

2025年9月25日(木)

Luncheon Seminar

📅 2025年9月25日(木) 12:10 ~ 12:50 🏛️ Session Room 1 (Main Hall A)

Luncheon Seminar 1

[LS-01]

Rethinking Depression and Anxiety: Mind, Body, and the Paradoxes of Everyday Reasoning

*Takeo Kimura¹ (1. Department of Psychiatry, Tokushukai, Yokohama Hino Hospital (Japan))

2025年9月26日(金)

Luncheon Seminar

📅 2025年9月26日(金) 12:20 ~ 13:00 🏢 Session Room 1 (Main Hall A)

Luncheon Seminar 2

[LS-02]

Multi-Dimensional Understandings and Interventions for Hikikomori: From Pharmacotherapy to Psychodynamic Psychotherapy

*Takahiro A. Kato¹ (1. Department of Psychiatry, Hokkaido University Graduate School of Medicine (Japan))

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Sponsored by Otsuka Pharmaceutical Co., Ltd

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[LS-01] Rethinking Depression and Anxiety: Mind, Body, and the Paradoxes of Everyday Reasoning

*Takeo Kimura¹ (1. Department of Psychiatry, Tokushukai, Yokohama Hino Hospital (Japan))

As a practicing psychiatrist, I frequently encounter patients with depression and anxiety, and I am consistently confronted with unresolved questions regarding these conditions. Although psychiatric classification systems have gradually shifted—from traditional distinctions such as exogenous, endogenous, and psychogenic depression, to operational criteria like the DSM-5-TR—depressive disorders remain highly heterogeneous with complex and multifactorial etiologies. The persistence of mind-body dualism continues to complicate both clinical reasoning and explanatory models within psychiatry.

Recent studies suggest that psychological stress can induce neuroinflammatory responses, blurring the line between psychological and biological factors. Moreover, growing evidence on the gut-brain axis and the role of the microbiome highlights the need for integrative perspectives in understanding psychiatric disorders.

In clinical practice in Japan, pharmacological treatment is commonly selected for the management of depression. Nevertheless, some studies have indicated that serotonin may not be directly responsible for mediating antidepressant effects. While it is almost certain that monoamines are involved in the pathophysiology of depression in some capacity, if their involvement is not direct, it is highly likely that the underlying biological processes of depression are even more complex. Psychotherapeutic interventions, such as cognitive-behavioral therapy, have demonstrated strong efficacy and may even surpass pharmacotherapy in preventing relapse, indicating that both approaches influence brain function through distinct mechanisms. This raises fundamental questions about what is actually occurring in the brain.

Depression and anxiety often coexist, prompting further inquiry into their shared and unique biological underpinnings. When providing explanations to patients—especially when drawing on biological frameworks such as immunology—clinicians inevitably encounter philosophical challenges.

Ultimately, I argue that establishing a strong therapeutic alliance, characterized by clear communication and mutual understanding between clinician and patient, is essential for enhancing placebo effects and optimizing treatment outcomes. Expanding our explanatory frameworks allows us to provide more meaningful support to those in our care.

Although the themes discussed in this lecture reflect my personal interests, I hope that sharing these insights will help you deliver clearer, more meaningful explanations to your patients, thereby improving clinical practice and patient well-being.

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Luncheon Seminar 2

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[LS-02]

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Luncheon Seminar 2**[LS-02] Multi-Dimensional Understandings and Interventions for Hikikomori:
From Pharmacotherapy to Psychodynamic Psychotherapy**

*Takahiro A. Kato¹ (1. Department of Psychiatry, Hokkaido University Graduate School of Medicine (Japan))

Hikikomori is a condition in which a person stays at home almost every day for six months or longer without going to school or work (Saito 1998). This phenomenon, initially recognized in Japan, has now become a global issue, affecting individuals across Asia, Europe, and the Americas (Kato et al. Lancet 2011; Psychiatry and Clinical Neurosciences 2019). I have been leading the world's first hikikomori research clinic at a university hospital, proposing hikikomori as a psychiatric condition of pathological social withdrawal and establishing diagnostic criteria (Kato et al. World Psychiatry 2020). Notably, hikikomori has been included in the DSM-5TR (2022), reflecting its growing recognition in the field of psychiatry.

In this seminar, I will present a multi-dimensional assessment system for hikikomori, incorporating the latest evaluation methods (Kato et al. World Psychiatry 2020; Current Opinions in Psychiatry 2024). This system is grounded in a bio-psycho-sociocultural framework, which emphasizes the interplay of biological, psychological, social, and cultural factors in understanding hikikomori.

Based on this comprehensive understanding, I will introduce various therapeutic interventions tailored to the needs of individuals with hikikomori. These include pharmacotherapy for addressing underlying psychiatric conditions, as well as psychodynamic psychotherapy, which explores the unconscious processes and interpersonal dynamics contributing to social withdrawal.

By integrating these approaches, we aim to provide personalized and effective care for individuals with hikikomori. This seminar will also highlight the importance of interdisciplinary collaboration and the need for culturally sensitive interventions to address this complex and evolving phenomenon.