

# Study on Effects of Social and Personal *Ibasha* on Japanese Young Adult Internet Addiction

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## Abstract

**Background:** While the Internet has become more effectively used after the COVID-19 outbreak, it has also become one of the major phenotypes of addiction worldwide. An individual's place of being, otherwise known as *Ibasha*, may have effects on this kind of addiction. However, there has been no prior study to investigate the effects of *Ibasha* (social or personal) on Internet addiction. **Purposes:** This study aims at investigating possible direct/indirect (via mental health) effects of *Social* and *Personal Ibasha* on Internet addiction, and to see whether the effects, if any, are exacerbating or preventing. **Methods:** Participants were 225 undergraduate and graduate students aged 18 to 25. Structural Equation Modelling (SEM) was used to evaluate the direct and indirect effects of *Social* and *Personal Ibasha* on internet addiction. The *Ibasha* Scale (Harada & Takiwaki, 2014), Internet Addiction Test (Young, 1998), and Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM: Evans et al., 2000, 2002) were used to assess the types of *Ibasha*, Internet addiction, and mental health, respectively. **Results:** Among men, individuals with low *Social Ibasha* scores were more likely to become addicted to the Internet via direct and indirect pathways. Individuals with high *Personal Ibasha* scores were more likely to become addicted through the direct pathway. Meanwhile, among women, individuals with low *Personal Ibasha* scores were more likely to become addicted to the Internet. Both among men and women, poor mental health exacerbated Internet addiction. **Conclusion:** For men, experiencing *Social Ibasha*, and for women, experiencing *Personal Ibasha* are key factors for preventing or alleviating Internet addiction.

## Keywords

*Social Ibasha*, *Personal Ibasha*, Internet Addiction, Mental Health, Gender Difference

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## 1. Introduction

Social networking services (SNS), now indispensable to people's daily lives, have pervasively taken root in contemporary society worldwide. This phenomenon has noticeably accelerated since the COVID-19 pandemic. On the other hand, SNS has produced adverse second-products, such as Internet addiction. Loneliness has been proven to be one of the key factors behind Internet addiction (Ezoe & Toda, 2013; Manchiraju, 2018; Oğuz & Cakir, 2014; Saadat, Mirzaei, Okhovat, & Khodamoradi, 2021), and this evidence has been further endorsed by increased prevalence and severity of Internet addiction since the COVID-19 outbreak that disconnected interpersonal relationships (Saralioğlu, Atay, & Arıkan, 2022).

The disconnection of interpersonal relationships triggered by the COVID-19 pandemic seems to have been most damaging to adolescents, for whom peer group experiences play crucial roles in emotional development. More specifically, adolescence is *the second individuation process* where conflicts and rebellious behavior towards parents are eminent, resulting in the emaciation of the ego from decreased parental ego-support. To compensate this weakened ego, peers take on family roles, and by sharing the same feelings, alleviate each other's sense of guilt that originates when they become independent from their parents' sense of values (Blos, 1967). By the time they have gotten through the difficulties of the second rebellious period, young adults should have developed an equal relationship with their parents.

However, there have recently been studies that report the absence of the second rebellious period (Egami & Tanaka, 2013; Nimori & Ishizu, 2016) and extended *psychological weaning* (Hollingworth, 1928), resulting in the extended adolescence (Sawyer, Azzopardi, Wickremarathne, & Patton, 2018) as general phenomena. The COVID-19 pandemic accelerated these phenomena by depriving adolescents of peer group experiences.

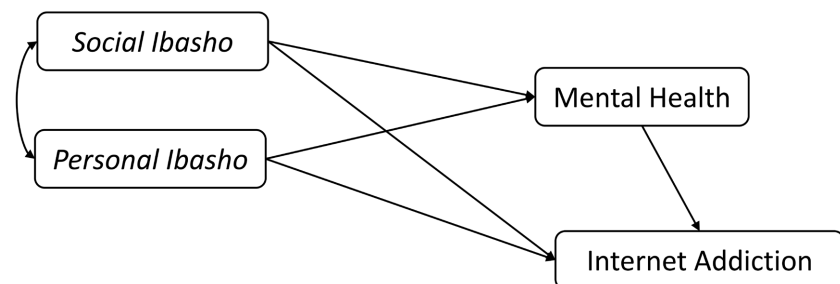
It is probable that young adults today tend to continue seeking peers they should have found during adolescence, more specifically, peers they can share emotional experiences and values with, due to the extended *second individuation process* spurred by the COVID-19 outbreak. If they are able to experience acceptance within the peer group, and fulfill their allocated role in the group, they would get over the difficulties of *the second individuation process*. On the other hand, those who are not able to develop these peer relationships and become isolated would lose *their place of their own* and experience loneliness, leading to the hypothesis of increasing risk of Internet addiction. If this hypothesis is verified, nowadays in particular, not only for adolescents but also for individuals of young adult age, experiencing a *place of my own* in a peer group is crucial for preventing Internet addiction.

The above described *place of my own* in a peer group is developed on the basis of interpersonal (social) relationships. A *place of my own* is usually used as a translation of the Japanese word *Ibasho*. Some psychological studies on *Ibasho* propose the classification of two types of *Ibasho*, *Social Ibasho* (corresponding to

the above described *place of my own*) and *Personal Ibasho* (Fujitake, 2000; Harada & Takiwaki, 2014; Nakajima, Hirode, & Konagai, 2007), although Fujitake applies the term Humanistic *Ibasho* instead of *Personal Ibasho* both of which have the same concept. *Social Ibasho* is defined as a place where an individual feels accepted and approved with high expectations, etc., and *Pesonal Ibasho* is defined as a place where an individual is able to spend time alone and able to reflect upon and explore himself/herself, etc.

Uji (2025), introducing Fujiyama's interpretation (2002) of Winnicott's concept of *capacity to be alone* (Winnicott, 1958), notes that *Social* and *Personal Ibasho* are merely the different aspects of this capacity. This is to say, Uji (2025) regards both *Social* and *Personal Ibasho* as depending on one's personality traits. Being able to feel secure when being with someone else (*Social Ibasho*, the concept of *capacity to be alone* originally defined by Winnicott) means that an individual does not have to worry about how others evaluate him/her. Meanwhile, being able to reflect upon and explore oneself when alone (*Personal Ibasho*) means that an individual has internalized the relationship with the good object. It can be said that both *Social Ibasho* and *Personal Ibasho* require an individual's stable internal object relationship. Thus, it is presumed that an individual who is not able to experience *Social Ibasho* is less likely to experience *Personal Ibasho*, and more specifically, an individual who feels that he/she is not accepted by society tends to always care about what others think, resulting in an inability to reflect upon himself/herself even when alone.

Harada and Takiwaki (2014) developed the *Ibasho* Scale composed of two subscales, *Social Ibasho* and *Personal Ibasho*, with each subscale having a one-factor structure. A statistically significant correlation was found between the two factors with a positive value (Uji, 2025). Using this scale, the main purpose of this study is to explore whether the paths from *Social Ibasho* and *Personal Ibasho* to Internet addiction are direct, or indirect via mental health (i.e., to examine the hypothesized paths drawn in Figure 1).



**Figure 1.** Hypothesis model of the two types of Ibasho to Internet Addiction.

There have been no studies that examine whether *Ibasho* affects the risk of Internet addiction either directly or indirectly, or both. As referred earlier, there have been some studies demonstrating that Internet addiction is increased by loneliness (Ezoe & Toda, 2013; Manchiraju, 2018; Oğuz & Cakir, 2014; Saadat et

al., 2021), likely experienced when losing *Social Ibasho*. Manchiraju (2018) concludes that materialism is more likely than loneliness to have impacts on Internet addiction, not to say that loneliness does not impact Internet addiction. Ezoë and Toda (2013) study Japanese medical students, while Manchiraju (2018) targets American adults. It appears that the contribution of loneliness to Internet addiction is a ubiquitous phenomenon, regardless of culture, generation, and the like.

One of the differences between loneliness and lack of *Social Ibasho* may be that loneliness focuses on emotion caused by absence of social relationships, whereas lack of *Social Ibasho* reflects not only emotional experiences but also an individual's attributes, i.e., having an unstable internal object relationship, as explained earlier.

In this study, these hypothesized paths are examined separately for men and women in accordance with evidences obtained from the following previous studies. Uji (2025) demonstrates that women are more likely than men to experience *Social Ibasho*, suggesting that for women, social relationships are more important than for men. Some studies, although not using the term *Social Ibasho* but instead using similar concepts such as social connectedness or relationships, show that regarding mental health, women are more likely than men to benefit from social relationships (Milner, Krnjacki, & LaMontagne, 2016; Shin & Park, 2023). These lead us to premise that the relationships between the two types of *Ibasho* and Internet addiction are determined by gender, as with their relationships with general mental health. In particular, it is presumed that *Social Ibasho* would have preventing effects on Internet addiction more in the female population than in the male population.

Meanwhile, it may be controversial whether *Personal Ibasho*, another type of the two types of *Ibasho* assessed by the *Ibasho* Scale (Harada & Takiwaki, 2014), increases or decreases the risk of internet addiction. As explained earlier, if it is correct that *Personal Ibasho* involves the place where an individual is able to reflect upon and explore himself/herself, being able to experience *Personal Ibasho* decreases the risk of an individual being trapped in Internet addiction as a psychological defense. On the other hand, some researchers point out that *Personal Ibasho* can be a hotbed for shut-in (Wakayama, 2001; Yamaoka, 2002), which is assumed to spur Internet addiction. From these arguments, it is intriguing to clarify whether *Personal Ibasho* increases or decreases the risk of Internet addiction.

Articles by the following authors provide bases for hypothesizing not only the direct but also indirect pathways by way of mental health. Uji (2025) demonstrates the results that regardless of gender, one of the two types of *Ibasho* has something to do with mental health. Saikia, Das, Barman, and Bharali (2019) show that Internet addiction is related to stress, anxiety, and depression. Ye, Zhang, and Zhao (2023) conclude that Internet addiction and depression influence each other by meta-analysis. From these findings, it is easy to premise the existence of indirect pathways from *Ibasho* to Internet addiction via mental health.

Regarding Internet addiction, the Internet Addiction Test (IAT: Young, 1998)

translated into Japanese by TIAR (Treatment of Internet Addiction and Research, Kurihama Hospital) will be used after first clarifying the factor structure of its Japanese version.

To summarize, the purposes of this study are:

- 1) To clarify the factor structure of the Japanese version of IAT by Confirmatory Factor Analysis (CFA), and
- 2) To examine whether an individual's experiences of *Social Ibasho* and *Personal Ibasho* influence Internet addiction directly or indirectly by way of mental health for men and women respectively.

## 2. Methods

### 2.1. Procedures

A questionnaire was sent to every student scheduled to be enrolled as a first-year student at a university in Hyogo Prefecture, Japan in 2023. They were instructed to submit their answered questionnaire after the entrance ceremony. The number of students who completed every item of the questionnaire was 225 (men: 95, women: 128, gender unknown: 2), mean age (SD) 19.4 (2.0). The protocol of this study was approved by the Institutional Review Board (approval number: 2023-21). Anonymity and voluntary participation were guaranteed. There is no conflict of interest to declare.

### 2.2. Inventories

- *Ibasho* Scale (Harada & Takiwaki, 2014)

*Ibasho* Scale consists of 23 items with 15 *Social Ibasho* items and 8 *Personal Ibasho* items. An example item of *Social Ibasho* is, "I have a comfortable relationship with people who always accept me the way I am," and that of *Personal Ibasho* is, "I always have a comfortable place or time of my own where I can think about this or that by myself." Respondents were instructed to choose the number that best applied to him/her, 5 being the most and 1 being the least applicable. The higher the score, the more they experience each type of *Ibasho*.

- Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM: Evans et al., 2000, 2002)

CORE-OM was developed as a standardized brief outcome measure for use in both routine clinical training and psychotherapy research. It consists of 34 items, with each item being used to assess one of four subscales: Symptomatic Problems, Life Functioning, Psychological Well-being, and Risk to Self and Others. The reliability and validity of the Japanese version of the CORE-OM were confirmed by Uji, Sakamoto, Adachi, & Kitamura (2012). In this study, in order to reduce respondent burden, 12 items belonging to Symptomatic Problems with the one-factor structure that Uji et al. (2012) had also confirmed, were applied. Respondents were asked about their mental state over the past month, and were instructed to choose the number that best applied to him/her, 5 being the most and 1 being the

least applicable. The higher the score, the more severe the level of Symptomatic Problems.

- Internet Addiction Test (IAT: Young, 1998)

IAT was developed to assess an individual's tendency of Internet addiction, consisting of 20 items. An example item is "Do you find that you stay online longer than you intended?" Respondents were instructed to choose the number that best applies to him/her, 5 being "always" and 1 being "never". The factor structure of the Japanese version of IAT has not been determined yet, which this study aims to first clarify.

### 2.3. Statistical Analyses

In order to determine the factor structure of the Japanese version of IAT, CFA was applied. Gender differences on *Social Ibasho*, *Personal Ibasho*, and IAT scores were examined using the t-test. The relationships between the two types of *Ibasho*, CORE-OM Symptomatic Problems, and Internet addiction scores were evaluated using Pearson correlation coefficients. Furthermore, the validity of the hypothesis pathway drawn in **Figure 1** was assessed using SEMs for each gender. SPSS 29.0 was used to conduct the t-test and Pearson correlation test, and Amos 29.0 for CFA and SEMs. Indices applied to CFA and SEM were Comparative Fit Index (CFI), the Root Mean Square Error of Approximation (RMSEA), and  $\chi^2/df$ . According to conventional criteria, a favorable fit is indicated by CFI > 0.97, RMSEA < 0.05, and  $\chi^2/df < 2$ , and an acceptable fit by CFI > 0.95, RMSEA < 0.08, and  $\chi^2/df < 3$ .

## 3. Results

### 3.1. Factor Structure of IAT (Young, 1998)

CFA revealed that the Japanese version of IAT consists of three factors: Loss of Control, Social Dysfunction, Absorption, all of which significantly correlate with each other (**Table 1**). The compatibility of the model with the data was either favorable or acceptable, as shown by three indices: CFI: 0.951, RMSEA 0.042, and  $\chi^2/df$  1.40. Example items included in each subscale are: "Do you try to cut down on the amount of time you spend online and fail? (Loss of Control)", "Do you neglect household chores to spend more time online? (Social Dysfunction)", and "Do you prefer the excitement of the Internet to intimacy with your partner? (Absorption)".

### 3.2. Gender Differences on *Social Ibasho*, *Personal Ibasho*, CORE-OM, and IAT Subscale Scores

As shown in **Table 2**, there were no gender differences except for *Social Ibasho* and CORE-OM Symptomatic Problems. More specifically, women were more likely than men to experience *Social Ibasho* and their mental health level was more likely than men's to be favorable.

**Table 1.** Factor structure of the Japanese version of Internet Addiction Test (IAT).

Factor	Number of items	Correlation		
		Loss of Control	Social Dysfunction	Absorption
Loss of Control	4			
Social Dysfunction	5	0.55***		
Absorption	11	0.62***	0.62***	

\*\*\* $p < 0.001$ .

**Table 2.** Gender differences on *Social Ibasho*, *Personal Ibasho*, CORE-OM Symptomatic Problems, and IAT subscale scores.

	Mean score (SD): men (95)/women (128)	t-value	
<i>Social Ibasho</i>	65.0 (11.8)/68.4 (10.5)	-2.30*	
<i>Personal Ibasho</i>	30.0 (5.5)/30.3 (5.4)	-0.47	
CORE-OM Symptomatic Problems	21.9 (8.4)/20.6 (7.1)	1.19*	
Internet Addiction Test (IAT)	Loss of Control	9.2 (2.9)/9.8 (3.0)	-1.37
	Social Dysfunction	9.7 (3.1)/9.5 (3.1)	0.36
	Absorption	19.2 (6.1)/18.3 (5.6)	1.13

\* $p < 0.05$ .

### 3.3. Relationships between two Types of *Ibasho*, Symptomatic Problems, Internet Addiction

Pearson correlation coefficients between variables were calculated for each gender (Table 3). Prominent differences between men and women were that: for men, *Social Ibasho* significantly correlated with CORE-OM Symptomatic Problems and all of the IAT subscale scores with negative values, which was not the case for women. Meanwhile, for women, *Personal Ibasho* significantly correlated with CORE-OM Symptomatic Problems and all of the IAT subscale scores with negative values, but for men, *Personal Ibasho* correlated only with CORE-OM Symptomatic Problems and IAT-Social Dysfunction subscale scores with negative values. From these, *Social Ibasho* for men, and *Personal Ibasho* for women are considered to be crucial factors influencing Internet addiction. In order to examine the causal relationships between the two types of *Ibasho*, mental health impairment, and Internet addiction, SEMs were conducted for each gender as below.

**Table 3.** Correlations between the two types of *Ibasho*, mental health, and Internet addiction (men/women).

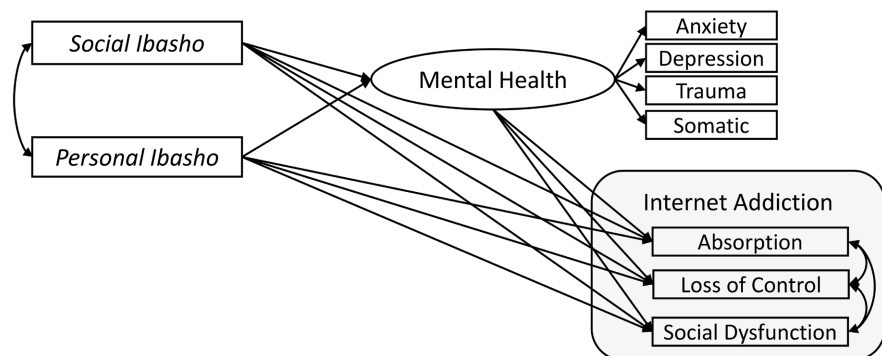
		<i>Social Ibasho</i>	<i>Personal Ibasho</i>	CORE-OM Symptomatic Problems
<i>Social Ibasho</i>				
	<i>Personal Ibasho</i>	0.66**/0.63**		
CORE-OM Symptomatic Problems				
	Loss of Control	-0.24*/-0.08	-0.14/-0.23**	0.22*/0.26**
Internet Addiction Test (IAT)	Social Dysfunction	-0.33*/-0.12	-0.21*/-0.18*	0.29**/0.15
	Absorption	-0.52**/-0.15	-0.16/-0.26**	0.55**/0.32**

\* $p < 0.05$ , \*\* $p < 0.01$ .

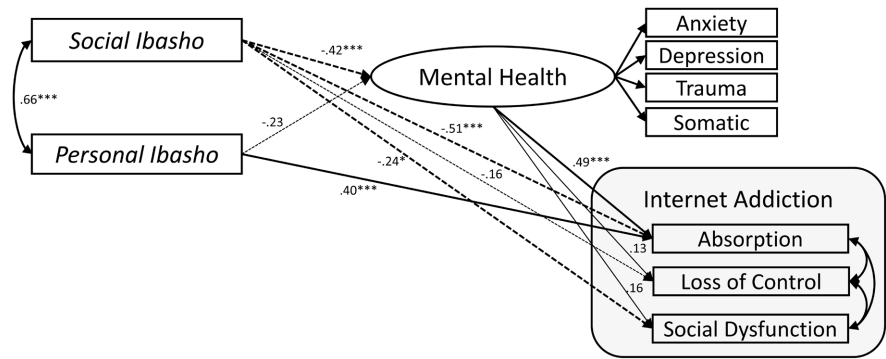
### 3.4. Direct Pathways from the Two Types of *Ibasho* to Internet Addiction, and Indirect Pathways Via Mental Health

Based on the fact that the Japanese version of IAT consists of three factors, SEM was applied to examine the hypothesis model shown in **Figure 2** for men and women respectively. The results obtained from men and women participants are shown in **Figure 3** and **Figure 4** respectively. The common phenomenon observed among both men and women was that CORE-OM Symptomatic Problems facilitated the IAT subscale Absorption. In addition, for women, CORE-OM Symptomatic Problems increased the IAT subscale Loss of Control.

Regarding the main purpose of this study, to clarify whether *Social Ibasho* and *Personal Ibasho* influence Internet addiction either directly or indirectly via mental health impairment, different results were obtained for men and women.

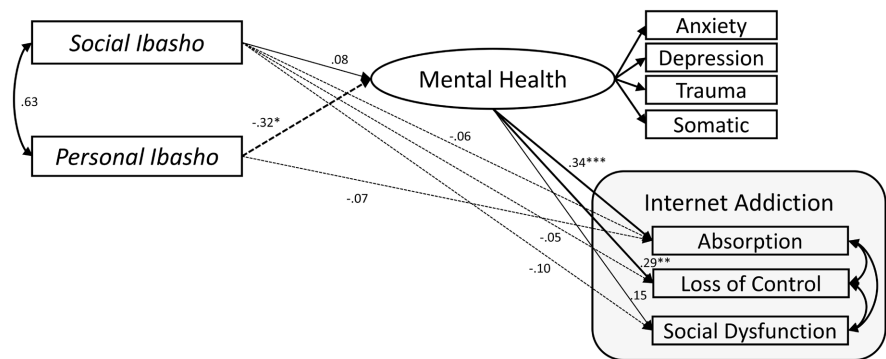


**Figure 2.** Hypothesis model: direct effects of the two types of *Ibasho* on Internet Addiction and indirect effects via Mental Health.



Note: \* $p < 0.05$ , \*\*\* $p < 0.001$ . Bold lines indicate correlations or causal coefficients with statistical significance, and fine lines indicate those with statistical insignificance. Solid lines indicate correlations or causal coefficients with positive values, and dotted lines indicate those with negative values.

Figure 3. Results obtained from SEM (male participants).



Note: \* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ . Bold lines indicate correlations or causal coefficients with statistical significance, and fine lines indicate those with statistical insignificance. Solid lines indicate correlations or causal coefficients with positive values, and dotted lines indicate those with negative values.

Figure 4. Results obtained from SEM (female participants).

For men, the model which hypothesizes that causal coefficients of the pathways from *Personal Ibasho* to the two IAT subscale scores (Loss of Control, Social Dysfunction) are zero, showed the best fit (CFI = 0.983, RMSEA = 0.064,  $\chi^2/df = 1.38$ ) (Figure 3). *Social Ibasho* was found to have directly alleviating effects on two IAT subscale scores (Absorption, Social Dysfunction), and indirectly alleviating effects on one of the IAT subscale scores (Absorption) by decreasing mental health impairments. On the other hand, *Personal Ibasho* directly increased one of the IAT subscale scores (Absorption), although it did not have significant impacts on IAT subscale scores via mental health.

For women, as with the male respondents, the model which hypothesizes that causal coefficients of the pathways from *Personal Ibasho* to the two IAT subscale scores (Loss of Control, Social Dysfunction) are zero, showed the best fit (CFI = 0.984, RMSEA = 0.051,  $\chi^2/df = 1.32$ ) (Figure 4). Different from men, *Social Ibasho* did not have significant impacts on Internet addiction, either directly or indirectly

(via mental health). On the other hand, *Personal Ibasho* had inhibiting effects on two of the IAT subscale scores (Absorption, Loss of Control) by decreasing mental health symptoms.

#### 4. Discussion

The results of this study were: 1) the common phenomenon in male and female respondents was that mental health impairment facilitates Internet addiction, 2) for men, *Social Ibasho* inhibited Internet addiction both directly and indirectly via mental health, and *Personal Ibasho* facilitated Internet addiction directly, and 3) for women, *Social Ibasho* did not have impacts on Internet addiction either directly or indirectly, but *Personal Ibasho* had indirect inhibiting effects on Internet addiction via mental health. The first result that the mental health impairment facilitates Internet addiction is consistent with previous studies (Saikia et al., 2019; Ye et al., 2023), thereby not requiring further discussion. On the other hand, gender differences in the second and third results should be discussed in detail, as they are not consistent with hypotheses developed based on previous studies.

In the case of male respondents, *Personal Ibasho* directly facilitated Internet addiction, without being mediated by mental health impairment. The facilitating impact of *Personal Ibasho* on Internet addiction, a hypothesis developed from the previous scholar's argument that *Personal Ibasho* can be a hotbed of shut-in (Wakayama, 2001; Yamaoka, 2002) was proven applicable to male respondents. It is probable that men use *Personal Ibasho* when they are not able to experience *Social Ibasho*, shown to have beneficial effects on their mental health (discussed below). More specifically, for men, *Personal Ibasho* has not only beneficial elements on mental health as seen in its significant correlation with *Social Ibasho*, but also a defensive nuance in the sense that it becomes a place to escape from painful experiences within interpersonal relationships. The direct pathway from *Personal Ibasho* to Internet addiction implies that there are some individuals who avoid facing the reality in which they are placed, not to mention their own negative feelings such as depression and anxiety. These individuals may be those who do not voluntarily visit clinicians, due to the lack of recognizing their own dysphoric moods.

Contrary to the presumption that women are more likely than men to gain beneficial effects from *Social Ibasho* that would prevent Internet addiction, this study showed that *Social Ibasho* had a preventing effect on Internet addiction for men, and not for women. Interpretations regarding *Social Ibasho* not having a preventing effect on Internet addiction for women will be discussed later. Men have always been expected to be independent, to make their own decisions, and act accordingly. However, nowadays this social expectation is diminishing. Depending on others within social connections does not evoke conflict, but may be one of the critical elements for men in maintaining better mental health, including preventing Internet addiction.

As mentioned above, it has been emphasized that women are more likely than

men to benefit from social connectedness (Milner et al., 2016; Shin & Park, 2023), but this study showed that *Social Ibasho* did not have any impacts on Internet addiction. Instead, for women, *Personal Ibasho* was a key factor in preventing Internet addiction. Of particular importance was that in the case of women, the influence of lack of *Personal Ibasho* on Internet addiction is mediated by mental health impairment. This means the ability to reflect upon and explore oneself when alone (*Personal Ibasho*) as a result of internalizing the relationship with the good object (Fujiyama, 2002) brings about sound mental health, leading to Internet addiction prevention.

On the other hand, *Social Ibasho* did not impact women's Internet addiction, implying that it has multifaceted natures. When *Social Ibasho* is utilized for mutual interaction between individuals who are psychologically independent, it inhibits mental health impairment and/or Internet addiction. Meanwhile, when it is utilized as a place to depend on others when an individual is not able to physically be alone (the lack of ability to experience *Personal Ibasho*), *Social Ibasho* provides tentative relief. However, this relationship is neither mutual nor equal, and brings about psychological stresses, opening doors to the Internet as a place to escape to. As such, whether women are able to experience *Personal Ibasho* or not is a crucial factor in determining the values of *Social Ibasho*. Indeed, the author reports on several Japanese women who desperately and indiscriminately seek objects on whom they can depend one-sidedly for transient relief, due to the inability to spend time by themselves (Uji, 2015, 2020).

Here, limitations of this study should be noted. The result that mental health impairment increases Internet addiction was consistent with the results shown in previous studies, and it is probable that Internet addiction increases mental health impairment due to the lack of connectiveness with the real world. Being a cross-sectional study, however, this could not be clarified.

In addition, this study did not take into account a respondent's socio-economic status or educational background because every respondent was a student attending a Japanese national public university, suggesting that the study population was relatively homogenous. It is probable that different results would have been shown if Japanese youth from another population had been studied. It is too early to generalize the results of this study to include every Japanese youth.

Furthermore, this study did not consider the form of Internet, e.g., gaming, social media, or information browsing. It is premised that influences of each type of *Ibasho* on Internet addiction would differ depending on the type of media. This is definitely a consideration for the future.

Of particular note is that this study is based on the perspective that whether or not an individual is able to experience *Ibasho* depends on his/her personality traits. However, the individual's surrounding environments (e.g. family-, school-, or workplace-characteristics, and socio-cultural factors of time and place) also influence his/her *Ibasho* experiences. Understandably, these experiences would be different from individual to individual even if they were put in the same environ-

ment. Clinically, as noted later, it is not necessary to maintain the dichotomous view that one's experience of *Ibasho* is based on either his/her internal personality traits, or external environments. Rather, clinicians should regard the *Ibasho* experience as a function of these multi-factors, without leaving the internal factors behind.

Despite these limitations, the results of this study offer abundant clinical suggestions. First, it is essential to assess the patient's mental health regardless of gender, when seeing a patient with Internet addiction. If his/her mental health is impaired, the relationship with *Ibasho* experiences should also be evaluated.

While the above suggestion agrees with previous studies (Saikia et al., 2019; Ye et al., 2023), of particular significance in the results of this study is the finding that, whether the two types of *Ibasho* bring about beneficial or detrimental effects on an individual's Internet addiction depends on his/her gender. When mental health impairment is preceded by lack of *Social Ibasho* (male patients) or *Personal Ibasho* (female patients), it is important to provide support from psycho-social viewpoints to enable them to experience each type of *Ibasho*. For the lack of *Social Ibasho* (male patients), or *Personal Ibasho* (female patients), both his/her personality traits and environment factors need to be assessed. When personality trait factors play a big role in lack of *Ibasho* experiences, psycho-therapy will be required. When environmental factors play a big role, collaboration with family members, and educational/workplace settings is important. In educational settings, for example, the collaboration between mental health professionals and faculty members is necessary in order to help students secure *Ibasho* in the classroom or seminar. In most cases, a combination of these approaches, i.e., individual psychotherapy and environmental intervention, may be necessary.

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## Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

## References

- Blos, P. (1967). The Second Individuation Process of Adolescence. *The Psychoanalytic Study of the Child*, 22, 162-186. <https://doi.org/10.1080/00797308.1967.11822595>
- Egami, S., & Tanaka, Y. (2013). Effects of Adolescent Cognition about the Rebellious Stage on Their Ego Identity. *Bulletin of the Faculty of Education, Ehime University*, 60, 17-24. (In Japanese)
- Evans, C., Connell, J., Barkham, M., Margison, F., McGrath, G., Mellor-Clark, J. et al. (2002). Towards a Standardised Brief Outcome Measure: Psychometric Properties and Utility of the CORE-OM (Clinical Outcomes in Routine Evaluation-Outcome Measure). *British Journal of Psychiatry*, 180, 51-60. <https://doi.org/10.1192/bjp.180.1.51>
- Evans, C., Mellor-Clark, J., Margison, F., Barkham, M., Audin, K., Connell, J., & McGrath, G. (2000). CORE: Clinical Outcomes in Routine Evaluation. *Journal of Mental Health*,

- 9, 247-255. <https://doi.org/10.1080/jmh.9.3.247.255>
- Ezoe, S., & Toda, M. (2013). Relationships of Loneliness and Mobile Phone Dependence with Internet Addiction in Japanese Medical Students. *Open Journal of Preventive Medicine*, 3, 407-412. <https://doi.org/10.4236/ojpm.2013.36055>
- Fujitake, A. (2000). *Giving Thought to Ibasho*. Shibundo Co., Ltd. (In Japanese)
- Fujiyama, N. (2002). Winnicott's Theory. In K. Okonogi, & O. Kitayama (Eds.), *Psychoanalytic Dictionary* (pp. 31-33). Iwasaki Academic Publisher. (In Japanese)
- Harada, K., & Takiwaki, Y. (2014). Reconsideration of "Ibasho" and Development of "Ibasho" Scale. *Bulletin of the School of Teacher Education*, 6, 119-134. (In Japanese)
- Hollingworth, L. S. (1928). *The Psychology of the Adolescent*. Appleton-Century Company.
- Manchiraju, S. (2018). Loneliness or Materialism, Which Is a Better Predictor of Internet Addiction? *Social Networking*, 7, 137-146. <https://doi.org/10.4236/sn.2018.73011>
- Milner, A., Krnjacki, L., & LaMontagne, A. D. (2016). Age and Gender Differences in the Influence of Social Support on Mental Health: A Longitudinal Fixed-Effects Analysis Using 13 Annual Waves of the HILDA Cohort. *Public Health*, 140, 172-178. <https://doi.org/10.1016/j.puhe.2016.06.029>
- Mozafar Saadati, H., Mirzaei, H., Okhovat, B., & Khodamoradi, F. (2021). Association between Internet Addiction and Loneliness across the World: A Meta-Analysis and Systematic Review. *SSM-Population Health*, 16, Article ID: 100948. <https://doi.org/10.1016/j.ssmph.2021.100948>
- Nakajima, K., Hirode, M., & Konagai, A. (2007). A Study on the Concept of Place. *Bulletin of the Faculty of Education, Mie University. Humanities and Social Science*, 58, 77-97. (In Japanese)
- Nimori, Y., & Ishizu, K. (2016). Period of Rebelliousness and Over-Adaptation: Effects on Psychological Independence, Fears of Abandonment. *Bulletin of the Center of Educational Research and Practice, University of Toyama*, 11, 21-27. (In Japanese)
- Oğuz, E., & Cakir, O. (2014). Relationship between the Levels of Loneliness and Internet Addiction. *The Anthropologist*, 18, 183-189. <https://doi.org/10.1080/09720073.2014.11891534>
- Saikia, A. M., Das, J., Barman, P., & Bharali, M. D. (2019). Internet Addiction and Its Relationships with Depression, Anxiety, and Stress in Urban Adolescents of Kamrup District, Assam. *Journal of Family and Community Medicine*, 26, 108-112. [https://doi.org/10.4103/jfcm.JFCM\\_93\\_18](https://doi.org/10.4103/jfcm.JFCM_93_18)
- Saralioğlu, A., Atay, T., & Arıkan, D. (2022). Determining the Relationship between Loneliness and Internet Addiction among Adolescents during the Covid-19 Pandemic in Turkey. *Journal of Pediatric Nursing*, 63, 117-124. <https://doi.org/10.1016/j.pedn.2021.11.011>
- Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The Age of Adolescence. *The Lancet Child & Adolescent Health*, 2, 223-228. [https://doi.org/10.1016/s2352-4642\(18\)30022-1](https://doi.org/10.1016/s2352-4642(18)30022-1)
- Shin, H., & Park, C. (2023). Gender Differences in Social Networks and Physical and Mental Health: Are Social Relationships More Health Protective in Women than in Men? *Frontiers in Psychology*, 14, Article ID: 1216032. <https://doi.org/10.3389/fpsyg.2023.1216032>
- Uji, M. (2015). Sex Work, Motivations for Entry, and the Combined Impact of both on Mental Health: A Case Report of Japanese Female Patients within Therapeutic Relationships. *Open Journal of Psychiatry*, 5, 214-227.

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<https://doi.org/10.4236/ojpsych.2015.52026>

- Uji, M. (2020). A Clinical Case Study on the Developmental Process of Addictive Behaviors from a Psychological Perspective: Proposal of Early Prevention Probability. *Journal of Psychology & Behavior Research*, 2, 67-75. <https://doi.org/10.22158/jpbr.v2n2p67>
- Uji, M. (2025). Exploring the Concept of Ibasho—a Place of Being—and Its Relationship to the Mental Health of Japanese Youth. *Open Journal of Social Sciences*, 13, 71-85. <https://doi.org/10.4236/jss.2025.131006>
- Uji, M., Sakamoto, A., Adachi, K., & Kitamura, T. (2012). Psychometric Properties of the Japanese Version of the Clinical Outcomes in Routine Evaluation-Outcome Measure. *Comprehensive Psychiatry*, 53, 600-608. <https://doi.org/10.1016/j.comppsy.2011.09.006>
- Wakayama, T. (2001). Where Our Mind and Body Are: The Question of Our Place of Being. *The Bulletin of Nihon Fukushi Daigaku-Journal of Culture in Our Time*, 105, 67-82. (In Japanese)
- Winnicott, D. W. (1958). The Capacity to Be Alone. *The International Journal of Psychoanalysis*, 39, 416-420.
- Yamaoka, T. (2002). A Study about “Ibasho” and Self-Esteem among College Students. *Bulletin of the Faculty of Education of Bukkyo University*, 1, 137-167. (In Japanese)
- Ye, X., Zhang, W., & Zhao, F. (2023). Depression and Internet Addiction among Adolescents: A Meta-Analysis. *Psychiatry Research*, 326, Article ID: 115311. <https://doi.org/10.1016/j.psychres.2023.115311>
- Young, K. S. (1998). *Internet Addiction Test [Database Record]*. APA PsycTests. <https://doi.org/10.1037/t41898-000>