COVID and held a master's degree or equivalent in a mental health discipline. Participants were interviewed via Zoom, using the COVID Social Anxiety Questionnaire – Version 1 (CSAQ-V1). The findings indicate that the development of the "Silo Effect" greatly influenced maladaptive behaviors found in social anxiety. Many participants modified their approaches to account for ToM deficits exacerbated by COVID-19, the move to telehealth, and restrictions resulting from Japan's pandemic, including addressing humanistic and psychodynamic therapy in light of less proactive clients and changes made to CBT and third-wave CBT to compensate for telehealth. The importance of psychoeducation in tackling the stigma surrounding mental health with families in Japan was also addressed, as well as tackling school refusal. The research opened opportunities for further exploration, such as studies on the Silo Effect and its impact on ToM deficits and the long-term implications of psychoeducation on stigma in Japan. Continued research into how modalities are modified could provide greater clarity into the effectiveness of modalities on social anxiety post-pandemic.

KEYWORDS: Social anxiety, hikikomori, Taijin Kyofusho, school refusal, silo effect, theory of mind, Japan, mental health, psychoeducation, COVID-19

COVID-19 has profoundly impacted the world and disrupted every aspect of life. The school closure impacted the social aspects of schools. The resulting isolation and lack of social interaction profoundly impacted mental health (Cullen et al., 2020; Karim, 2021; Kumar & Nayar, 2021; Usher et al., 2020), with a significant increase in anxiety and depression, as well as impacting adults and adolescents who were identified as being at risk due to pre-existing psychological issues (Lee, 2020). In February 2020, Prime Minister Shinzo Abe closed all schools (Kyodo News, 2020), which impacted 13 million students across the country (BBC News, 2020).

Mental health professionals had to significantly disrupt their services as they moved from in-person to online services (Jurcik et al., 2021). While there is evidence that telehealth is

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effective in treating anxiety disorders (Krzyzaniak et al., 2021; Peros et al., 2021), there is yet to be a study on how therapists in Japan have addressed their clients' needs considering COVID.

Background

Masks became prevalent in society to prevent the dispersal of COVID-19 (Han, 2020). Wearing face masks deteriorated the ability to read emotions in others. Due to masks, adults have significant difficulty assessing and interpreting facial responses (Carbon, 2020; Leitner et al., 2022; Levitan et al., 2022; Sahin et al., 2019; Tsantani et al., 2022; Ventura et al., 2023). Children were similarly impaired (Chester et al., 2021). In Japan, social mask-wearing was part of the expected norm (Nakayachi et al., 2020). Individuals with higher social anxiety might use mask-wearing as an avoidance tool (Carney et al., 2023; Guo et al., 2022; Ho & Moscovitch, 2022; Saint & Moscovitch, 2021; Warnock-Parkes et al., 2021).

The closure of schools resulted in a significant increase in behavior problems, particularly among children with pre-existing mental health needs, and reduced opportunities to socialize with peers (Lee, 2020; Munoz-Najar et al., 2021). Given that individuals with social anxiety already have lower levels of resilience than healthy individuals (Marx et al., 2017) and typically resort to avoidance behaviors (Ko & Chang, 2019), school closure would have had a more significant impact on them. In addition, several studies have been done on the impact of COVID-19 on social anxiety in adults and adolescents (Itani et al., 2021; Kindred & Bates, 2023; Morrissette, 2021; Rahiem & Rahim, 2020; Saint & Moscovitch, 2021; Peker et al., 2023; Zheng et al., 2020). Two studies (Morrissette, 2021; Zheng et al., 2020) implied that isolation and lockdowns reinforced maladaptive behavior.

In Japan, *taijin kyofusho* is a culturally specific subset of social anxiety. The focus is other-specific; the fear of inadvertently offending others, which hampers the individual's daily interactions (Arimitsu et al., 2019; Asakura et al., 2007; Jefferies & Ungar, 2020; Norasakkunkit et al., 2012). *Hikikomori* is a form of pathological social withdrawal. It is often closely related to social anxiety disorder (American Psychiatric Association., 2022). Forced isolation from COVID-19 could exacerbate individuals with a milder condition (Kubo et al., 2022; Rooksby et al., 2020; Roza et al., 2020; Wong, 2020). A final factor that needs to be considered is the stigma associated with mental health in Japan. The mental health stigma in Japan remains significantly higher than in developed countries. As a result, mental health services in Japan are often unused, and 80% of those diagnosed with a disorder do not receive mental health support for extended periods (DeVylder et al., 2020; Kasahara-Kiritani et al., 2018). This stigma has also extended to individuals suffering from COVID (Fuji & Hashimoto, 2023; Katsuki et al., 2019; Sawaguchi et al., 2022).

Problem Statement

The problem that needed study was how best to address social anxiety and related cultural variations in post-COVID Japan through therapy. Concerning social anxiety, it was essential to explore school refusal in adolescents and consider the fear of being seen without a mask while at the same time addressing the cultural variant *taijin kyofusho* and regression to a *hikikomori* state (Arimitsu et al., 2019; Dang & Sousa, 2022; Morrissette, 2021; Rooksby et al., 2020; Saint & Moscovitch, 2021). Examining how mental health practitioners have adapted their methods post-COVID will help improve strategies for working with clients with these conditions.

Purpose

The qualitative methodology was designed to employ interviews to explore and enhance comprehension of the diverse manifestations of social anxiety during and following the COVID-19 era. The gathered data was used to formulate responses to the following questions:
RQ1. How have therapists modified their therapeutic approaches to address anxiety, school refusal, taijin kyofusho, fear of being seen without a mask, and regression to a *hikikomori* state?
RQ2. What interventions have therapists discovered ineffective in treating anxiety among adolescents who relied on avoidance as a safety measure both during and after COVID-19?
RQ3. What strategies have therapists used to help parents understand the need to intervene in the behaviors that result from social anxiety and/or school refusal?
RQ4. What are the most effective strategies therapists identify when working with family members (specifically parents) to address the challenges associated with taijin kyofusho?
RQ5. What strategies have therapists found most effective in helping family members (particularly parents) address the fear of being seen without a mask?
RQ6. When working with family members (specifically parents), what strategies have therapists determined to be the most effective in addressing the challenges of regression into a *hikikomori* state?

Theoretical Framework

Theory of Mind (ToM) provided the framework for the qualitative analysis of the interviews. ToM affects children, helping to predict communicative competence, quality of peer relationships, understanding of emotion, intention, desire, and perception, and social skills (Carlson et al., 2013; Rakoczy, 2022). There has been extensive research on social anxiety performed through the lens of ToM (Bialecka-Pikul et al., 2021; Hezel & McNally, 2014; Pequet & Warnell, 2019; Ronchi et al., 2019; Washburn et al., 2016). As such, there is a strong link between ToM and social anxiety. By employing this theory as a perspective, the study examined how therapists approached anxiety and related cultural syndromes. In exploring this, ToM can significantly contribute to understanding the thinking processes of individuals with social anxiety.

Review of Related Literature

Emotional Regulation

Emotional regulation plays a significant role in SAD, contributing to the cognitive distortions and suppressive behaviors that are part of the condition (Dryman & Heimberg, 2018; Jazaieri et al., 2015). In addition, there are potential links to the *hikikomori* disorder (Horton et al., 2022; Naito et al., 2022), although the lack of literature explicitly addressing the connection is problematic and an area that could benefit from further research. However, the potential link between *hikikomori* and emotional regulation can open avenues of possible therapeutic approaches that would use emotional dysregulation, such as dialectical behavior therapy (Malivoire, 2020; Neacsiu et al., 2014).

While there is a more explicit connection between *taijin kyofusho* and emotional regulation, as well as much closer links to SAD (Downes, 2019; Kajitani et al., 2021; Noguchi, 2011), like *hikikomori,* there was very little English-speaking literature that addressed this connection, and only really one paper that explicitly discussed it (Downes, 2019). In addition, both *hikikomori* and *taijin kyofusho* are products of their culture, so they must be understood within this context. This is not to indicate that Western studies of both disorders should be discouraged but to acknowledge the limitations, such as the lack of English-speaking literature

on the connections between both disorders and emotional regulation, and also a need to be aware of how culture impacts the interpretation of SAD, especially in its relationship with *taijin kyofusho* (Downes, 2019).

Social Anxiety Disorder

COVID has significantly impacted SAD through the response by governments to enforce isolation, social distancing, and mask-wearing. These guidelines have reinforced the avoidance behaviors in individuals with SAD, which has had a particularly significant impact on adolescents because of school closures (Lipkin & Crepeau-Hobson, 2023; Morrissette, 2021; Ni & Jia, 2023), the results of which are only now coming to light as the pandemic passes. School closures resulted in a significant impact on resilience and social skill building in students (Foulkes & Blakemore, 2021; Morrissette, 2021; Ni & Jia, 2023), which could have potentially problematic results as schools reopen and students return. School refusal may be a significant factor in schools now, as adolescents and children with SAD struggle to reintegrate after their avoidance behaviors have been rewarded for so long.

In attempting to consider how to approach post-COVID SAD best, it is also essential to be aware of the cultural implications of how SAD is perceived in Japan, particularly in comparison to the more culturally present *taijin kyofusho*, as cultural elements can make the diagnosis differ from country to country, despite universal aspects that are found throughout all cultures (Dat et al., 2021; Kleinknecht et al., 1997; Sakurai et al., 2005). These cultural factors can be further extended to mask-wearing as a form of avoidance in Japan, as mask-wearing has been a part of Japanese culture before COVID-19. It would be essential to recognize that individuals with SAD could have been using masks as an avoidance tool long before COVID-19, which aligns with the avoidance response in the condition (Akkus & Peker, 2022; Kivity & Huppert, 2018), and that what is considered a new phenomenon outside of Asia might be something that is dealt with by therapists already and, as such, may offer an opportunity to gain a greater understanding of the types of approaches that are already in use when dealing with clients with SAD and mask-wearing habits. Understanding these differences will be vital in ensuring that potential descriptions of individuals with SAD are not missed or miscommunicated when interviewing Japanese mental health community members. In addition, the lack of culturally specific therapeutic modalities represented in the review of types of therapy needs to be considered. Despite the potential cross-cultural benefits of CBT in tackling SAD (Abdollahi et al., 2021; Avsar & Sevim, 2022; Niles et al., 2021; Thew et al., 2022), it may not be a common approach taken, especially iCBT, which may not be particularly popular in Japan, despite potential benefits during COVID-19. The same can be said about virtual therapy and potential psychopharmaceuticals. The laws surrounding drug prescribing in Japan and the access to technology could potentially undermine both approaches, despite particularly positive results in virtual reality exposure therapy.

Hikikomori

The research on *hikikomori* both inside and outside Japan indicates that *hikikomori* can no longer be considered a Japan-centric disorder but one that has been found more and more worldwide (Phi, 2023; Soudunsaari, 2022; Wong, 2020). However, it is essential to note that a significant area that needs to be addressed is a consistent understanding of *hikikomori* when defining what it is and is not. The definition is evolving as the *hikikomori* phenomenon develops in other cultures and must be refined further (Kato et al., 2019; Kato et al., 2020). In addition, as it evolves, the relationship with SAD will need to be addressed again, as they share many similarities. The universal consistency of the diagnostic features, including selective isolation,

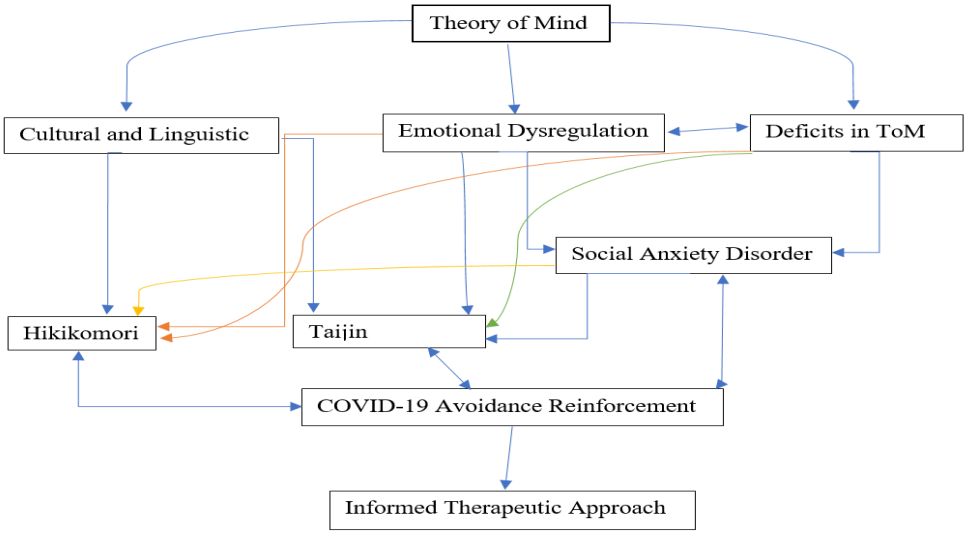
the connection to potential school or workplace refusal, and the pandemic as a source of reinforcement of isolation behaviors, strongly indicates this. The interventions, too, focus on family support and education, and the potential for further employment or training post-pandemic has implications for post-pandemic SAD. The empathy gained from the shared experience may assist in therapy as *hikikomori,* and their therapists can discuss isolation from a common framework. These aspects provide potential avenues for success when addressing how therapists adapt modalities to work with their clients.

Taijin kyofusho

Taijin kyofusho, in a similar manner to the *hikikomori* phenomenon, should be seen as something that has transcended the cultural basis from which it originated and is now prevalent in many countries outside of Japan, as reflected in research, specifically in the "offensive type" of the disorder (Choy et al., 2008; Kim et al., 2008; Ruan, 2020; Turchi et al., 2023; Vriends et al., 2013). It is interesting to note that despite how closely the diagnosis aligns with SAD and shares similar neurological traits (Tei & Wu, 2021), it is still referred to as a separate condition, often being discussed as comorbid with SAD, except for recent research, which indicates that it could potentially be seen as a subtype of SAD (Ruan, 2020). Given that findings of this condition are beginning to grow in prevalence in Western culture (Choy et al., 2008; Kim et al., 2008; Ruan, 2020; Turchi et al., 2023; Vriends et al., 2013) and may have always existed but been diagnosed as SAD it is important to factor this condition into any research done in Japan on how SAD has evolved as a result of COVID-19

Overall, *taijin kyofusho* demonstrates many of the critical elements that are part of the core questions of this research: Has COVID-19 reinforced avoidant behaviors (in the case of *taijin kyofusho*, offense avoidance), and how have mental health professionals' modalities changed or been forced to adapt to respond to this. Just like SAD, *taijin kyofusho* results in significant difficulties related to social interactions, and the way reintegration back into society commences could provide vital approaches that can be applied to SAD as well. One area that is significant as a therapy that is specific to *taijin kyofusho* is Morita Therapy which emphasises social integration and community support (Maeda & Nathan, 1999; Nakamura et al., 2022; Sugg et al., 2020).

Figure 1. *Application of Theory of Mind to the Study.*



Research Method

In deciding the best design for this study, it was essential to consider the type of data being collected and the focus of the study. In the case of the current study, the research questions focus on the lived experiences of mental health professionals and how they approached social anxiety disorder and cultural-specific variants. A qualitative method allowed for an in-depth study of the issue through open-ended questions and detailed information from a smaller body of participants, increasing the understanding of the research and those working with this client base.

A narrative is "the primary scheme by which human existence is rendered meaningful" (Polkinhorne, 1988, p. 1). Purposeful sampling was the sampling method utilized in this study to recruit 20 participants.

Participants

Recruitment was done through direct requests to mental health professionals who have experience working in Japan to participate in the study. The participant's gender, race, ethnicity, and orientation were not considered in this study, given the limitations of the selection of mental health professional participants who work within the international and Japanese communities in Japan. These practitioners were sampled through the International Mental Health Practitioners of Japan website (https://www.imhpj.org/), TELL Japan (https://telljp.com/), mental health practices in Japan that service the English-speaking community, and the Japan International School Counselors Network. Participants who met the criteria below were contacted via email with an invitation letter (Appendix B) that included information on the purpose of the study, criteria for participation, guidance for confidentiality, and emphasis that participation was voluntary and they could withdraw at any time. All interviews will be done over Zoom and were approximately 45 minutes to an hour long. The inclusion criteria are as follows:

1. The mental health professional must be licensed as a therapist, psychologist, or counselor.
2. They have to be working with the international expatriate and Japanese community currently living in Japan.
3. They must have at least one year of experience working in Japan and providing services during COVID-19.
4. They are not friends of the researcher.
5. They hold at least a master's degree in psychology or counseling or equivalent.
6. They speak English, although they do not need English to be their first language.
7. They have experience working with clients with social anxiety disorder, *taijin kyofusho,* or *hikikomori* conditions.

A breakdown of the gender (figure 2), ethnicity (figure 3), modalities (figure 4), and the types of conditions treated (figure 5) are found below:

Figure 2.
Participant Gender

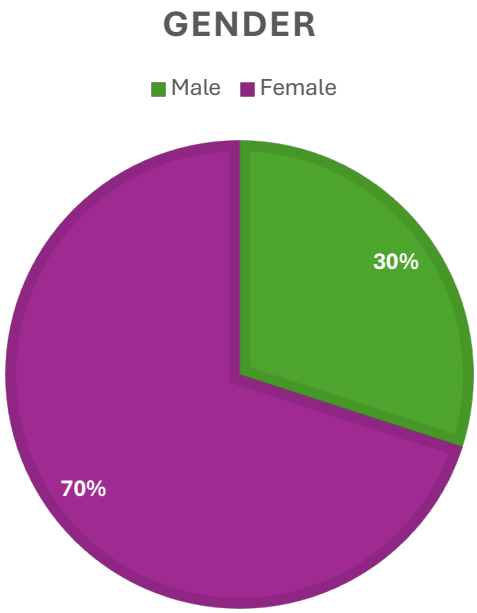


Figure 3.
Participant Ethnicity

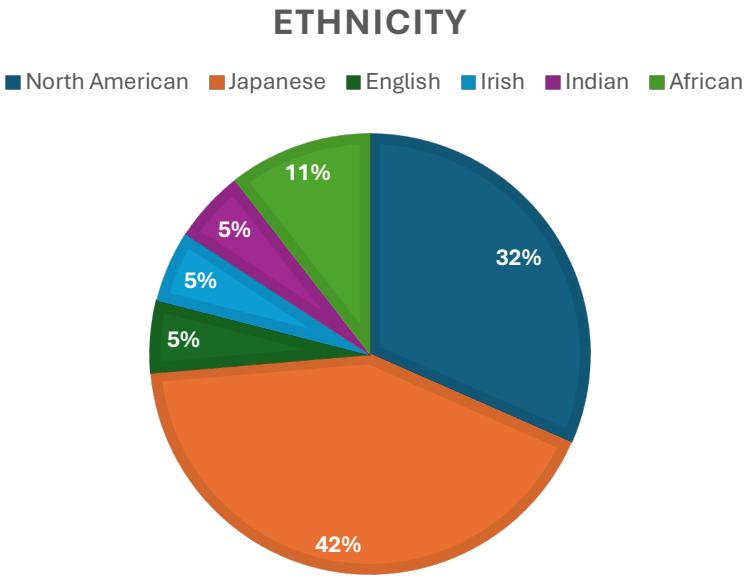


Figure 4.
Modality

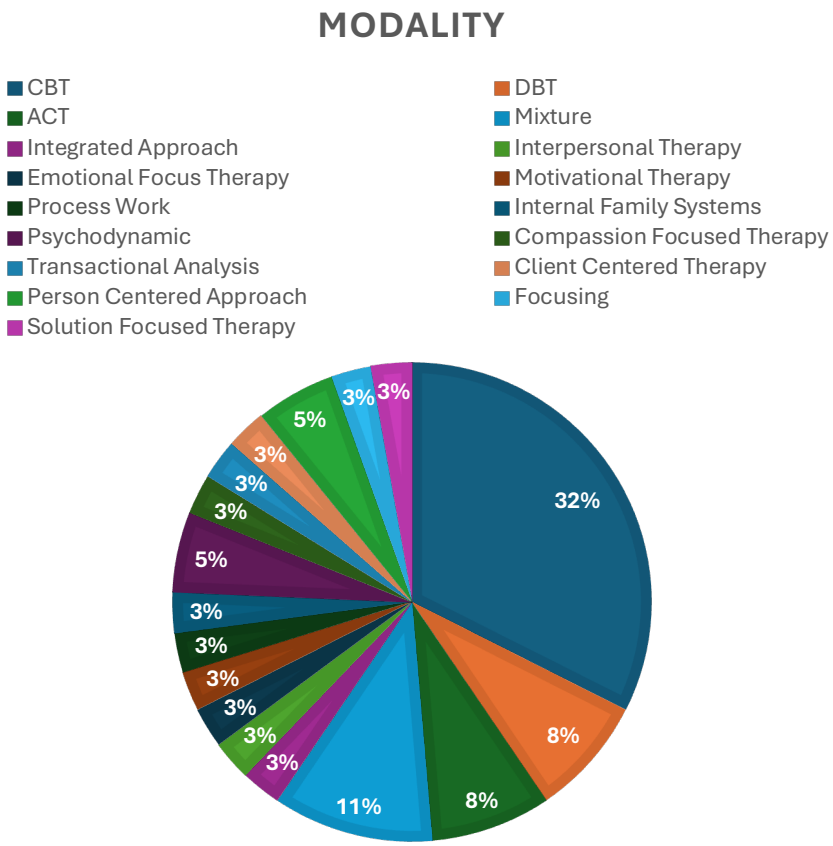
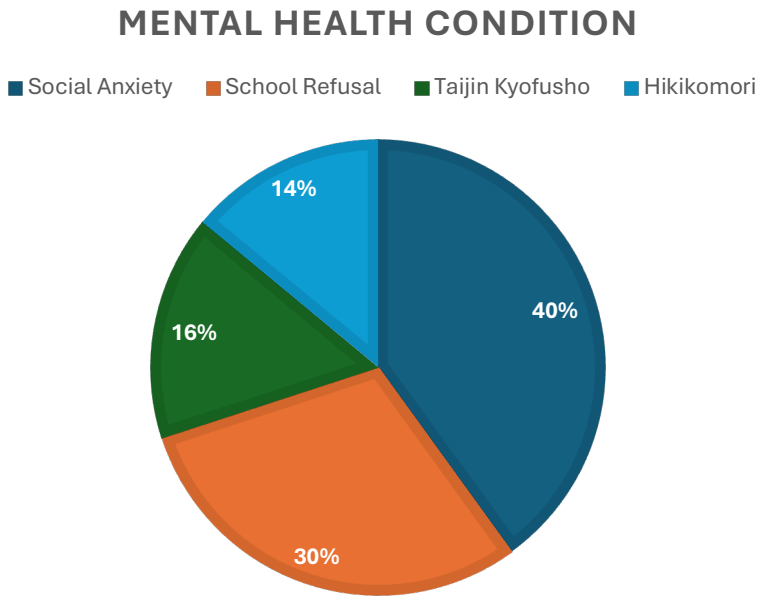


Figure 5.
Mental Health Condition



Instrumentation

The instrument used in this study was a 24-question interview called the COVID Social Anxiety Questionnaire – Version 1 (CSAQ-V1) (Appendix A). The CSAQ-V1 was designed to identify consistent themes that would arise from the interviews with the participants. The open-ended questions provided a more comprehensive understanding of the participants' experiences by encouraging an open dialogue (Creswell & Creswell, 2018).

In conjunction with the researcher, two mental health professionals thoroughly assessed each interview question to ensure it accurately captured the pertinent content of interest, making revisions when necessary (Crocker & Algina, 1986). In addition, a measurement expert conducted a comprehensive review of the instrument to identify and rectify technical flaws, enhance clarity, address biases, and improve grammar, among other aspects. The measurement expert identified areas of weakness in item construction and the areas that may lead to misinterpretation of the questions being asked (Crocker & Algina, 1986). Combining the review of two psychologists and a measurement expert ensured the internal validity of the instrument. This multifaceted approach ensured the instrument's content validity was rigorously examined (Crocker & Algina, 1986). By ensuring content validity and through peer review, CSAQ-V1 demonstrated credibility (Cypress, 2017).

In qualitative research, the design and evaluation of the trustworthiness of the instrument is vital to ensuring validity. By demonstrating that the study is valid and reliable, the researcher can ensure the study's trustworthiness (Hayashi et al., 2019). The trustworthiness of the instrument will be further assessed by the analysis of the data and the potential transferability of the instrument outside of Japan. Transferability acts as an external validation of the instrument used in the study by evidencing the efficacy of the study through potential replication (Bloomberg & Volpe, 2019). To maintain the dependability of CSAQ-V1, a regular review of the responses to the questions was done to ensure that the content reflected the research questions. The committee chair participated in the review to ensure the interviews reflected the research questions. In addition, this further met the need for confirmability through the review and analysis of the use of CSAQ-V1 (Cypress, 2017).

Data Collection

Data was gathered from 20 participants, which aligned with appropriate saturation as reflected in studies of grounded and narrative methodological approaches Thomson’s (2010) review of grounded theory qualitative studies, indicates that the average number of interviews ranged from 20-24. Further, the typical saturation level was between 10-30 interviews (Thompson, 2010). This is further reflected in Fugard and Potts (2015) who suggest 6-60 interviews and Clarke and Braun (2022) who found that 6-7 interviews typically allow for saturation, with 11-12 ensuring a higher degree of saturation (Clarke & Braun, 2022; Fugard & Potts, 2015). The letter provided to the participants focused on informed consent. Informed consent was vital in ensuring that the study maintained ethical validity. No personally identifying information was released without the express written consent of the participant.

All data was collected from on-camera interviews through Zoom, allowing flexibility in when the meetings could take place. Each meeting was approximately 45 minutes to an hour long, and each participant was interviewed once. The video was recorded via Zoom's recording system and transcribed.

Finally, the trustworthiness of the data collection efforts was also carefully examined. To ensure the accuracy of the interview content, I further reviewed the transcripts to maintain the transcript's validity and accuracy of the participant's responses. Additionally, the participants were provided with the option to request a copy of the transcript. Participant

validation and member checks during data collection helped to ensure the study's credibility, dependability, and any indication of researcher bias (Mero-Jaffe, 2011; Rowlands, 2021).

Analysis

All aspects of the interview were noted, including detailed descriptions of the people, events, places, and settings, ensuring that credibility was maintained by accurately depicting all aspects of the interview. The data collected was then coded and broken down into categories that could be later reviewed for thematic relevance. After coding the data, I decided upon the themes that could be generated, which formed the foundation for the findings in the study. A third party reviewed the coding for accuracy and alignment with the data before final analysis. Thematic analysis was the primary tool because it allowed for a new theoretical or conceptual understanding of the information reported and a way to accurately link the stories from each participant around a series of statements that described the essence of the data in a compelling manner (Lochmiller, 2021).

Ethical Assurances

The study received approval from the Institutional Review Board (IRB) of California Southern University before data collection. In addition, the use of Zoom was considered an ethically viable interview tool due to several reasons. The meetings were password protected to prevent unauthorized access, and all recordings and transcripts were saved onto an encrypted folder and password protected. Participants could further review the privacy policies prior to enrolling via the link provided on the information and consent form. Participants were informed that the interviews would be recorded and had the option to opt out at any time. All participants could review their transcripts for accuracy before finalization and anonymization measures were implemented, including removal of identifying details and the use of pseudonyms. In addition, the participants could decline to answer any questions and request counseling referrals if they experienced discomfort from participation.

Themes

The research questions generated five major and three minor themes.

Escalation of the Fear of the Outside and Safety in Isolation – Silo Effect

The first major theme in the experiences of 14 participants was the escalation of the fear of the outside and the sense of safety that isolation provided for their clients. Participants noted that COVID-19 heightened anxiety and fear but also brought relief, as clients gained more control over their schedules and felt less pressure to interact with peers. This shift helped them realize they could succeed without being in school or the workplace, finding not only physical safety in isolation but also a sense of security in their own way of achieving success. Participant 11 described how:

> *"they were top of the life. Nobody was asking why they were not coming. Nobody's asking why they're not working. Nobody's asking why they're not doing more. And they felt relieved and felt validated… The society finally accepted how they felt each day as a norm. So they felt comfortable."*
> P11 Line 174-180

Participant 6 described the feeling as being in a "silo," a place where they could exist that validated their condition and reinforced their behavior through their online interactions:

> *"They weren't getting exposed to things that they weren't looking for as much as they had beforehand. So again, they're just getting echoes of the stuff that they already think and believe. So I just think, I think that there was a kind of an impact, which is like people just got used to having their way and to things being kind of about them."*
> P6 Line 202-206

Similarly, Participant 10 described it as:

> "*I think it made them feel very comfortable in a way where they see, oh, the world can function really now like a little bubble."*
> P10 Line 191-192

This protective space, what we will call the "Silo Effect," helped reinforce that being at home and avoiding others was acceptable, combined with the overall perception that they could successfully exist in this state and that their fears were validated was one consistently reported by eleven of the participants.

Innovation Over Ineffective

The second major theme to emerge was innovation over ineffectiveness. This theme emerged from the responses of fourteen participants. All participants highlighted that it is not so much that modalities or specific interventions are no longer effective but that they require a new approach to maintain their level of efficacy. As Participant 10 stated:

> *"But I think that I've needed to be very innovative with the strategies that's already at hand. I've needed to think about the digital world that we find most of the interventions we use that in terms of the strategy, especially with the younger kids."*
> P10 Line 280-283

Participant 9 noted that they innovatively used online tools to replace in-person activities and maintain accessibility. Examples include using whiteboards via Zoom for areas such as art therapy, screen sharing, and videos for psychoeducation. Virtual technology was also used by Participant 4 to address anxiety and depressive symptoms. Three participants highlighted that during COVID, implementing exposure therapy for social anxiety was particularly challenging and had to be reframed. This process of reframing was described by Participant 15 as the need to modify the method of exposure, but it did not lose its efficacy overall:

> *"...Exposure You know that became kind of a little bit difficult I think because you know if you have your client in front of you you can do exposure therapy kind of together but if you kind of you know remotely separate it's a little bit difficult so definitely there are things that we have to kind of I have to to modify it and adjust."*
> P15 Line 318-321

To address the challenges, Participant 15 had to consider social distancing, rules regarding large gatherings, and mask-wearing. Participant 15 highlighted the benefits of taking advantage of the slower pace that had resulted from the pandemic and the reduction in crowds to allow for a more practical approach to exposure therapy, for example, allowing the client to begin exposure in a much more controlled external environment.

Family therapy also required attention, particularly in modeling and family systems approaches where family members were relocated. Two participants noted that the lack of face-to-face interaction limited options for such activities; for example, the range of the camera dictates the placement of family members. In addition, exploring interactions between the family could be more challenging, but at the same time, working with the family within their household provided insights that might not be available in the office, and a more intimate

environment can give insights into behaviors that would not normally be accessible. However, this did not significantly impact the overall effectiveness of interventions, especially considering space constraints in Japan.

Bigger Than the Child

The third major theme that emerged was bigger than the child, which came from the comments of twelve participants. This theme emphasized that while a child's anxiety is a major concern, it must be viewed in the broader context of the family, which plays a crucial role in both the child's anxiety and their potential improvement. Among the twelve participants, family involvement in interventions varied. Participant 10 noted that a challenge arising from COVID-19 was parents managing their mental health issues alongside their children. Participant 10 pointed out:

> *"But in terms of, like, sometimes parents also have their own issues that they've developed during the COVID-19 period, and that may make things difficult for them to support their kids."*
> P10 Line 341-343

Participants 12 and 18 echoed this notion. A further challenge noted was the lack of support a child might receive due to parents' work-life balance or the misunderstanding of their role in the child's anxiety.

For eight participants, strategies for *taijin kyofusho* were similar to those for social anxiety, suggesting core methods for both conditions are comparable. Participant 13 introduced a slight variation by emphasizing group activities to foster communal unity. It highlighted the importance of one-on-one time with the child to strengthen parent-child relationships despite COVID-related challenges. Participant 7 also emphasized involving families through a family systems approach, which helps visualize dynamics and boost family engagement in improving the client's condition.

Loss of Understanding of Social Norms – Increase in Anxiety

The fourth major theme was a loss of understanding of social norms and increased anxiety. Ten participants highlighted clients' difficulties transitioning back into society post-COVID. The lack of routines and coping strategies due to the Silo Effect made fundamental social interactions and resilience challenging. Participants noted a gap in critical developmental skills, especially in children. Participant 14 emphasized that distress often stemmed from difficulty reading faces and interacting appropriately with peers. The participant stated:

> *"I feel like people almost forgot. Maybe they had coping mechanisms for talking to people for being in public. Like, they forgot. Because they didn't have to do it for a couple of years, they kind of forgot those routines or coping mechanisms they had, and then they're afraid to relearn them more."*
> P14 Line 220-222

Participant 12 incorporated listening circles in group sessions with adolescents to address post-COVID anxiety through controlled social interactions. Participant 10 focused on clarifying social cues to aid client understanding. However, Participant 12 found that clients struggled to distinguish between appropriate online and real-world behavior, causing distress in conflicts. Participant 17 adjusted their approach with children to emphasize emotional understanding and regulation, especially for unexpected behaviors. Observations indicated a decline in cooperative skills, with increased avoidance and dependence among clients. Participant 6 noted clients were nearly two years developmentally behind, necessitating a different starting point. Additionally, two participants highlighted the need for quiet spaces for

anxious clients, with meditation and journaling becoming more common, especially among adolescents.

Fear of Confrontation – Avoidance is Strength

The fifth major theme, highlighted by 10 participants, centered on increased avoidance and fear of confrontation, exacerbated by the pandemic and vaccine politicization. Participants noted a rise in avoidance responses, with Participant 12 observing heightened fear of challenges among *hikikomori* clients. These clients often retreated when confronted and struggled with addressing maladaptive behaviors. Attempts to challenge their fear of going outside often led to regressive responses, reinforcing avoidance. Participant 14 noted that even minor disruptions in routine could trigger this avoidance response:

> *"…as soon as it becomes difficult, or as soon as they, you know, ease up on the routine a little bit or something, they stop going again…"*
> P14 Line 262-263

Participant 2 linked the increased fear of confrontation to the pandemic's impact on safety perceptions and baseline mental health issues like social anxiety. Participant 20 added that clients had become more dependent on therapists, which might amplify their fears and avoidance of discomfort. The focus on maladaptive behaviors heightened fear of conflict. This fear also extended to clients' beliefs, with two participants noting that the politicization of the pandemic and vaccine led to fear of having their beliefs challenged. This polarization required mental health professionals to reassess their approach to therapy, as clients might shut down when confronted.

This fear of confrontation could be connected to mask-wearing as an extension of social anxiety. Participant 14 noted this as a dual issue compounding the client's anxiety: the return to society, which introduced stressors like interacting with peers after isolation and potential developmental delays, and the impact of social media and filters on body image. This environment might lead individuals to use masks to conceal their natural appearance, as it does not align with their digital selves. Participant 14 stated there was a need to accept being human again:

> *"Also the first step to getting them to accept their own humanness. You go out, and you make a mistake, so what? You're human. Everyone out there is making a social faux pa. Sometimes it's okay. And building that confidence and that resilience was important."*
> P14 Line 403-405

Participant 14 highlighted the challenges posed by social media and the importance of family involvement in addressing body image issues related to its use. The participant discussed working with families to encourage exposure therapy through small behavioral changes, a view supported by Participants 9 and 2:

> *"Looking in the mirror, if the child's quite young, then doing that kind of exercise together, looking at a mirror and talking about our faces or sharing social stories, expressions. I think older kids don't want to do that with Mom; it's embarrassing. But... just saying, you know, when you're washing your face at night, just spend time with yourself in the mirror. Be mindful of your body and your face. As far as mask-wearing goes."*
> P14 Line 435-439

I Have Everything: Why go When it Causes me Pain?

The first minor theme from the comments of seven participants was, "I have everything; why go when it causes me pain?"

The need to plan and work closely with the family was seen as a vital element in helping *hikikomori* navigate outside their comfort zone, especially given that they had little reason to wish to abandon this form of avoidance, especially due to COVID-19. As Participant 12 stated:

> *"Because that means the whole time he's at home, he's not having any contact with other humans. They are eating in their bedroom. And a lot of times I have seen maybe 80% of their time. These kids are doing gaming in their bedrooms. They have their laptops in their bedrooms. They have their phones in the bedroom. So that's basically what they are doing."*
> P12 Line 436-440

Participant 14 noted that despite having access to everything, a significant challenge was the lack of motivation to change behavior. Participant 2 emphasized the importance of parents and partners recognizing the difficulties in intervening and understanding their loved ones' needs for successful outcomes. Participant 11 further highlighted the necessity for families to fully grasp their role. Additionally, Participant 13 mentioned that household stability is crucial for helping *hikikomori* individuals return to normality, as its absence can reinforce maladaptive behaviors.

Building Rapport – Online Versus In-Person

The second minor theme was building rapport—online versus in person with six participants identifying this theme. The interview question explored whether therapists had adjusted their methods due to the pandemic. Four participants reported challenges with online counseling, particularly in building rapport, due to the lack of non-verbal presence and expression. Participant 18 noted:

> *"When I do therapy in person, I can catch the atmosphere or texture of silence. That's more difficult to catch such kind of nuances or atmosphere. Silence."*
> P18 Line 100-102

Participant 16 shared similar experiences, while Participant 20 noticed a shift toward greater therapist dependency. Participant 16 noted this affected the depth of connection and sense of safety, with the absence of reflection before or after sessions. Distractions like others' presence, poor internet, or limited space in Japan were also challenges. Participant 15 found online work fostered closer family relationships and provided insights from the client's home environment, improving rapport. Online sessions also made parents more accessible. Participant 9 adapted by exaggerating body language during experiential exercises to enhance visibility.

Clarity Through Psychoeducation

The third minor theme was clarity through psychoeducation. Six participants highlighted the stigma surrounding mental health in Japan as a major barrier to improving children's well-being. Participants 10 and 4 observed that parents' fear of others' perceptions of therapy often hindered their cooperation. This stigma could lead parents to withhold information when their child starts school, potentially causing further issues. Four participants noted that this fear intensified as children advanced through school, worsening communication with families and impacting the child's well-being. Participant 6 stated:

> *"And they're afraid of, they're very afraid of things going on their kids records. And the potential that it might have in terms of their acceptance to the next school or the next thing that there's sort of stigma attached."*
> P6 Line 327-329

Resistance to therapy often leads to reluctance in home interventions, as noted by Participants 17 and 10. Thirteen participants emphasized that psychoeducation was crucial in helping parents understand and improve their child's situation. Participant 2 highlighted the importance of parents being aware of all their options, while Participant 11 stressed the need for families to understand their role in the client's environment. Participant 12 observed that post-COVID, increased parental interactions stemmed from greater awareness of mental health concerns. Participant 10 noted that this new awareness, coupled with uncertainties about therapy and mental health, was a key realization:

> *"So I think it might also be that they may be overwhelmed, and even though they've got all the information, they've been given all the support, they may just be overwhelmed because it's not the cultural norm, most of the issues that the kids do face or something that they acknowledge."*
> P10 Line 314-317

To address this, participants adjusted their approaches by slowing down to a pace manageable for families. Post-COVID, they also emphasized the importance of stability for improvement, a focus that was not previously emphasized. Due to lockdowns and school refusal, this has become a crucial aspect of helping parents collaborate with therapists to support their children.

Findings

Findings showed that the pandemic heightened fear and anxiety, as reflected in the interviews. However, those with existing conditions also experienced relief, gaining a sense of control through the Silo Effect, where government policies and media reinforced maladaptive behaviors. This aligns with previous research (Foulkes & Blakemore, 2021; Lipkin & Crepeau-Hobson, 2023; Morrissette, 2021; Ni & Jia, 2023) showing isolation reinforced avoidance behaviors and hindered skill-building. This study also highlights how mental health professionals adapted their approaches in response to COVID-19. Therapists described how this reinforcement has resulted in resistance to change, particularly in adolescents. The findings not only underscore the need for more dynamic exposure-based interventions, but also suggests that policies encouraging prolonged isolation without considering psychological impacts may unintentionally strengthen social anxiety patterns. While participants using CBT and Third Wave CBT reported no major changes in approach, they had to adapt to online work and clients' emotional and social development challenges, such as deficits in ToM. ToM deficits have emerged or been exacerbated by the pandemic. These deficits are linked with diminished emotional regulation and resilience, factors that contribute to the maintenance of social anxiety. Increased meditation, talking circles, exaggerated movements in exercises, and helping clients identify social cues showed subtle shifts in their approach. These changes suggest that an integrative approach could better support clients' abilities to reengage with their social environment. Such findings point to a need for both policy support for innovative therapeutic models and further research into ToM-enhancing interventions.

The shift to online therapy presented both opportunities and challenges. A key challenge was building rapport due to difficulty establishing presence and reading non-verbal cues. Managing multiple people on screen added complexity. All participants noted that online therapy required adjustments, especially in environments they could not control, introducing

variables absent in face-to-face sessions. While gaining insights into family dynamics and engaging more with families were benefits, these were offset by boundary issues, technological challenges, and, as Participant 16 noted, overly intimate settings. While telehealth has proven effective in many contexts, the qualitative data suggests that its sudden adoption during COVID-19 presented unique challenges, particularly with humanistic and psychodynamic approaches that traditionally rely on subtle non-verbal cues. This finding was unexpected, but a review aligned with the literature on the efficacy of online psychodynamic therapy (Lindegaard et al., 2020; Machado et al., 2020).

The necessity of adapting these modalities to sustain therapeutic alliances and address client passivity has broader implications for how mental health training programs incorporate telehealth competencies.

Mental health professionals adapted their approaches during the pandemic, with changes ranging from significant to minor. Key modifications included telehealth, addressing ToM deficits, working with masked clients, and supporting clients returning to society after isolation. This study provides concrete examples of these changes, particularly in Japan, where they have not been widely explored. The shift to online therapy required major adjustments across all modalities, such as managing environmental control, poor internet connections, and interruptions. However, it also offered valuable insights into clients' living conditions and choices, providing perspectives that wouldn't have been accessible in traditional settings.

While interruptions were unwelcome, they sometimes revealed essential insights into household dynamics. Both therapists and clients had to exaggerate body language for more transparent communication. The therapist-client relationship became more therapist-dependent, with therapists talking more to engage passive clients through online platforms. Due to strong reactions, three participants noted changes in how they challenged clients, especially around sensitive topics like mask-wearing and vaccinations. One participant observed that lower resilience post-COVID required reducing confrontation in therapy. This shift pushed therapists to be more proactive as clients became increasingly passive.

Participants adopted a gentler approach to address emotional regulation and resilience deficits, as challenging beliefs required more tact due to political sensitivities and reduced resilience. They also adjusted for ToM deficits, reintroducing coping mechanisms for peer interaction that had diminished during COVID-19. Mask-wearing made reading responses harder, so techniques like listening circles were used to teach clients how to communicate again. These strategies align with research showing that ToM deficits in empathy and facial expression hinder understanding (Sahin et al., 2019). Group work involved more guidance on social cues and reintroducing cooperative skills, reflecting the need for interventions to address mental health and social interaction issues caused by COVID (Ni & Jia, 2023).

Working with children requires adapting to focus on emotional understanding and regulation. Participants emphasized reintroducing human faces to younger children. They noted the rising popularity of meditation among adolescents, potentially due to sensory overload from ToM deficits, though further research is needed for confirmation.

Many participants initially claimed they hadn't changed their therapeutic approach, but upon reflection, they and the researcher recognized adaptations made due to COVID-19. The study highlighted various ways participants overcame pandemic-related challenges, particularly around ToM deficits in children, adolescents, and possibly adults. While more evident in younger children, communication difficulties in adolescents suggest the issue may extend to adults, warranting further study. Participants, often surprised by their changes, reflected on how their approaches and professional roles had evolved to address these challenges, with one expressing appreciation for the chance to reflect on their growth.

The findings suggest that interventions did not become ineffective but required innovation to remain effective. This highlighted participants' adaptations, an area not addressed in previous literature. Participants shared examples of using online tools to replace in-person

exercises, such as pen-and-paper tasks or sharing resources. Exposure therapy was particularly challenging to modify, requiring careful planning around social distancing, lockdowns, and client safety. Despite these obstacles, exposure therapy remained viable in a more limited form.

Participants noted that family therapy needed significant modification, especially the family systems approach. Telehealth limited the strategic placement of family members due to camera constraints, so therapists had to rely on other aspects of the approach to compensate for the reduced ability to use these positioning techniques.

Participants identified deficits in social skills (ToM) worsened by pandemic-related policies as a major challenge, especially during the transition back to in-person interactions. Words like "apprehensive," "worried," and "anxiety" reflected these concerns. Ten participants noted that basic social skills, such as reading faces and resilience, had been severely impacted, aligning with research on the effects of masks on facial expression recognition (Carbon, 2020; Leitner et al., 2022; Levitan et al., 2022; Tsantani et al., 2022; Ventura et al., 2023). Children struggled to differentiate between online and real-world interactions, affecting their responses and collaboration. This supports the literature on ToM deficits leading to emotional regulation issues, including emotional suppression and altered self-processing (Dryman & Heimberg, 2018; Jazaieri et al., 2015). The interviews offered insights into how these deficits present challenges for mental health professionals. In addition, ten participants highlighted a link between deficits in Theory of Mind (ToM) and avoidance behaviors during confrontation. This aligns with existing literature connecting ToM, emotional resilience, and discomfort suppression, which is tied to low emotional regulation (Kivity & Huppert, 2018). Participants noted that confronting flawed beliefs or maladaptive behaviors related to social anxiety was challenging (Akkus & Peker, 2022; Kivity & Huppert, 2018), resulting in an avoidance response. The Silo Effect and feedback loops strengthened these maladaptive beliefs, leading to heightened “fear” and “anxiety” when challenged. The post-pandemic decrease in resilience and increased avoidance, especially amid growing polarization, presents new challenges for therapy. Further study is needed to determine if these trends extend beyond the participants interviewed.

With this area of concern, emphasis was placed on the need to be innovative in responding to clients' needs. However, more concrete responses outside of those already suggested were not forthcoming. Further study would be valuable in assessing specific therapeutic responses to this issue outside those suggested. In addition, further study on whether the participant's observations are Japan-centric and may align with Japanese values of conflict avoidance combined with more passive coping strategies (Bierle, 2019) would be beneficial. These cultural norms could contribute to or potentially be exacerbated as a result of COVID-19, especially among individuals with anxiety-related conditions. As such, assessing whether this more pronounced avoidance of confrontation is culturally specific or can be generalized would be essential.

Participants had to adapt to an increase in mental health concerns from both parents and children, requiring a modified approach that considered the family’s broader challenges. While seven participants worked with *taijin kyofusho* clients and three with families, limiting data collection, the challenges also applied to *taijin kyofusho* due to its similarities with social anxiety. Participants noted that clients struggling with *taijin kyofusho* often experience intensified anxiety not only because of their own self-critical perspectives but also due to persistent familial and societal expectations. Participants noted the inherent cultural pressure to maintain social harmony can lead families, particularly parents, to inadvertently reinforce maladaptive beliefs about interpersonal conduct. Two participants noted that interventions for social anxiety and *taijin kyofusho* were similar, highlighting no significant difference in strategies for families. However, there was a greater focus on enhancing family bonds through positive experiences concerning taijin kyofusho, which were hindered by COVID-19

restrictions. Consequently, while the strategy remained the same, it was adapted to the constraints of the pandemic, with the focus on activities becoming more home-centered.

Second, addressing the stigma surrounding mental health, especially in Japan, was crucial and aligned with existing literature on the Japanese perspective on mental health. Existing literature notes that 80% of individuals with a disorder delay seeking help due to stigma linking mental health to criminality or violence (Kasahara-Kiritani et al., 2018; DeVylder et al., 2020). Though stigma existed pre-COVID-19, it may have worsened during the pandemic, particularly for those who contracted the virus (Fuji & Hashimoto, 2023; Katsuki et al., 2019; Sawaguchi et al., 2022). Additionally, 12 participants noted the challenges posed by transference and counter-transference between parent and child in therapy. Parental willingness or ability to engage in interventions also impacted treatment for social anxiety and school refusal. The study underscores that cultural stigma around mental health in Japan has traditionally limited parental involvement in therapy. However, the interviews indicate a gradual shift—with psychoeducation emerging as a key strategy to help families understand and support interventions for social anxiety and related cultural conditions. This not only improves therapeutic outcomes but also suggests that public policy should prioritize family-centered mental health programs and campaigns to reduce stigma

Thirteen participants identified psychoeducation as a critical approach to helping families better understand their children's challenges. It was effective in combating stigma and deepening family understanding of mental health issues. Providing clear strategies and relevant literature helped families learn how to support their children. Participants emphasized the importance of exploring family dynamics and stability, assisting parents to recognize their potential role in their child's anxiety. Some noted that comparing mental health to physical health, as Participant 10 suggested, helped parents grasp the need for therapy. Encouragingly, parents have become more open to therapy for their children, signaling a potential shift in the stigma around mental health in Japan. This culturally specific approach hasn't been fully explored in the literature, and further study is needed to assess the long-term impact of psychoeducation on reducing stigma. Additionally, cultural factors, such as Japan's avoidance of confrontation and reliance on passive coping strategies, may affect parental involvement and require further exploration (Bierle, 2019). Participants emphasized psychoeducation when working with families, focusing on helping families understand their role in both supporting and exacerbating a child's anxiety and planning to correct behaviors that worsen it. This aligns with the Morita Therapeutic modality's emphasis on social integration and community support (Maeda & Nathan, 1999; Nakamura et al., 2022; Sugg et al., 2020). However, English literature lacks specific insights on working with families of children with taijin kyofusho. This gap may be addressed by examining the overlap between third-wave CBT, psychodynamic, and family systems approaches, which are also used for social anxiety. Further review is needed to assess the effectiveness of Morita Therapy and family interventions during and after COVID-19, especially given the small participant pool and the evolving strategies since the pandemic, particularly into if mental health policies in Japan should prioritize cultural competence by funding programs that address both individual and systemic contributors to taijin kyofusho. This could include community-based initiatives aimed at reducing mental health stigma, public awareness campaigns that promote a more nuanced understanding of social anxiety, and the development of training programs for clinicians to effectively work within culturally complex environments. Such policies could empower families to become active partners in treatment, thereby mitigating the cultural forces that reinforce the disorder

The prevalent mask-wearing culture in Japan made it challenging to distinguish between cultural norms and social anxiety-related concerns. This aligns with previous studies (Burges & Horii, 2012; Horii, 2014; Nakayachi et al., 2020), highlighting that masks were historically used to prevent illness and for anonymity long before the COVID-19 pandemic. Interviews revealed that mask-wearing was often used as a maladaptive response to avoid evaluation,

consistent with the literature (Carney et al., 2023; Guo et al., 2022; Ho & Moscovitch, 2022; Saint & Moscovitch, 2021; Warnock-Parkes et al., 2021). The prolonged and mandatory use of masks during the pandemic appears to have amplified social withdrawal by creating a barrier to authentic interpersonal interaction. However, the connection between social media and mask-wearing was unexpected, as the initial research did not cover this aspect. Recent studies on social media, filters, and body distortion (Kwon et al., 2022; Nam, 2023; Tremblay et al., 2021) suggest that further research is needed to explore how masks might function as an avoidance tool related to social media. There may also be relevant Japanese literature that is inaccessible to the researcher.

Participants noted that the masks obstruct non-verbal cues—vital for building rapport and trust in therapeutic settings—thus complicating efforts to engage clients fully in the healing process. However, participants did not significantly alter their approach when working with families dealing with mask-related issues compared to other social anxiety conditions like social anxiety or taijin kyofusho. The main exception was the mirror exercise, which was specific to mask-related issues. This approach, described by one participant, involved using mirrors and household exposure to build resilience and merits further exploration as a potential intervention for clients with social anxiety involving mask-wearing. Given that this idea came from only one participant, additional research is needed to understand the link between mask-wearing as an avoidance tool and social media's impact on self-image.

Interviews revealed that the pandemic not only reinforced general avoidance behaviors but has also contributed to a regression in *hikikomori*, which was consistent with the literature (Kato et al., 2020; Phi, 2023; Soudunsaari, 2022; Wong, 2020) and increased avoidance and isolation behaviors (Phi, 2023; Soudunsaari, 2022). A key concern was the motivation to change, given that *hikikomori* have everything they need in their rooms, reducing their need for social interaction. Disruptions to their positive routines were seen as significant setbacks. The interviews also highlighted terms like “scary,” “fear,” “anxiety,” and “worry” were frequently mentioned, underscoring the pervasive fear associated with this condition. Several mental health professionals noted that the isolation enforced by the pandemic deepened a “I have everything; why go when it causes me pain?” sentiment among clients, underscoring a diminished motivation to reengage with society. This theme reflects a critical turning point where habitual avoidance becomes self-reinforcing, making recovery more challenging. This poses unique challenges for both therapists and policymakers. The findings suggest that mental health initiatives in Japan—and potentially in other cultures experiencing similar phenomena—must extend beyond the individual to embrace community-based interventions.

Participants emphasized the importance of family proactivity and engagement in working with *hikikomori*, which aligns with the literature advocating for family education to reduce stigma and isolation (Kato et al., 2020; Phi, 2023). Given the small number of participants working with *hikikomori* and the similarity in approaches to those discussed in research questions three and four, the strategies used post-pandemic do not differ significantly from those for other social anxiety conditions. The focus on psychoeducation and family planning is consistent with previous findings, highlighting the importance of understanding and destigmatizing mental health in Japan. Stability was noted as crucial for effectively supporting *hikikomori*, suggesting that while interventions have adapted, they remain effective. Participants have employed innovative approaches within their existing modalities to meet the needs of these clients.

Trustworthiness

Several limitations and delimitations must be considered when evaluating the study's transferability. Conducted in Japan with an English-speaking community—comprising both expatriates and indigenous Japanese—cultural factors must be accounted for when interpreting

feedback on social anxiety (Bachnik & Quinn, 2019; DeVylder et al., 2020; Shigemura & Kurosawa, 2020). Japanese participants with extensive international experience may have introduced cultural concepts and therapeutic approaches that are not reflective of mainstream Japanese practices. This divergence could affect the perspectives compared to those of individuals trained and working exclusively within Japan.

Key discussion areas, such as *taijin kyofusho* and *hikikomori*, are culturally specific, though evidence suggests these conditions exist outside Japan (Roza et al., 2020 Ruan, 2020; Tei & Wu, 2021; Vriends et al., 2013; Wong, 2020). Additionally, fewer participants worked with these conditions than anticipated (16% for *taijin kyofusho* and 14% for *hikikomori*), and limited access to mental health professionals proficient in English further restricted participant numbers.

Despite these constraints, the study maintained credibility and confirmability through transparent criteria for inclusion and accurate documentation of interviews. Participant validation and member checks during data collection further supported the study's credibility and dependability and addressed potential researcher bias (Mero-Jaffe, 2011; Rowlands, 2021).

The questionnaire's flexible and accessible structure was reviewed by two psychologists and a measurement expert, ensuring its internal validity and content quality (Crocker & Algina, 1986). This thorough process and peer review established the CSAQ-V1's credibility, validity, and confirmability (Cypress, 2017), potentially enabling it to cross some cultural barriers. The transparency of the development process further supports its transferability. Nonetheless, additional testing outside Japan would be necessary to determine if modifications are needed to assess future participants' responses accurately.

The study faced limitations due to a lack of proficiency in Japanese, which restricted access to potentially valuable research and necessitated reliance on English-language findings. The language limitations make it more difficult to talk in general terms about this study's findings. This weakness should be addressed in future studies of this nature.

The subjective nature of interview data from mental health professionals is a strength of qualitative research, offering flexibility in understanding diverse perspectives (Creswell & Creswell, 2018; Hamilton & Finley, 2019). While the study's findings are rooted in the Japanese context, the core question—how mental health therapists adapted to COVID-19 and addressed challenges in treating social anxiety-related conditions—is relevant beyond Japan. Cultural differences and participant demographics must be considered when transferring the study to other contexts. Despite unique cultural factors in Japan, similar challenges may exist in other countries with shared cultural values, such as China and Korea (Zhang et al., 2005). The increasing recognition of *hikikomori* (Roza et al., 2020; Wong, 2020) and *taijin kyofusho* (Ruan, 2020; Tei & Wu, 2021; Vriends et al., 2013) outside Japan suggests opportunities for exploring how these conditions are addressed globally. Further research on the efficacy of the study's modifications and innovations in diverse cultural settings could enhance the understanding of global mental health interventions post-COVID.

Implications

The study on "Practicing Counseling in Post-COVID Japan" explores several key areas: it examines how therapeutic approaches have been modified for social anxiety and cultural variants like *hikikomori* and *taijin kyofusho* in response to the pandemic. It addresses the challenges associated with the shift to online therapy and the impact of COVID-19 on Theory of Mind deficits in children and adolescents. Additionally, it highlights the necessary adaptations in family therapy for addressing social anxiety conditions, including cultural variants. This research is significant as the first to focus specifically on Japanese counseling practices post-COVID, revealing a higher prevalence of CBT and Third-Wave CBT modalities. It also considers how government policies and the "Silo Effect" have reinforced maladaptive

avoidance strategies. The Silo Effect could also apply to Japanese and non-English-speaking immigrant communities where isolation may have intensified due to language barriers

The first implication of this study addresses how mental health professionals adapted their therapeutic modalities to manage social anxiety in the context of the pandemic. It highlights the resilience of therapy, as modifications were made to overcome new challenges without deeming existing interventions ineffective. The findings align with literature supporting the efficacy of CBT for social anxiety (Abdollahi et al., 2021; Avsar & Sevim, 2022; Niles et al., 2021). Understanding these adaptations can guide similar approaches in other countries and underscores the adaptive nature of modern therapy. In particular, these findings can be applied by Japanese practitioners to refine culturally sensitive interventions, particularly regarding avoidance behaviors reinforced by the pandemic and culturally specific expressions of social anxiety in Japan. The study demonstrates that even unconscious modifications to therapy approaches reflect the flexibility of mental health professionals in tackling emerging challenges.

The second implication addresses the shift to online therapy due to COVID-19 and how mental health professionals adapted their approaches for this new medium. While telehealth is not new, its surge during the pandemic (Harju & Neufeld, 2022) brought challenges, particularly for psychodynamic and humanist therapies. This raises the need for further research on whether these challenges are specific to Japan or observed by psychodynamic therapists elsewhere. Literature also emphasizes the need to address online therapy's unique features and explore psychodynamic treatment efficacy online (Lindegaard et al., 2020; Machado et al., 2020). The study's findings on modifications could inform telehealth training and provide a framework for applying therapeutic modalities online. In particular, with the rise of telehealth post pandemic, these modifications could be useful for Japanese-speaking clinicians working in rural areas or with non-English-speaking expatriates who are now more reliant on online therapy.The third implication focuses on Theory of Mind (ToM) deficits that emerged due to the pandemic and related government policies (Alvi et al., 2020). The transition back to society and the reintroduction of social skills highlighted challenges in social skills and emotional regulation (Gubler et al., 2021; Gunindi, 2022; Khodami et al., 2022). This study uniquely demonstrates how mental health professionals addressed these deficits, emphasizing group work and strategies to enhance social interaction and cooperative skills. These practical solutions directly address the ToM deficits exacerbated by the pandemic. Japanese and non-English-speaking therapists could further work toward integration of ToM-based interventions into therapy to counteract potential social withdrawal.

The final implication explores interventions for working with families of individuals with social anxiety-related conditions or cultural variants in Japan, specifically post-COVID-19. This study is the first to investigate how Japanese mental health practitioners adapted their approaches to families amid these changes. Participants reported challenges such as stigma, cultural avoidance, and a lack of understanding about mental health (Bierle et al., 2019; Kasahara-Kiritani et al., 2018). The study underscores the importance of psychoeducation and family collaboration, highlighting previously unaddressed best practices in this context. The psychoeducational approaches that are outlined in the research could be adapted into Japanese-language materials to normalize the discussion around social anxiety and its interventions. Further research on the effectiveness of these approaches in other countries or Asian cultures could provide additional insights into how psychoeducation addresses stigma and enhances parent involvement.

Recommendations for Research

The qualitative study found that therapists in Japan adapted their methods during the pandemic to address challenges like social anxiety, school refusal, taijin kyofusho, *hikikomori*,

and mask-related fears, demonstrating that effective interventions are possible despite cultural stigma. However, the study's small sample size and focus on English-speaking, internationally trained therapists suggest that further research is needed with Japanese-speaking professionals in Japan to gain deeper insights into local approaches and bridge the gap to provide a more holistic understanding of therapy in Japan. In particular, Japanese clinicians, who often work within a high-context communication culture, could create culturally adaptive interventions that could enhance an overall understanding of how modalities have been modified, particularly in relation to Japan. Comparative studies between Japan and other non-Western cultures could shed light on how different societies approach social anxiety treatment. A comparison of therapeutic modifications between English-speaking and non-English-speaking cultures could assist greatly in identifying universal versus cultura-specific interventions. Investigating the Silo Effect and its role in reinforcing avoidance behaviors, Theory of Mind deficits (Alvi et al., 2020), and culturally specific disorders could offer valuable perspectives on social anxiety and resilience in both Japanese and Western contexts anxiety (Dryman & Heimberg, 2018; Horton et al., 2022; Jazaieri et al., 2015; Naito et al., 2022). Studies that explore the Silo Effect in other non-English-speaking countries as well as English speaking countries could assist in examining whether the silo effect correlated with increased resistance to therapy. In addition, an examination of the long-term impact on social cognition and emotional regulation could greatly assist in gaining greater understanding of how pandemic-era social isolation worsened ToM deficits. Future research should also explore the impact of meditation on social engagement and emotional regulation, as well as the influence of Japanese cultural norms on pandemic-related anxiety. Psychoeducation has contributed to growing acceptance of mental health among parents post-COVID, but long-term studies are needed to validate this trend. Further research should examine the effectiveness of family based interventions across different cultural contexts, in particular whether psychoeducation helps reduce stigma in other Asian cultures beyond Japan.

The study further notes that Japanese cultural norms favor passive coping strategies. COVID-19 potentially reinforced this tendency making to harder for individuals to re-engage socially. Studies exploring whether increased passivity is a temporary post pandemic phenomenon or an enduring psychological shift and whether similar trends have emerged in other collectivist cultures would be beneficial.

In particular this study noted psychodynamic and humanist therapists faced unique challenges in online therapy. Further research could assess the effectiveness of psychodynamic interventions in telehealth compared to in-person therapy and whether client passivity is more pronounced in online therapy, potentially affecting treatment outcomes. Training programs to help these types of therapists modify their in-person techniques in a virtual setting could be further explored to address this challenge.

Lastly, the potential link between mask-wearing, social media, and body distortion warrants further investigation, especially in the context of Japanese and global mental health literature.

Limitations

Several limitations need to be acknowledged as part of this study. This study was performed in Japan, and it is essential to also take into account the cultural aspects of Japan that could impact the understanding of social anxiety (Ando et al., 2013; Bachnik & Quinn, 2019; Desapriya & Nobutada, 2002; DeVylder et al., 2020; Kasahara-Kiritani et al., 2018; Shigemura & Kurosawa, 2020; Sugimoto, 2003). The literature has primarily emphasized research conducted in English; it is plausible that additional Japanese literature exists, which could have offered valuable insights for this study.

Given the geographical location, the community, and the types of professionals needed to participate in this study, specific guidelines were essential to maximize the data gathered. All participants were mental health professionals working in Japan for at least two years, either licensed psychiatrists or psychologists, therapists, or school counselors. All participants worked with adolescents and adults and had experience working with clients with social anxiety.

The study was limited by the language barrier as the larger body of Japanese mental health professionals did not have the English required to participate. As a result, it became impractical to include Japanese only speaking therapists and as such, it was more conducive to work within the English speaking community. However, it should be noted that there was a significant number of Japanese mental health professionals (N=8) as outlined in figure 3 all of whom were bilingual and worked with both English and Japanese speakers. The use of English speaking mental health professionals allowed for a broader understanding of social anxiety and its cultural variants, given the range of modalities that were used to address client needs. In addition, the inclusion of bilingual Japanese mental health practitioners allowed for a degree of access to Japanese speaking clients and a window into how these practitioners worked with the indigenous community.

While the study had 20 participants which aligns with qualitative research norms, it is still a relatively small sample for generalizing findings. In addition, the majority of English speaking professional's limits access to non-English speaking professionals who might have offered a different perspective. This resulted in an underrepresentation of subpopulations, such as Japanese professionals who trained exclusively in Japan and those with limited international experience. Future studies should consider increasing the size of non-English-speaking professionals for a more comprehensive cultural perspective. A larger sample would provide more diverse insights. The study sought to explore how modalities had been adapted post-COVID particularly in dealing with *hikikomori* and *taijin kyofusho* which have strong Japanese cultural elements. The application of western based methodologies to the expatriate and Japanese community provides insights into how these models interact with Japanese cultural factors.

When considering the impact of using English-speaking therapists there are several implications for cultural diversity. With a focus on English-speaking therapists, the study may not fully capture the therapeutic approaches used by Japanese-trained mental health professionals who work exclusively with Japanese clients. As such, unique modalities, such as Morita Therapy, which differs from Western cognitive approaches, was not represented. The exclusion of non-English speaking Japanese therapists also mean that culturally ingrained interventions might be underrepresented. Western frameworks such as CBT and ACT may not fully align with Japanese cultural understandings of social anxiety and avoidance behaviors. Conditions such as *taijin kyofusho* and *hikikomori* are deeply rooted in Japanese societal norms and treatment may benefit from interventions that incorporate indigenous cultural values. The focus on English-speaking professionals may limit the ability to compare and contrast culturally adapted interventions. A translation of key insights into Japanese to reach a wider audience of Japanese-speaking clinicians should be considered as a way to address this issue.

The study's findings primarily reflect the experiences and perspectives of therapists trained in Western methodologies. These perspectives are valuable but may not fully account for cultural nuances that influence mental health treatment in Japan. The inability to access Japanese-language research further limits the study's ability to contextualize findings within a broader, culturally inclusive framework.

Conclusions

This study explored effective approaches for addressing social anxiety and related cultural conditions, such as *hikikomori* and taijin kyofusho, in post-COVID Japan. It investigated how school refusal and mask-wearing connect to social anxiety and how government protocols during the pandemic reinforced maladaptive behaviors. Insights were gathered from twenty mental health professionals working in Japan during the pandemic, many of whom dealt with social anxiety and conditions like *taijin kyofusho* and *hikikomori*.

The findings revealed that existing therapeutic modalities could be adapted to address deficits exacerbated by the pandemic. The study highlighted how therapists modified their approaches to meet these new challenges and the impact of transitioning to online therapy. It also noted prevalent deficits in emotional regulation and social skills among students and emphasized the importance of psychoeducation and family involvement in interventions to combat stigma and enhance effectiveness.

Overall, the study supports current literature but also identifies areas needing further research, particularly in refining interventions for social anxiety and cultural variants. The results provide valuable insights for therapists and suggest that modifications to therapeutic approaches could improve treatment outcomes for clients with social anxiety, taijin kyofusho, and *hikikomori*.

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Notes on Contributors

Richard Tighe, PsyD, is a UK Chartered psychologist with over a decade of experience in school counseling and private practice. He holds a Doctorate in Psychology from California Southern University and a PhD in Religious Studies from Trinity College, Ireland. Richard specializes in psychodynamic therapy, cognitive-behavioral approaches, and developmental assessment. His clinical work spans children, adolescents, and adults, with a focus on relational dynamics, emotional regulation, and identity formation. He is also an experienced educator and trainer, having led training on mental health in educational settings. Richard currently practices in Tokyo, Japan, integrating cross-cultural understanding into his therapeutic and research work.

Pat McKiernan, PhD has over forty years counseling experience of working with populations including adolescents, pregnant women, mothers, criminal justice clients, clients with HIV/AIDS, and those with severe and persistent mental illness. He has held positions in nonprofit organizations and state government, as well as state and private universities. He received his PhD in 2004 and is currently a full-time faculty member with California Southern University part of the American Intercontinental University System. He is licensed alcohol and drug counselor as well as a published author and researcher.

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Appendix A

Interview Questionnaire
Interview Questions
General Information

1. What is your age?
2. What is your gender?
3. What is your ethnicity?
4. What is your educational level?
5. Do you provide services to both the international and Japanese community?
6. What is your professional background?
7. How long have you been providing services in Japan And did you provide them during COVID-19?
8. Have you experienced treating clients with social anxiety, school refusal, taijin kyofusho, or *hikikomori*?
9. Have you experience with all these disorders or specific ones? Which ones?

RQ1. How have therapists modified their therapeutic approaches to address anxiety, school refusal, taijin kyofusho, fear of being seen without a mask, and regression to a *hikikomori* state?

10. What treatment modalities or approaches do you use when working with clients who have social anxiety and/or school refusal?
11. What treatment modalities or approaches do you use when working with clients who taijin kyofusho?
12. What treatment modalities or approaches do you use when working with clients who are diagnosed as *hikikomori*?
13. What treatment modalities or approaches do you use when working with clients who are afraid to be seen without a mask?
14. How has COVID affected clients with these conditions?
15. As a result of changes that have resulted from COVID-19, have you modified any of your therapeutic approaches to working with these clients? If so, how?

RQ2. What interventions have therapists discovered ineffective in treating anxiety among adolescents who relied on avoidance as a safety measure both during and after COVID-19?

16. How do you measure success in the treatment of these conditions?
17. Because of COVID-19, have you found that there are certain interventions that are ineffective? Can you explain how they have become ineffective in your opinion?

RQ3. What strategies have therapists used to help parents understand the need to intervene in the behaviors that result from social anxiety and/or school refusal and have these strategies changed since COVID-19?

18. When working with your clients' families, how do you help them understand why it's important to intervene on their child's behavior through therapy when addressing social anxiety and/or tackling school refusal?
19. Have these strategies changed since COVID-19? If so, how?

RQ4. What are the most effective strategies identified by therapists when working with family members (specifically parents) to address the challenges associated with *taijin kyofusho* and have these strategies changed since COVID-19?

20. What strategies would you recommend and how effective have your strategies been for families with a member diagnosed with *taijin kyofusho*?
21. Has COVID-19 resulted in any modification to your approach working with these families?
22. Has this impacted on the effect of strategies you identified?

RQ5. What strategies have therapists found to be most effective in helping family members (particularly parents) address the challenges of fear of being seen without a mask and have these strategies changed since COVID-19?

23. When working with clients with social anxiety that have a fear of being seen without a mask, what approaches do you take with the client and the family?
24. How effective have you found these strategies and have you needed to modify them since COVID-19?

RQ6. *When working with family members (specifically parents), what strategies have therapists determined to be the most effective in addressing the challenges of regression into a hikikomori state and have these strategies changed since COVID-19?*

25. When addressing the needs of clients that have become *hikikomori*, when working with the family of the client, what type of interventions do you feel are most effective?
26. Has COVID-19 changed this approach? Have you found that there is increasing resistance to change as a result?
27. If there has been change, how have you modified your approach to account for it?

Appendix B

Information and Consent
TITLE OF STUDY
PRACTICING COUNSELING IN POST-COVID JAPAN

PRINCIPAL INVESTIGATOR
Name: Richard Tighe
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PURPOSE OF STUDY

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to gain a greater understanding of the impact that COVID-19 has had on social anxiety, *taijin kyofusho,* and *hikikomori*. In particular, this study explores if the avoidance strategies encouraged during the pandemic have resulted in higher resistance in social anxiety clients and, as a result, required mental health providers to modify their therapeutic modalities.

STUDY PROCEDURES

You will take part in an interview of about 45 minutes to answer questions related to the purpose of the study. The interviews will take place over Zoom and be recorded and transcribed. A copy of the video and transcription will be made available for you to review and confirm the contents. For more information about privacy and Zoom, please refer to the following link: https://explore.zoom.us/en/privacy/

RISKS

Participating in this study is not expected to pose any risks. Nevertheless, if you encounter any discomfort after taking part, we encourage you to notify the researcher, and they will offer you contact information for referrals that you can reach out to at your own expense.

You may decline to answer any or all questions and terminate your involvement at any time if you choose.

BENEFITS

You will not benefit directly from your participation in the study. However, we hope that the information obtained from this study may provide you with potential alternative therapeutic approaches that could assist clients with SAD, *taijin kyofusho*, or *hikikomori*.

CONFIDENTIALITY

Your responses to this interview will be anonymous. No personally identifying information will be released without your express written consent. The researcher will make every effort to preserve your confidentiality, including the following:

- Audio and video recordings will be securely deleted once the project is submitted for publication or examination.
- Computer files will be encrypted, ensuring that only the researcher can access them, and the computer itself will be password-protected. The data will be retained for a duration of seven years.
- Following the conclusion of the study, any physical copies of consent forms containing sensitive personal data will be digitized. The electronic files will be stored on a computer for a period of seven years and then permanently deleted.

- The interview transcript will undergo anonymization by removing any identifying details, including your name. Any direct quotations from your interview used in reports or publications will be presented without your name attached.
- Pseudonyms will be assigned to both you and any individuals mentioned in the transcript to safeguard anonymity. You will have the option to select a pseudonym to protect your privacy. Any information that could potentially identify you or your organization will be omitted or redacted to maintain anonymity.
- All personal sensitive data will be treated confidentially and stored separately from your interview responses (i.e., research data).

Participant data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk.

COMPENSATION

All participants will be compensated with a Starbucks gift card.

CONTACT INFORMATION

If you have questions at any time about this study, or you experience adverse effects as a result of participating in this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise that you do not feel you can discuss with the Primary Investigator, please contact the Institutional Review Board, Dr. Amanda Jandris at ajandris@calsouthern.edu.

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether to participate in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect your relationship with the researcher, if any. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____