HIKIKOMORI: A QUALITATIVE STUDY ON SOCIAL WITHDRAWAL OF JAPANESE ADOLESCENTS

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Abstract: This thesis discusses the hikikomori phenomenon in Japan. Hikikomori is a Japanese term describing young people in the current Japanese society who have socially withdrawn, living in isolation for 6 months or more. The problem has developed in the last 30 years and the estimated case numbers are said to be from several hundred thousand to 1.2 million. The purpose of this qualitative study is to introduce the hikikomori issues accurately to the international experts in the field of psychology and to attempt to reconstruct the new theoretical framework of hikikomori in order to establish the theoretical notion, reveal the clear cause factors and explore possible preventions. The author emphasizes that this work is significant since the investigations of past researches have resulted in confusion regarding the definition of hikikomori and they have not revealed clear cause factors and thus, no prevention. The researcher of the current study interviewed two ex-hikikomoris and one of the important findings showed that medical treatment and counseling are not necessarily the most significant interventions for hikikomori. This finding supports the author’s argument of viewing hikikomori issues holistically, that is, to regard hikikomori not only as a social phenomenon but also as an abnormal psychological disorder while seeking for various interventions, not only medical or clinical treatments.

Keywords: Hikikomori Phenomenon, Young People, Living in Isolation

Introduction

Background
Hikikomori is the Japanese term for describing the young people in the current Japanese society who have socially withdrawn for 6 months or more. The problem has developed in the last 30 years and the estimated case numbers are said to be from several hundred thousand to 1.2 million. Interestingly, almost all the research data showed that the male ratio is higher than female. Although hikikomori is known as a unique Japanese social phenomenon, there have been cases reported outside Japan. According to psychiatrist Tamaki Saito (2007), who is one of the leading experts of hikikomori issue, hikikomori is called wettori in Korea that is translated as “a lonely person” and the numbers are rapidly growing (Saito, 2007, p. 26). In addition, after the BBC documentary on hikikomori was broadcasted, there were several emails sent from British hikikomori families to Saito (Furlong, 2008, p. 13). It is reasonable to assert that hikikomori is a phenomenon also seen outside Japan but its probability of occurrence in Japan is overwhelmingly higher than any other part of the world.

When hikikomoris are the age of schoolchildren, they are called futoko. Futoko literally means “non-attendance” and it is the recent term replaced with the previous term “tokokyoho” which means “school refusal”. This renaming was initiated by the Ministry of Education and its purpose was to recognize the problem of non-attendance of children as an outcome of various factors based on the assumption that it can happen to anyone rather than determining it as an individual psychological issue (Takayama, 2008, p. 34). According to the data of the Japanese Ministry of Education, last year 127,000 students from elementary and middle school did not attend school, and more precisely speaking, one in 35 students in middle school did not attend school (Ministry of Education, 2010). The author argues that this tendency of identifying the problem of hikikomori as social or educational, not an individual’s is problematic since there are some radical groups who simply claim that what needs to be changed is not an individual but it is the “school” or “society” since they insist that the children are the victims of school and society.

Statement of the Problems
There are two problems in the hikikomori issues. First of all, people in the current Japanese society mostly regard hikikomori as “a social phenomenon of unknown origins”. There are many types of hikikomori. While some hikikomoris may be suffering from severe mental health conditions, other hikikomoris may not have particular medical symptoms but complain of issues that are more interpersonal. Some other hikikomoris may be even faking (The author has observed several cases of faking hikikomori in her 15 years of work experience in the educational field). One of the problems the author identifies is that in the current Japanese society all these types of hikikomori tend to be categorized into one conceptual “phenomenon” because the public is influenced by the media’s report of hikikomori as “a social phenomenon”. Therefore, some clinical cases of hikikomori delay from their recovery since they do

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not seek clinical intervention in an earlier stage (Saito, 2001 a). Moreover, there is a tendency to avoid searching for the hikikomori causative factors. The researcher finds this tendency problematic since the problem may not be solved if the cause factor is not identified\(^1\). The second problem the researcher of the current study identifies is that there is no common theory in both definition and treatment of hikikomori, and hikikomori clients and families seem to be confused among different theories and interventions. There has been an ongoing discussion in Japan whether to regard hikikomori as a medical issue or social issue. Psychiatrists emphasize the pathological factor of hikikomori while non-professional helpers (usually hikikomori parents and ex-hikikomori) focus on the social factor, and their theoretical notions and interventions are extreme to one another. The researcher of the present study finds the importance of establishing a common hikikomori theory in both definition and intervention in order to attempt to solve the hikikomori issues in Japan.

**Purpose of the Study**

The purpose of this qualitative study is to introduce the hikikomori issues accurately to the international experts in the field of psychology and to attempt to reconstruct the new theoretical framework of hikikomori in order to establish the theoretical notion, reveal the clear cause factors and explore possible preventions.

**Significance of the Study**

Significance of this study is to contribute to the field of psychology through conducting an empirical qualitative research on hikikomori focusing on the cause factors. In the past, some hikikomori have been interviewed and their voices have been analyzed by several psychologists and sociologists, though as far as the researcher of the present study is concerned, there has been no empirical qualitative research focusing on the cause factors of hikikomori conducted in the field of psychology.

**Literature Review**

What is Hikikomori? Hikikomori is currently defined by the Japanese Ministry of Health and Labor (2010 a) as “the state of withdrawing for 6 months or more without going to work or attend school and hardly interacting with people outside the family (Ministry of Health and Labor, 2010 a). This definition is only one of the several definitions, for hikikomori is a complex concept and its theoretical notions have been still debated by the researchers. “What is hikikomori?” To answer this ultimate question most effectively, the author of this article would like to compare hikikomori with the similar diagnoses or issues.

1. Social phobia / Taijin Kyofusho\(^3\)

Taijin Kyofu is usually listed by hikikomori researchers as one of the main characteristics of hikikomori (Saito, 1998, Okamoto, 2003). However, Saito (1998) asserted that hikikomori should not be simply identified with social phobia because there are many hikikomoris who can manage meeting with people without difficulty under certain circumstances (Saito, 1998, p. 40).

2. Student Apathy

Saito (1988) regarded student apathy as part of hikikomori, though he recognized one definite difference from hikikomori, that is, hikikomori clients tend to show strong dilemma or violence unlike the students with apathy. Saito explained that the reason hikikomori clients suffer from a dilemma is that they are not satisfied with their own situation, but students with apathy have social positions as “university students” and this position in the society provides them self-esteem (Saito, 1998). Okamoto (2003) also asserted that student apathy and hikikomori share common characteristics. However, she pointed out that the difference between the two is that hikikomori clients are “overall” withdrawn while clients with apathy are “partial” withdrawn. For instance, the clients of apathy are able to handle the things in which they felt they would not be hurt, but hikikomori clients hardly go out from home (Okamoto, 2003, p. 6).

3. Narcissism / Avoidance Personality Disorder

“Narcissism” is often discussed as characteristics of hikikomori by hikikomori researchers (Kuramoto, 2002; Saito, 2007), and Avoidance Personality Disorder is often regarded as identical to hikikomori. However, Saito (2001 a) argued that there is a problem in the stance of viewing hikikomori as personality disorder. He claimed that when the person is suffering from hikikomori, he may have a symptom of personality disorder but once he is cured, the symptom of personality disorder disappears. Saito asserted that this situation is not in accord with the definition of personality disorder because “personality” is something, which persistently stays in someone’s life (Saito, 2001 a, p. 13).

4. Parasite single: Parasite single and hikikomori are occasionally considered as identical issue in the current Japanese society. These two differ since hikikomori has clinical issues whereas parasite single has more issues that are social, the underling core problem for both issues can be described as the young people’s inability of independence from their parents (Shirai, 2005). Parasite single indicates the single young people who depend on their parents financially while having their own income to enjoy their luxurious life (Yamada, 2010, section of “parasite single and hikikomori”). When the “democracy” was brought to Japan in the end of the
World War II, young people gained the freedom to choose whether they marry or not, or who and when they marry. Although even the traditional family system tends to fade out, as the traditional parenting values, which is to take care of children until they marry, did not change, and these young people ended up living with their parents even when they reach their thirties or forties. Yamada (2010), who named this unique Japanese phenomenon “parasite single”, argued that unlike in the Western countries, where parental affection is understood as raising children to become independent, in Japan parents believe in providing a comfortable life and serving their material needs is considered as showing their affection. He claimed that Japanese parents’ idea of “sacrificing themselves and doing anything they can for their children” created the hotbed for parasite single or hikikomori (Yamada, 2010).

Shakaiteki Hikikomori

“Shakaiteki Hikikomori” (i.e., social withdrawal) is a term described by Tamaki Saito (1998), who is considered as one of the leading psychiatrists specializing in hikikomori and it is usually used when people in Japan distinguish its notion from more biological / medical case of hikikomori. Saito defined shakaiteki hikikomori as “becomes problematic by late twenties and continue to stay home without participating to the society for six months or more, and any other mental disorder is less likely considered as the first cause of withdrawal” (Saito, 1998, p. 25).

“Hikikomori” means “withdrawal” and “shakaiteki” means “social”. He explained that he adopted the term “social withdrawal” from “Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)”, which describes one psychological symptom and he directly translated it into Japanese. He argued, “hikikomori is not a diagnostic name, but it is a state or a cluster of problems relating to hikikomori”. He asserted that the problems of hikikomori should be recognized as “Hikikomori Related Disorders” as “Alcohol-Related Disorders” are currently understood in psychology (Saito, 2010). Although currently, this concept of shakaiteki hikikomori has well infiltrated into the Japanese public as it contributed to emphasize the importance of recognizing hikikomori as a “social” pathology not an “individual” mental health issue, Saito’s psycho-social understanding of hikikomori is criticized as less clinical and problematic by some psychiatrist.

Behavior

“Not all hikikomoris are confined to their homes. Some will go outside late at night or in the early hours of the morning when they expect not to encounter ex-classmates or neighbors. Others attempt to hide their condition by leaving the house daily, as if going to school or work, but spending their time aimlessly walking the streets or riding trains. They rarely engage in modern forms of communication involving extensive interaction over the internet” (Furlong, 2008, p.5). Some of the problematic behaviors of hikikomori include reversing the day and the night, refusing to interact with the family members, obsessive action, domestic violence and controlling and overbearing use of language to the family members (Ministry of Health and Labor, 2003, p.158). There were also several regrettable crimes committed by hikikomori which includes imprisonment, hostage and murder.

Cause factors

The author of this article examined the previous literatures, which include research papers, self-reports, reports from parents and helpers, and identified the following cause factors.

1. Mental health: There are some hikikomoris who may withdraw because of their development disorder or schizophrenia. Although its distinction is not clear, generally speaking, “hikikomori” is considered as a medical/biological case and “shakaiteki hikikomori” is considered as a social/Psychological case.

2. Received democracy: Several researchers claimed that the hikikomori problem could be attributed to the fact that Japan “received” democracy from the USA in the end of World War II. The researchers argued that after the war, gradually, the Japanese people have conceptualized the meaning of democracy as mistaken liberalism and equalitarianism, and its confusion contributed to the hikikomori phenomenon (Furlong, 2008; Kato, 2010; Saito, 1998; Zielenziger, 2007).

3. Amae: The type of Japanese parent’s love and care; “sacrificing themselves and doing anything they can for their children” described by Yamada (2010), which the author of this study introduced earlier, would be hard to understand for the Western parents and it is probably regarded as “spoiling” in the West. This unique way of loving or caring is called “amae” in Japanese language. Japanese psychiatrist Takeo Doi theorized the concept of amae (i.e., dependency) and he defined it as “denying the fundamental fact of separating self from others and attempting to sublate the psychological pain of separation” (Doi, 1971, p. 82). Doi argued that this psychological origin is attributed to the unique Japanese culture, where a relationship between mother and child is particularly close. According to Doi, “amae” has been always observed as a normal behavior in everyday life in Japan, though due to the modernization of Japanese culture, people repressed
“amae” and its dilemma resulted in causing various neurotic illnesses (Doi, 1971).

4. Double bind: According to Saito (2007), “double bind” is a term advocated by an American Cultural Anthropologist Gregory Batson. In an American family, parents show affection by language to their children while they take a very cold attitude and push away their children. Saito pointed out that in Japan, the reversed theory of “double bind” exists. He argued that the “Japanese double bind” is observed in a typical hikikomori family and asserted, “Some say that the parents of hikikomori spoil their children, but I do not think so. They use critical and negative language but they take care of their children in every way including washing their clothes and cooking for them. Opposed to the American double bond, Japanese parents keep embracing hikikomori while denying them in their language” (Saito, 2007, p. 25).

5. Good child identity: According to Kikuchi and Okamoto (2008), in Japanese psychology, good child is a term to describe the children who are “convenient to adults” (Kawai, 1996, cited in Kikuchi & Okamoto, 2008, p. 99) or to define “the young people who have behavioral characteristics of self-repressed style and those who attempt to respond accordingly to others’ expectation even though suppressing their emotion in order to be liked by someone who is likely to be in their side” (Munakata, 1997, cited in Kikuchi and Okamoto, 2008, p. 99). Kikuchi and Okamoto (2008) explained that children with “good child” identity are considered to be more subject to suffer from neurotic / depressive / somatoform symptoms (Kikuchi and Okamoto, 2008). Okamoto (2003) also discussed there is a correlation between school refusal and good child identity (Okamoto, 2003).

6. Culture of bullying / university life: “Bullying” is often listed as a factor for being a school refuser and it is a serious school issue in Japan, but it should be noticed that it is not only a school culture. It is said to be part of an adult’s culture, as well. In a strictly structured hierarchical Japanese society, bullying is often considered as part of a training process from the superior to the junior. In such a meticulous and perfectionist society, the perfect operation is expected in every area of work and the superior makes sure to supervise the junior to produce perfectly organized piece of work. The gap between an “easy university life” and this harsh work life is large and this might have become a trigger of some hikikomori cases.

7. Japanese traits: The hikikomori’s traits described by the researchers are “obedient, meticulous, passive and sensitive” (Nabeta, 2003, cited in Bando, 2007, p. 1) and “low self-esteem, self-repressed and dependent” (Muto, 2001, p. 43). These traits are often observed as the unique characters of Japanese people. As hikikomori is socially accepted as a common result of psychological stress by the Japanese public, it is reasonable to claim that hikikomori is a social pathology unique to the Japanese culture.

8. Gender role / floating identity: Ogino (2008) reviewed the different arguments on the matter that hikikomori occur predominantly in male and he categorized them into three hypotheses: 1) men have more pressure of being successful citizens than women do, 2) men are emotionally weaker than women, 3) the different generated forms of mental health issues (More women suffer from self-mutilation or eating disorder than men.) (Ogino, 2008, p. 182). The author would like to add “ambiguity of male role” claimed by Diesinski (2003) in the above list. He indicated that in the current Japanese society, young men are unsure of the future in an economic recession and lack male role models (Diesinski, 2003, p. 16). It is interesting to notice that more and more young Japanese women who do not see their future in Japan leave the country to live abroad (Ono and Piper, 2004). The Japanese female artist, Junko Chodos, is said to be the pioneer of this type of Japanese women. She claimed that Japan is not a real democratic nation but it is a “totalitarian” society and an individual is not respected as a human being. When she was younger, she left Japan to move to the USA to make her new life and called herself a “spiritual refugee” (Chodos, 2003). Tatara, Hitomi and Hata (2002) focused their attention to the new style of Japanese young people, which is “traveling abroad alone” or “being a NEET (Not in Employment, Education or Training) searching for what they want to do in their life”, and they called this new generation’s aspect of identity as “floating identity” (Tatara, Hitomi and Hata, 2002).

9. Education of communication: In terms of education and hikikomori, the problem of poor communication skills is often discussed by experts. They claimed that the new generation of children tends to have problems with bullying, school refusal or juvenile delinquency due to a lack of rich communication skills (Doi & Saito, 2004; Saito, 2007). Japanese school is well known for cramming knowledge and test-based assessment on students. Communication or debate is not usually a part of the curriculum in Japanese school. Recently, the Japanese Ministry of Education inaugurated the committee of “promoting the education of communication”. The Ministry explained its purpose is to educate students to be able to express themselves effectively instead of not knowing what to do in a difficult situation and saying nasty words by losing tempers (Mainichi Newspaper, 2010).

10. Collectivism VS individualism: Several researchers hypothesized that one of the causative
factors of hikikomori is “a suffering effect from the confusion in the process of individuation within the frame of the traditional collectivist cultural values” (Kawai, 1967; Mamiya, 2005; Takatsuka, 2010). Mamiya (2005) argued that Japanese young people might have established the psychological estrangement in their mind between the Western influenced modern style of individual awareness and the traditional Japanese collectivist values (Mamiya, 2005, p. 15).

The author of this article regards the issue of “collectivism VS individualism” as the underlining core problem of all other cause factors and claims that the hikikomori is the problem of “individuation” of Japanese young people.

Interventions
The Japanese government conducted several researches in order to create basic materials that can help people to explore the ways to support hikikomori, and the data of these researches, guidelines and other materials including a pamphlet for hikikomoris and their families are available in the website of the Ministry of Health and Labor. The area of counseling in Japan has also developed over the last 30 years in proportion to the aggravation of the hikikomori problem. However, there are many hikikomoris and their families who rely on the help from the power professionals. Currently, 189 Non-Profit Organizations exist in Japan (NPO Database Hiroba, 2010). Non-Profit Association for Japan Hikikomori Parents (KIJ) is one of them. Their website provides useful materials for hikikomori issues, a list of support institutions, information of updated publications or seminars and forums, introduction of their consultation programs including message boards, help-line, and newsletters and parenting seminars. It is a very complete and attractive package for hikikomoris and the family members. One can presume that this easily accessible and economical support system became popular among hikikomoris and their families, and it detained them from seeking more clinical and professional services. However, the problem of the private support system for hikikomori is that not all organizations are offering professional services such as effective therapeutic approaches. There are also a few organizations that practice harmful and unethical methods.

Theoretical Models
Currently, there seems to be two distinct theoretical models for understanding hikikomori and the author of this study would like to call them as “clinical model” and “non-clinical model”. The clinical model is practiced mainly by psychiatrists. They consider hikikomori as part of abnormal psychology and emphasize on its biological element. Hikikomoris are given medical treatments that include medication and some counseling sessions. One of the problems of this approach is that hikikomori can be misdiagnosed as Schizophrenia and overmedicated or forced to be hospitalized (Saito, 2007, p. 18-19). The second model is practiced usually by non-professionals of psychiatry or psychology. They consider hikikomori as a social phenomenon, which was caused by a malfunctioned society or school and they believe that social and interpersonal support is the remedy for hikikomori. One of the problems of this approach is that some hikikomoris who need more clinical help refuse medical treatment and delay their recovery.

The author of the present study recognizes that the above two approaches are theoretically extreme and dominant in the society, and it brings confusion to the Japanese society in terms of understanding hikikomori issues and seeking a variety of effective strategies. What the author would like to present is a combination of the two current models. In this holistic model, hikikomori is defined as an abnormal psychology, though treatments and interventions can vary. Examining the self-reports by ex-hikikomoris from the website “NHK Welfare Network; Hikikomori Information”, it is noticed that each person had his own unique intervention to come out of the hikikomori situation, which include new friend / people / community, book, counseling, mountain life, drawing, death of a family member, reconciliation with a family member and religious camp. Interestingly, none of them mentioned psychiatric treatment in these particular reports, but it is certainly an effective remedy for hikikomori, which should not be removed from the list of possible interventions. A psychiatrist, Tamaki Saito, is said to be an example of practitioners of this model. Saito repeatedly claimed the importance of clinical view, but he used many effective interventions to help hikikomori clients, which include counseling, blog, family therapy, day care activities, community life and medication (Saito, 1998; 2007).

Research Question
Although there have been many hikikomori researches conducted in the past, as far as the author of this article is concerned, there was no empirical qualitative research focused on the cause factors of hikikomori. Sakurai (2003) conducted a qualitative research for hikikomori and he interviewed five males who used to be hikikomori. Though his research design seems to be similar to the current paper, his research question was to examine what kind of dilemma ex-hikikomoris went through in the process of recovery (Sakurai, 2003). As the author of the present study discussed so far, past researches have resulted in confusion
regarding the definition of hikikomori and they have not revealed clear cause factors and thus, no prevention. Therefore, using the following research question, the author would like to conduct a qualitative research interviewing ex-hikikomori sufferers tell us about the condition, the course of the illness and what led to recovery in these particular cases?”

Methodology

Research Design
The design of the present study is a problem-based, semi-structured interview with one open-ended question.

Participants of the Study
Participants were two young Japanese females who used to be hikikomori. They were introduced to the researcher of the present study by her acquaintances in Tokyo, Japan. Prior to the interviews, their bio data (e.g., gender, age, length of withdrawal and level of education) was clarified. Initially, there were five volunteers, but three of them canceled the appointment a few days before the interview dates. The details of the participants will be stated in the “Findings of the Study”.

Data Collection Procedure
The respondents participated in the interviews that were audio-recorded / noted and transcribed verbatim. The interviews were scheduled one time for each participant. The length of each interview was designed approximately for 40 minutes. As the participants and the researcher are Japanese native speakers, all interviews were conducted in Japanese language and were translated to English by the researcher simultaneously, while transcribing the data. Non-verbal behavior was recorded together with the transcript (e.g., tone of voice, emotional reaction). Prior to the interviews, the researcher had an opportunity to receive interview training by her thesis advisor to avoid possible retraumatization of the interviewed individuals. One of the things her thesis advisor emphasized was to inform the participants before the interviews that whenever they feel uneasy or overwhelmed during the interviews, they had the right to ask not to continue the interview at any time. Following the APA Research and Publication Code of Ethics Ethical Standard #8, before the interviews, participants and their mothers were informed the purpose of the research and procedures, their right to decline to participate and its foreseeable consequences, potential discomfort or adverse effects, any prospective research benefits, confidentiality and its limitation, incentives for participation and their rights to contact the researcher to question about the research. The researcher also asked the permission to audio record the participants’ voices. Then they agreed to participate in the research and to the research data collection method.

Instrumentation / Materials
The following questions for the participants were formulated by the researcher of the current study, in order to attempt to answer the current research question, “What do the reflections of former hikikomori sufferers tell us about the condition, the course of the illness and what led to recovery in these particular cases?” Although the questions were prepared systematically in advance, the researcher tried her best to be flexible enough to pay careful attention to the flow of natural conversation to maintain trust between the interviewer and the interviewee.

Interview Questions
1. Tell me about your family background.
2. Please explain how the problem has started.
3. How was your psychological state at that time?
4. What have you done when you are staying home? (Usage of internet, any outing, family relationship, etc.)
5. What kind of support did you receive?
6. Have you seen a psychiatrist at that time? If so, what diagnosis did you receive?
7. How did you recover from hikikomori?
8. Do you have any difficulties you are facing now as a survivor of hikikomori?
9. What does hikikomori mean to your life?
10. Did you seek the cause factor of hikikomori at the time you were suffering? If so, did it help you?
11. If you were an opposite gender, do you think the situation would have been different?
12. Any other message you would like to share with me.

Results

Data Analysis
The method of the data analysis employed in this research was a combination of “thematic organization” and “classificatory organization” (Biklen & Casella, 2007). According to Biklen and Casella (2007), “themes” in thematic organization indicate “ideas around which data cluster that have emerged from work with informants” (Biklen & Casella, 2007).
Biklen and Casella (2007) argued that qualitative researchers frequently speak of themes that data promote since they tend to see themselves as inductive researchers (Biklen & Casella, 2007, p. 84). In classificatory organization, data is divided into categories that have been already defined by researchers (Biklen & Casella, 2007, p. 85). In the case of this research, the data provided by respondents was categorized into four themes based on the research question that are 1) conditions, 2) cause of illness, 3) recovery factors and 4) others. Having created the fourth category in case of any data that may emerge from the data collection, the method of this data analysis can be described as the combination of thematic and classificatory organization. The data was compared and contrasted between the two interviews for comparative and discursive analysis. Other hikikomori reflections from the website “NHK Welfare Network; Hikikomori Information” were also added as supplementary data.

Findings of the Study

Interview details: Participant A’s interview took place at her home in Tokyo and participant B’s interview was conducted in the author’s friend home in Tokyo. The duration of the interview was 29 minutes and 43 seconds for participant A and 58 minutes and 11 seconds for participant B. Participant A’s mother added some more information to A’s answers as A requested to do so. A claimed, especially with her medical records, that her mother would know the information more accurately. A’s mother is actively involved with hikikomori mothers’ network and she provided much useful information. (Please note that A’s mother’s remarks are written in italic.)

(See all tables in fifth last page)

Discussion

Discussion of the Results and Findings

In this section, the researcher of the current research will discuss the results and the findings of the research in relation to the purpose of the study and the research questions. First of all, the researcher would like to emphasize that this research was successful in terms of having the symmetrical comparisons of two hikikomori types apart from the fact that the small sample size and the participants’ gender were indicated as the limitations of this study. Participant A represented hikikomori and participant B represented shakaiteki hikikomori. Secondly, it is important to note that the research findings indicated that hikikomori is a serious psychological illness, which involves self-harm and suicide attempt. The individuals suffer from the dilemma of not being able to change the situation and their withdrawing behavior does not relate with their reluctance. This claim contributes to the answer for “the condition” of hikikomori sufferers in the research question.

From now on, the author will discuss the findings in contrast with the cause factors listed by the author earlier.

1. Mental health: For participant A, Asperger Disorder was one of the main hikikomori cause factors. Her experience of delayed diagnosis and its effect to the hikikomori symptom can tell us that the experts of child psychiatry in Japan must urgently explore the ways for the early discovery and the interventions of developmental disorders in order to avoid deterioration of hikikomori situation because of the delayed or failed diagnosis.

2. Received democracy / culture of bullying / university life: B said that she was not bullied in high school, but she was treated unfairly and that made her not want to attend school. She said her high school was a music school and teachers favored the talented students. For instance, the talented students were selected by the teachers and given important roles to play. When the researcher understood what she meant by “unfair”, the researcher realized that the problem was her irrational thought toward the reality of competitive music world and it was not the music schoolteacher. According to her explanation, the teachers were not treating students unfairly but they were doing their jobs because the selection of roles is a normal procedure in orchestra or band. This attitude of B can recall us Saito (1998)’s argument of “an illusion of equalitarianism”, which the researcher mentioned earlier. Saito also discussed that “the hikikomoris who abandoned any social restraint can be considered as most free people, but these most free people are registered in the most difficult situation” (Saito, 1998, p. 210). B said that her music high school did not suit her and she mentioned that the current pre-college art school does not suit her either and she is thinking of quitting the school, too. Reviewing the supplementary data of NHK Welfare Network: Hikikomori Information, there were two hikikomoris complained the transition to the university from the high school became their triggers to withdraw. As the researcher pointed out earlier that in Japan, there is a gap between the free university life and the very harsh work life that represents a culture of bullying. Here, what Saito (1998) claimed appears to become valid. He said that “people failed to enjoy real freedom and here, I identify the pathology of this time of generation” (Saito, 1998, P. 210).

3. Amae/Good child identity

For A, she is still a middle school student and her life after high school may not be a reality yet, but for B, she is the age of university and not knowing very clearly what she wants to do in her life and reluctantly attending the pre-art school to please her
parents is problematic and it is not unreasonable to assume that her thought of depending on her parents (amae) justified her hikikomori behavior as she is aware of the current common Japanese social problem for young people characterized in parasite single or NEET. B said that she did not really make a decision to attend her pre-art school, but it was organized by her parents. She was playing a good child role here, being obedient to her parents apart from her wish. We must also pay attention to the fact that B had been seeing a psychiatrist to please her parents as a good child and as a result, she committed suicide with the leftover tablets. A good child identity was also observed in A, as well. She mentioned whenever other people tell things to her (not necessarily bulling), she gets scared of those people. It appeared that her effort of conforming to the society made her self-repressed. Throughout the interview, the researcher observed that A was rather timid and fragile. The researcher assumes that both her trauma of being bullied and her pressure from confirming to the society were interrelated and affected her personality. Things about children and adolescents tend to be arranged by parents in Japan and some sensitive children who like to play a role of good child end up being self-repressed and being mentally ill. It is a challenging task for the people in a collectivist culture to explore the ways of growing and maintaining their uniqueness as individuals while conforming to the society’s norm. In addition, this is said to be one of the significant tasks for the Japanese psychology to take the lead on.

4. Education of communication

Both A and B experienced bullying in school and became school refusers. In her research trip to Japan, the researcher had the opportunity to know about a unique school for hikikomoris which was established on the basis of the claim that the current problem of Japanese education characterized in hikikomori or bullying is a result of the Japanese school curriculum which does not teach “communication” skills. The researcher visited the school and interviewed the teacher, and was impressed with the effective, unique curriculum of the school. This private school’s program consists of a communication skills training course and a vocational exploration course and has taught hikikomori students successfully. All the teachers hold counseling degrees as well as teaching qualifications. Last year they had the first graduating class and all the graduates, who were 63 students in total, either found a job or entered a university / vocational school. This is the first school of such kind in Japan and it is something the Japanese Ministry of Education can consider as a model program.

5. Japanese traits / floating identity

B mentioned that if Japanese people are more open-minded and not too serious, not so many people became hikikomori. As the researcher discussed earlier in relation to “good child”, people in Japan tend to be engaged with conforming to others and some people may become self-repressed. When the researcher talked about the hikikomori phenomenon being unique to the Japanese culture, both participants showed their interest in living abroad as the researcher does. They said they might do better abroad free from the Japanese social restriction. They may choose to live abroad in the future as a result of pursuing the “floating identity” as the researcher discussed earlier as one of the cause factors for hikikomori.

6. Gender role

Although the statistics indicated that there are more male hikikomoris than female hikikomoris, the current researcher could only find the female samples. Therefore, the researcher regards B’s assumption of “might have been hikikomori with a different reason if she was a man” as one of the highlights of the data in this research since it became the contributing data for the gender issue with hikikomori. B mentioned that her father was very strict with her and he used to tell her that if she were a boy, she would have been raised differently. For instance, she was told, “if you are a boy, I would not have allowed you to study music”. She must have imagined and been afraid if she was a boy, the situation might have been worse.

7. Collectivism VS individualism

B indicated her suffer of pursuing the truth of the world and one ex-hikikomori from NHK Welfare Network: Hikikomori Information reported that a religious camp became a trigger to come out of the hikikomori situation. Considering these findings, we can assume that people in Japan are suffering from the process of knowing who they are and where they come from because of the lack of support system for spirituality and values. It is possible to argue that the Japanese spirituality has been in crisis since the end of the World War II. At the end of the war, Emperor Hirohito declared the defeat of Japan and he announced that he is not a living God any longer. That was the most shocking thing that could happen to the Japanese people. At that moment, they lost their religion and spirituality. Since then, Japanese people worked so hard without carrying their own values in life to rebuild Japan as quickly as possible and as a result, Japan made the rapid economic progress to the surprise of the rest of the world. This generation of fathers never had time to pay attention to their families and devoted themselves to work. Lonely Japanese mothers became kyoiku mama, e.g., “education mother” and their children’s grades became their first concerns. This generation’s children are said to be the first generation of hikikomori. The
researcher of the current paper had a chance to discuss the Japanese students’ values’ issue with the Values class teacher in her school. The teacher said that usually Japanese students are very conscientious and well respected, though when it comes to the talk of “values”, they have a hard time expressing themselves. They cannot process their thoughts when they are told to describe what is important to their life. This incident makes the researcher of the current paper believe that Japan is going through a crisis of spirituality right now. It appears as if hikikomori is teaching us that what Japan needs to notice now is the urgent work of seeking individuality and spirituality. This is an extremely difficult task to assume in the collectivist culture. It should not be a simple copy of the Western individualization, which Japan probably went through in the past. Borrowing the word of Carl Jung, the process the Japanese people must follow is the journey of “individualation” and this is not a day trip. It is a long, painful journey. “As Rogers and Kierkegaard suggest, we may turn away from political correctness and choose to take on the individuality required of our personal pain in new transformative ways” (Walters, 1998, cited in Walters, 2007, p. 312).

Reviewing the recovery factors claimed by the two samples and the supplemental data, it is reasonable to argue that the findings of the current research made it evident that the introduction of the new “holistic” hikikomori theory model is relevant. From the data from the participant A, new community, change in parenting, gentle push, counseling, medication and hobbies were observed as successful interventions. Since A met her second psychiatrist, the situation has improved. Her mother was taught the effective parenting skills by the doctor and A was advised to transfer to the special support school. A is still taking medication when she feels very down. A did not talk very much about the effectiveness of counseling, but she did not complain like her first counselor so it can be presumed that it is helping her to a certain extent. She also said that she practices kendo after school and she seems to enjoy that as a part of her hobby. From the B’s data, family reconciliation, gentle push, spirituality, books, hobbies, exposure to nature were observed as successful interventions. B repeatedly talked about her passion of reading. Reading is said to be her hobby as well as the important process of searching for her spirituality. She said that her father became gentler after the divorce with her mother and he visits the family often nowadays. This reconciliation with the father seemed to help her emotional stability. B also said that before going to school, she wakes up early and walks the dog for one hour and if this does not work, she does not feel like going to school any more. It appears that this ritual in the morning exposing to the fresh air outside home with her dog is an important intervention for her to come out of her own world. Both participants mentioned that the reason why they could be out of the home was that people gave them gentle pushes to go out of their houses. This suggests that behavioral approach is a possible option for the effective treatment of hikikomori, though there was a time when people believed in an unspoken rule that it is not appropriate to pressure school refusers by encouraging them to go back to school.

Although the samples were small, we should pay special attention to the finding that some hikikomori clients did not find psychiatric / psychological treatment useful. Whereas the researcher of the current study recognizes the importance of having clinical views in hikikomori issues since there are cases of developmental disorder or schizophrenia that show hikikomori symptoms, the researcher is concerned by the current medical viewpoint supported by some leading Japanese psychiatrists specializing in hikikomori issues. In Japan, clinical psychologists’ position is not well established since psychiatrists dominate in the area of mental health treatment. The researcher of the current paper asserts that the future task of Japanese psychology is to establish its professional domain in the area of counseling psychology to take a lead in the treatments and strategic interventions for the hikikomori issues. One of such tasks is the development of counseling. Both participants did not find counseling helpful. (For A, her second counselor seemed to be effective but not the first one.) The researcher assumes that the participant A’s reason is attributed to the fact that she is not naturally a “talker” and she might have found talking itself was stressful in counseling sessions. For B, she shared with the researcher that she did not as the way the counselor tried to help her to live everyday life more comfortably with a practical approach. She did not exactly specify the modality that the counselor used, it seems that in her counseling sessions, more psychodynamic elements were lacking, which B would have been more interested. Though the Japanese psychology has been influenced by the USA where CBT is dominant, we must always be aware that we have alternative therapeutic approaches. For instance, if the clients find “talking” therapy rather stressful, creative / expressive therapies might be considered as alternative counseling approaches. Sandtray Therapy is well recognized in Japan and it may be due to the fact that its projective method without having much pressure of using oral language might have attracted many Japanese clients. For also B, she may do better with such approaches because
she is an artist and she is searching for her deeper connection with herself.

Indeed, hikikomori has contributed to the development of Japanese psychology. As Saito (2001 b) discussed, through hikikomori issues, “Japanese psychiatrists may be facing the challenge in which they must confront without the help of the Western theoretical model for the very first time in history” (Saito, 2001 b, p. 61). This developmental work requires the time and the patience of the professionals of the field of psychology. The researcher of the current study would like to suggest the holistic approach to hikikomori issues as one way to help hikikomori sufferers.

Conclusion
In this thesis, the researcher conducted a qualitative research on hikikomori issues interviewing two female ex-hikikomoris. 11 ex-hikikomoris’ self-reports were used as supplemental data. The research findings showed that hikikomori is a serious psychological illness and the individuals suffer from the dilemma of not being able to change the situation. The cause factors identified by them include school refusal, bullying, developmental disorder, books, new community and gentle pushes. Some of the ex-hikikomoris could not explain why they withdrew and one of them stated that religious camp was the trigger for recovery. Participant B also stated that she is in the process of painful soul searching and she believes that religion could be many hikikomoris’ spiritual help. Reviewing the above findings, some researchers’ argument, that is “the basis of hikikomori cause factors can be described as confusion between individualism VS collectivism”, can be considered to be of value. Suppose this claim is valid as a hypothesis, Japan would need to implement such a large scale project to reform the cultural norm of the society. One must realize that the process of this reconstruction (or construction, because one could claim that individuality has never been the focus of Japanese collectivist society) may be a long, painful journey for the Japanese people and each Japanese citizen should take a part in this challenging task for their society.

Limitations of the Study and Findings
The generalizability of the current study findings are limited by sample size and participants’ gender. Unfortunately, both participants were female although the past research data showed that there are more male hikikomoris. This factor resulted in making comparisons between two genders impossible. As the author of this study paid careful attention to the natural flow of conversation during the interviews, the interviewer might have resulted in asking some leading questions. The researcher’s biases might have affected the validity of this thesis and invalid suppositions might have been established due to the descriptive method of this research and the fact that the researcher is a Japanese citizen. In addition, as the original Japanese data was translated into English, during the process of analysis, there might have been a possibility of miscoding the data. On the other hand, one positive aspect was to guarantee the cultural sensibility and introspection.

Recommendations
The researcher of the current paper would like to make the following seven recommendations in order to improve the situation of hikikomori issues in Japan.

1. Japanese psychologists and psychiatrists must clarify the difference between the two hikikomori definitions, that is hikikomori and shikaitaiki hikikomori, and explore the ways for the early discovery and intervention for the hikikomori clients with developmental disorders.

2. Establish a Society of Hikikomori Studies organized by psychologists in order to establish a network of hikikomori study team to attempt to tackle hikikomori issues from various angles. This would bring the conformity of hikikomori understanding to the Japanese society, where, currently, experts, hikikomori clients and families seem to be confused with the various theories and interventions.

3. Explore the possibility of including “hikikomori” in the section of Glossary of Culture-Bound Syndromes in DSM-V since the researcher of this study recognizes it is an urgent task to inform international psychologists and psychiatrists the existence of hikikomori. The researcher of current paper is aware that hikikomori experts are afraid of official acknowledgement of hikikomori as abnormal psychology because its diagnostic theories are not yet definitive and its outcome may cause more troubles (e.g., more problems of overmedication by psychiatrists as a result of recognizing hikikomori as abnormal psychology). However, as the researcher stated earlier that under the new model, recognition of abnormality in hikikomori does not necessarily mean treating hikikomori medically.

4. The Japanese government should continue to improve the quality and quantity of the counseling professions since there are currently excessive numbers of power professionals who help hikikomori clients and their supports are not necessarily effective.

5. Communication should be taught systematically by school counselors cooperating with teachers in order to teach students with social skills. This could reduce the cases of bullying and school refusal.

6. The Japanese government should notice
the seriousness of the crisis of Japanese spirituality or individuality and take as many actions as possible. A good example is the recent project of “Kokoro o Hagukumu Forum” (i.e., Forum for nurturing the mind / heart / soul) sponsored by the former Minister of Education and other experts of psychology and education. In this task force group, they discuss the young people’s psychological issues and explore the ways to develop the psychological wellness of Japanese people.

7. Future research should be conducted in both qualitative and quantitative research forms using larger samples and both genders. Further possible research topics may include “gender and hikikomori”, “hikikomori from other parts of the world”, “a comparative study between the Western hikikomoris and Japanese hikikomoris using the symmetrical concept of individualist / collectivist identity”.

References


Mainichi Newspaper. (May 21, 2010). Ministry of Education: Meeting to explore the education methods for communication, Mainichi Newspaper.


**Endnotes**

1 In her master’s thesis, the researcher of the current study discussed that there are four reasons for having this tendency. One of them is a possibility of the influence of Cognitive Behavior Therapy (CBT), in which, the therapeutic focus is on “how” (do we help the client?) and not on searching for the “why” (did they end up in the situation?) (Katsumata, 2010)

2 Hikikomori has been reported by the several Western authors. The BBC’s documentary “The Japan: The missing million” in 2002, was probably one of the first occasions for the Westerners to know more about hikikomori. In 2006, Michael Zielenziger published a controversial book, *Shutting out the sun: How Japan created its own lost generation*. The author pointed out that Japan had made rapid economic progress after World War II and the country became rich, but people became rather materialistic and the traditional Japanese cultural value system has fallen apart. He claimed that hikikomori is a product of this transformation of Japanese culture. In 2008, Laurence Thrush, a British film director completed his movie, *Left Handed*, in which the theme was hikikomori. In 2009, it was screened in Los Angeles and in 2008; it was awarded the Best Feature Award at Rhode Island International Film Festival. This movie tells the story of a Japanese hikikomori boy and how his mother struggles to help him out.

3 *Taijin Kyofusho* is a Japanese term to describe “a mental disorder found only in Asian cultures, particularly Japan and it is characterized by a morbid fear of offering others through awkward social or physical behavior, such as making eye-to-eye contact, blushing, giving off an offensive odor, having an unpleasant or tense facial expression, or having trembling hands” (Plotnik, 2005, p.659).


6 “Ibasho” in the private support system is an issue often discussed by several psychologists. Currently, in Japan, there are many daycare centers offered by private support organizations for hikikomori and they are not necessarily offering professional supports. “Ibasho” means “a place to call one’s own” or “a comfortable place”. Ogino (2007) and Nakamura and Horiguchi (2008) disputed that ibasho can provide the initial support to make hikikomoris come out of their homes and find their “comfortable” places but it is always difficult to make further steps. Ogino (2007) claimed it may be due to the fact that in these places, the staff is not necessarily trained as professional Psychological experts.

7 Tozuka Yacht School is a well-known private rehabilitation center for juvenile delinquency and it is known for its cruel rehabilitation program. The school considers hikikomoris as possible candidates and their homepage says, “Current children’s suicide attempt or self-harm are threats for adults. We should not be manipulated by them.” (Tozuka Yacht School, 2010). Recently, there was a most regrettable case, which occurred in Ai Mental School. This boarding institution specialized in hikikomori care, but psychotherapeutic approach was not part of their program. The institution murdered a 28-year-old male hikikomori by imprisonment and assault (Chukyo Online News, 2006).

8 The school is called Tokyo Sport Recreation School and it is located in Tokyo. The school opened the department of career design and communication for the hikikomori clients in April 2009. Introducing a curriculum of communication in Japanese school is a challenging task. The researcher faced the challenge when she attended a play therapy workshop. In this workshop, in order to stop children from annoying people, a useful expression was presented; “if you keep annoying me with the toy, you will choose for me to take the toy away from you for the next 1 hour.” The important focus here was a “choice giving”. Although the researcher understood the concept in English language, when she tried to translate to Japanese, she realized that it does not work with Japanese language. In Japanese, simply, there is no expression “I choose to ...”. In Japan, most of the times, people do things because they are expected to do not because they “choose” to do. This incident made the researcher realize that the simple copy of the Western communication skills is not relevant to a certain culture.

9 Currently, DSM-IV-TR includes “Taijin Kyofusho” in Appendix I Outline for Cultural Formation and Glossary of Culture-Bound Syndromes, but “hikikomori” is not listed.

Table 1: Brief Profiles of Participants

<table>
<thead>
<tr>
<th>Participant A</th>
<th>Participant B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hikikomori</strong></td>
<td><strong>Shakaiteki Hikikomori</strong></td>
</tr>
<tr>
<td>14-year-old Japanese girl currently attending a special support school as a grade 9 student. Diagnosed with Asperger Disorder (mild) in grade 7. Her duration of withdrawing is 2 years from grade 6 to grade 8. Lives with her mother and older step brother in Tokyo.</td>
<td>19-year-old girl attending a preparatory course for Art School. She quit high school and stayed home for 2 years. Last year, she passed the university entrance qualification examination and currently, her level of education is regarded as equivalency to high school graduation. She was diagnosed with Passive Disorder and General Anxiety Disorder a few years ago. Her present doctor has not given a diagnosis (she is not sure if the doctor cannot diagnose her case or she does not have a mental illness now). Her duration of withdrawing was 2 years from summer in grade 11 to last summer. Parents divorced 3 years ago and she currently lives with her mother and younger sister.</td>
</tr>
</tbody>
</table>
### Table 2: Findings 1: Conditions

<table>
<thead>
<tr>
<th>Psychological state</th>
<th>Participant A</th>
<th>Participant B</th>
<th>Interrelations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Apathy</td>
<td>Passing the time aimlessly. Troublesome to live.</td>
<td>Experienced psychological distress because she was not able to know the truth of the world. Complained this struggle still stays to a certain extent.</td>
</tr>
<tr>
<td></td>
<td>Could not go out. Did not want to be home, either.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did not know what to do.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Afraid of people. Just listening to someone’s voice made her scared.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Not afraid of people. Not interested in people. Preferred to read books. Still feels the same way.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Felt emotionally painful when others did not understand her feeling of not being able to go to school even she wanted to go to school.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Suffered emotionally when others did not understand that what she was interested in was searching for the truth. Still feels the same way.</td>
</tr>
<tr>
<td>Daily Activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Just remained sitting when she was awake. Did not use internet much.</td>
<td>Read New Age books constantly at home. If it was necessary to go out, she went out. Talked to the family normally. Ate normally, though when she wanted to die, she purposely did not eat. Did not use internet much. When she used internet, searched for New Age or suicide method.</td>
<td></td>
</tr>
<tr>
<td>Problematic Behavior</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self-harming, regression, reversing day and night</td>
<td>Attempted to commit suicide once with the leftover tablets prescribed by her psychiatrist.</td>
<td></td>
</tr>
</tbody>
</table>

### Table 3: Findings 2: Cause of Illness

<table>
<thead>
<tr>
<th>Developmental Disorder (Delayed diagnosis)</th>
<th>Participant A</th>
<th>Participant B</th>
<th>Interrelations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Possibility of misdiagnosis by her first doctor. Current doctor has not given a diagnosis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Since she was small, she did not have good interpersonal skills. She prefers to read books rather than being with people.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bullied</td>
<td>Bullied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rather unique family structure (Parent education level is low, single mother with 3 steps siblings, father deceased when she was small).</td>
<td>Typical Japanese family (middle class, educated, father is authoritarian and not family man, mother is more close to their children).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Searching for the truth</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Religion/ Values (spiritual support)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Japanese traits</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If she was a man, she would have been hikikomori with a different reason from what she has now as a woman since her father used to mention that he would have had much higher expectation if B was a boy.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 4: Findings 3: Factors for Recovery

<table>
<thead>
<tr>
<th>Participant A</th>
<th>Participant B</th>
<th>Interrelations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gentle push by surroundings</td>
<td>Gentle push by surroundings</td>
<td></td>
</tr>
<tr>
<td>Diagnosis of Asperger disorder</td>
<td>Books</td>
<td></td>
</tr>
<tr>
<td>Support from her special support school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s network</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 5: Findings 4: Disturbance for Recovery

<table>
<thead>
<tr>
<th>Participant A</th>
<th>Participant B</th>
</tr>
</thead>
<tbody>
<tr>
<td>First psychiatrist (misdiagnosis, hospitalization)</td>
<td>Psychiatrists and counselors (both former and present) (misdiagnosis, excessive medication)</td>
</tr>
</tbody>
</table>

First Counselor
*Health Center*

### Table 6: Findings 5: Others

<table>
<thead>
<tr>
<th>Participant A</th>
<th>Participant B</th>
</tr>
</thead>
<tbody>
<tr>
<td>The meaning of <em>hikikomori</em></td>
<td>It only made her crazy.</td>
</tr>
<tr>
<td>It was not a good thing, but at least she learned a lesson. Learned that there are bullies in this world. Through this experience, she made a decision not to bully people and always be kind to others.</td>
<td>Does not understand her generation’s trend or way of thinking.</td>
</tr>
</tbody>
</table>

#### The difficulty as an ex-*hikikomori*

| Was no particular sign of Asperger Disorder. Answered questions clearly and promptly. Looked rather nervous and fragile. | Looked confident and happy Laughed a lot |

#### The researcher’s observation of non-verbal behavior

<table>
<thead>
<tr>
<th>The researcher’s observation of non-verbal behavior</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Was no particular sign of Asperger Disorder. Answered questions clearly and promptly. Looked rather nervous and fragile.</td>
<td>Looked confident and happy Laughed a lot</td>
</tr>
</tbody>
</table>

### Table 7: Supplementary Data: 11 Ex-*hikikomori* Reflections from the Website “NHK Welfare Network; Hikikomori Information” (2010).

<table>
<thead>
<tr>
<th>Age of writing the reflection</th>
<th>Age/grade level of breakout</th>
<th>Gender</th>
<th>Cause factor</th>
<th>Recovery factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>15</td>
<td>Female</td>
<td>Psychological complex</td>
<td>Text message from a new friend</td>
</tr>
<tr>
<td>28</td>
<td>Grade 3</td>
<td>Male</td>
<td>School refusal. Could not identify the reason of non-attendance.</td>
<td>Meeting new people through community service</td>
</tr>
<tr>
<td>30</td>
<td>Grade 3</td>
<td>Male</td>
<td>Bullying in school</td>
<td>Counselor and <em>hikikomori</em> helper</td>
</tr>
<tr>
<td>36</td>
<td>Unknown</td>
<td>Female</td>
<td>Mental health (depression, eating disorder, panic disorder)</td>
<td>Hobby (drawing)</td>
</tr>
<tr>
<td>25</td>
<td>University freshman</td>
<td>Female</td>
<td>Change of life style as a university student</td>
<td>Her effort including joining <em>hikikomori</em> aid organization</td>
</tr>
<tr>
<td>19</td>
<td>Grade 10</td>
<td>Female</td>
<td>School refusal. She only attended school for two days. She felt discomfort on the first day of high school.</td>
<td>Grandfather’s death. It made her stop from suicide attempt. She felt she had to value her life.</td>
</tr>
<tr>
<td>Page</td>
<td>Level</td>
<td>Gender</td>
<td>Description</td>
<td>Source</td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
<td>--------</td>
<td>-------------</td>
<td>--------</td>
</tr>
<tr>
<td>29</td>
<td>High school</td>
<td>Male</td>
<td>Cannot identify any particular trigger. It was a natural process for him to withdraw.</td>
<td>Book of Tamaki Saito and the contact address of Youth Health Center recommended by Saito.</td>
</tr>
<tr>
<td>33</td>
<td>High school</td>
<td>Male</td>
<td>School refusal. Relation issue with classmates.</td>
<td>Book, especially the phrase from the book “you are not wrong”.</td>
</tr>
<tr>
<td>34</td>
<td>University</td>
<td>Female</td>
<td>She worked very hard sometimes even being too competitive. Before entering a medical school. After she started the medical school she felt disgust against her competitive attitude.</td>
<td>Mountain life</td>
</tr>
<tr>
<td>32</td>
<td>25</td>
<td>Male</td>
<td>Felt he is not valuable</td>
<td>Reconciliation with his father</td>
</tr>
<tr>
<td>22</td>
<td>High school</td>
<td>Male</td>
<td>School refusal. Emotionally not tough since he was small.</td>
<td>Religious camp</td>
</tr>
</tbody>
</table>