

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 *Hikikomori* is a Japanese term describing young people in the current Japanese society who have socially withdrawn, living in isolation for 6 months or more.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Hikikomori is the Japanese term for describing the young people in the current Japanese society who have socially withdrawn for 6 months or more.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 “*tokokyohi*” 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 identified¹. 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 psychology² 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 *hikikomoris* 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.3). 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 helpers⁴ and identified the following cause factors.

1. *Mental health*: There are some *hikikomoris* who may withdraw because of their developmental 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 Bateson. 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 bind, Japanese parents keep embracing *hikikomoris* 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 Labor⁵. 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 (KHJ) 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 approaches⁶. There are also a few organizations that practice harmful and unethical methods⁷.

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-hikikomoris*; “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?”

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 affect 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 bullying), she gets scared of those people. It appeared that her effort of confirming 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 program⁸.

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 "individuation" 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 *shakaiteki 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-V⁹ 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

- Bando, M. (2007). A narrative analysis on Psychological condition of the social withdrawal. *Kyushu University Psychological Research*, 8, 185-193.
- Biklen, S. K. & Casella, R. (2007). *A practical Guide to the qualitative dissertation*. New York: Teachers College Press.
- Chukyo TV News. (2006, July 28). *Incident in Ai Mental School*. Retrieved on July 27, 2010, from http://www.ctv.co.jp/realtime/sp_kikaku/2006/07kisha/0728/index.html.
- Chodos, J. (2003). Spiritual refugee: Totalitarian Aspects of Japanese Culture. *Cross Currents*, Wntr, 2003.
- Conway, D. (Producer & Director). (October 20, 2002). *The Japan: The missing Million*. [BBC Correspondent]. London: British Broadcasting Cooperation. Retrieved 3 June, 2009 from <http://news.bbc.co.uk/2/hi/programmes/correspondent/2334893.stm>.
- Doi, T. (1971). *Structure of amae*. Tokyo: Kobundo.
- Doi, T. & Saito, T. (2004). *Amae and Japanese people*. Tokyo: Asahi Shuppansha.
- Dziesinski, M. (2003). *Hikikomori; Investigations into the phenomenon of a cute social withdrawal in contemporary Japan*. University of Hawaii Manoa. Retrieved on June 8, 2008 from <http://towakudai.blogs.com/Hikikomori.Research.Survey.pdf>.
- Furlong, A. (2008). The Japanese hikikomori phenomenon: Acute social withdrawal among young people. *The Sociological View*, 56(2), 309-325.
- Katsumata, M. (2010). *Hikikomori: A Qualitative Study on Social Withdrawal of Japanese Adolescents*. Unpublished master’s dissertation, Assumption University of Thailand.
- Kato, T. (2010). *Structure of Japanese style Depression*. Tokyo: PHP Bunko.
- Kawai, H. (1967). *Introduction of Jungian Psychology*. Tokyo: Baifukan.
- Kikuchi, Y. & Okamoto, Y. (2008). The relationship between “good children” and psychosocial development in university students. *Hiroshima University Psychological Study*, 8.
- Kuramoto, B. (2002). Hikikomori and narcissism. *Japanese Journal of Clinical Psychology*, 2(6), 757-768.
- Mainichi Newspaper. (May 21, 2010). Ministry of Education: Meeting to explore the education methods for communication, Mainichi Newspaper.
- Mamiya, M. (2005). Clinical aspect of hikikomori. In Shirai, T. (Ed.), *Floating Identity of Young People*. (217-241). Tokyo: Yumani Shobo.
- Ministry of Health and Labor. (2003). *The Guideline for regional mental health supports for hikikomori in teens and twenties*. Retrieved on July 8, 2009, from <http://www.mhlw.go.jp/topics/2003/07/tp0728-1f.html>.
- Ministry of Health and Labor. (2010a). *Policy Manual report: Hikikomori policy manual*. Retrieved on May 8, 2010, from <http://www.mhlw.go.jp/seisaku/2010/02/02.html>.
- Ministry of Health and Labor. (2010b). *The hikikomori pamphlet*. Retrieved on May 3, 2010, from <http://www.mhlw.go.jp/houdou/2003/03/h0303-2.html#a>.
- Ministry of Education. (2010). *Regarding the Measures for the future futoko*. Retrieved on May 8, 2010 from, http://www.mext.go.jp/b_menu/houdou/22/05/1294036.htm.
- Muto, S. (2001). History of hikikomori’s Conceptualization and hikikomori’s psychology. In Muto, S. & Watanabe, T. (Eds.), *L’Esprit D’Aujourd’ Hui: Hikikomori*. (35-44). Tokyo: Shibundo.
- Nakamura, Y. & Horiguchi, S. (2008). Visit, ibasho, employment support. In Ogino, T., Kawakita, M., Kudo, K., & Takayama, R. (Ed.), *Sociological Approach to Hikikomori* (186-211). Tokyo: Mineruva Shobo.
- NHK Welfare Network; Hikikomori Information. (2010). Hikikomori family guide. *NHK Welfare Network; Hikikomori Information*. Retrieved on May, 25, 2010 from, <http://www.nhk.or.jp/fnet/hikikomori/guide/index.html>.
- Non-Profit Association for Japan Hikikomori Parents. (2010). *what is hikikomori?* Retrieved on March, 8, 2010 from <http://www.khj-h.com>.
- NPO Database Hiroba. (2010). *NPO for hikikomori*. Retrieved on June 3, 2010 from www.npo-hiroba.or.jp.
- Ogino, T. (2007). Interaction rituals and self-identities: A short ethnography of a private support

- institution for social withdrawal. *Japanese Sociological Review*, 58(1), (2-20).
- Ogino, T. (2008). Column: Are there more hikikomori men than women? In Ogino, T., Kawakita, M., Kudo, K., & Takayama, R. (Ed.), *Sociological Approach to Hikikomori* (182-183). Kyoto: Mineruva Shobo.
- Okamoto, Y. (2003). The mechanism of hikikomori. In Okamoto, Y. & Miyashita, K. (Ed.), *The Mind of Young Social Withdrawal* (4-13). Kyoto: Kitaoji Shobo.
- Ono, H. & Piper, N. (2004). Japanese women studying abroad; the case of United States. *Women's Studies International Forum*, 27, 101-118.
- Plotnik, R. (2005). *Introduction to psychology*. (7th ed.). Pacific Grove, CA: Wadsworth-Thomson Learning.
- Saito, T. (1998). *Shakaiteki hikikomori*. Tokyo: PHP Sensho.
- Saito, T. (2001a). Round table talk on hikikomori. In Muto, S. & Watanabe, T. (Eds.), *L'Esprit D'Aujourd'hui: Hikikomori*. (5-34). Tokyo: Shibundo.
- Saito, T. (2001b). Hikikomori and sociality. In Muto, S. & Watanabe, T. (Eds.), *L'Esprit D'Aujourd'hui: Hikikomori*. (60-68). Tokyo: Shibundo.
- Saito, T. (2007). *Why hikikomori is cured?* Tokyo: Chuo Hoki.
- Saito, T. (2010). What is shakaiteki hikikomori? *Sofukai Sasaki Hospital Homepage*. Retrieved on April, 12, 2010, from <http://www.sofu.or.jp>.
- Sakurai, T. (2003). A study on talk by individuals who have experienced social withdrawal. *Annals of Educational Studies*, 8.
- Shirai, T. (2005). The difficulty and the Possibility of young people's identity formation. In Shirai, T. (Ed.), *Floating Identity of Young people*. (2-14). Tokyo: Yumani Shobo.
- Takatsuka, Y. (2010). *How should the society understand and support hikikomori?* (Handout used in open forum: Thinking about hikikomori). Tokyo: Cabinet Office, Government of Japan. Retrieved on July, 15 from http://www8.cao.go.jp/youth/suisin/kouza_hikikomori.html.
- Takayama, R. (2008). From futoko to hikikomori. In Ogino, T., Kawakita, M., Kudo, K., & Takayama, R. (Ed.), *Sociological Approach to Hikikomori* (24-47). Kyoto: Mineruva Shobo.
- Tatara, M., Hitomi, A., & Hata, R. (2002). Floating identity of young people and its formation. *Japanese Journal of Clinical Psychology*, 2(6), 738-743.
- Tozuka Yacht School. (2010). *Tozuka Yacht School Home page*. Retrieved on June 3, 2010, from <http://www.totsuka-school.sakura.ne.jp>.
- Walters, D. A. (2007). The suffering of personality: Existential pain and political correctness. *Counseling Psychology Quarterly*, 20 (3): 309-312.
- Yamada, M. (2010). Parasite single and hikikomori. *NHK Welfare Network; Hikikomori Information*. Retrieved on April 27, 2010 from <http://www.nhk.or.jp/fnet/hikikomori/2003/column/col12a.html>.
- Zielenziger, M. (2006). *Shutting out the sun: How Japan created its own lost generation*. (Kawano, J, Trans.) Tokyo: Kobunsha.

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).

⁴ NHK Welfare Network Hikikomori Information, 2010, retrieved on May, 28, 2010, from <http://www.fnet/hikikomori>, Non-Attendance Information Center, 2010, retrieved on May, 28, 2010 from

<http://futoko.co.jp/taikenki/index.htm>

⁵ “The guideline for regional mental health supports for hikikomori in teens and twenties (2003)”, “Policy manual report: Hikikomori policy manual (2010a)”, “The hikikomori pamphlet (2010b)” by the Japanese Ministry of Health and Labor.

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 *hikikomoris* 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

| Participant A | Participant B |
|---|---|
| <i>Hikikomori</i> | <i>Shakaiteki Hikikomori</i> |
| 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. | 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. |

Table 2: Findings 1: Conditions

| Participant A | Participant B |
|--|---|
| Psychological state | |
| Apathy | Passing the time aimlessly. Troublesome to live. |
| Could not go out. Did not want to be home, either. Did not know what to do. | Experienced psychological distress because she was not able to know the truth of the world. Complained this struggle still stays to a certain extent. |
| Interrelations | |
| Afraid of people. Just listening to someone's voice made her scared. | Not afraid of people. Not interested in people. Preferred to read books. Still feels the same way. |
| 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. | Suffered emotionally when others did not understand that what she was interested in was searching for the truth. Still feels the same way. |
| Daily Activity | |
| Just remained sitting when she was awake. Did not use internet much. | 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. |
| Problematic Behavior | |
| <i>Self-harming, regression, reversing day and night</i> | Attempted to commit suicide once with the leftover tablets prescribed by her psychiatrist. |

Table 3: Findings 2: Cause of Illness

| Participant A | Participant B |
|--|--|
| <i>Developmental Disorder (Delayed diagnosis)</i> | Possibility of misdiagnosis by her first doctor. Current doctor has not given a diagnosis. |
| | Since she was small, she did not have good interpersonal skills. She prefers to read books rather than being with people. |
| Bullied | Bullied |
| School refusal | School refusal |
| Rather unique family structure (Parent education level is low, single mother with 3 steps siblings, father deceased when she was small). | Typical Japanese family (middle class, educated, father is authoritarian and not family man, mother is more close to their children). |
| | Searching for the truth |
| | Religion/ Values (spiritual support) |
| | Japanese traits |
| | If she was a man, she would have been <i>hikikomori</i> 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. |

Table 4: Findings 3: Factors for Recovery

| Participant A | Participant B |
|---|-----------------------------|
| Gentle push by surroundings | Gentle push by surroundings |
| <i>Diagnosis of Asperger disorder</i> | Books |
| Support from her special support school | |
| <i>Mother's network</i> | |

Table 5: Findings 4: Disturbance for Recovery

| Participant A | Participant B |
|--|---|
| First psychiatrist (misdiagnosis, hospitalization) | Psychiatrists and counselors (both former and present) (misdiagnosis, excessive medication) |
| First Counselor | |
| <i>Health Center</i> | |

Table 6: Findings 5: Others

| Participant A | Participant B |
|--|--|
| The meaning of <i>hikikomori</i> | |
| 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. | It only made her crazy. |
| The difficulty as an ex- <i>hikikomori</i> | |
| Worried about future recurrence. In most true sense, she feels she is not totally recovered. | Does not understand her generation's trend or way of thinking. |
| The researcher's observation of non-verbal behavior | |
| Was no particular sign of Asperger Disorder. Answered questions clearly and promptly. Looked rather nervous and fragile. | Looked confident and happy Laughed a lot |

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

| Age of writing the reflection | Age/grade level of breakout | Gender | Cause factor | Recovery factor |
|-------------------------------|-----------------------------|--------|---|---|
| 22 | 15 | Female | Psychological complex | Text message from a new friend |
| 28 | Grade 3 | Male | School refusal. Could not identify the reason of non-attendance. | Meeting new people through community service |
| 30 | Grade 3 | Male | Bullying in school | Counselor and <i>hikikomori</i> helper |
| 36 | Unknown | Female | Mental health (depression, eating disorder, panic disorder) | Hobby (drawing) |
| 25 | University freshman | Female | Change of life style as a university student | Her effort including joining <i>hikikomori</i> aid organization |
| 19 | Grade 10 | Female | School refusal. She only attended school for two days. She felt discomfort on the first day of high school. | Grandfather's death. It made her stop from suicide attempt. She felt she had to value her life. |

| | | | | |
|----|-------------|--------|--|---|
| 29 | High school | Male | Cannot identify any particular trigger. It was a natural process for him to withdraw. | Book of Tamaki Saito and the contact address of Youth Health Center recommended by Saito. |
| 33 | High school | Male | School refusal. Relation issue with classmates. | Book, especially the phrase from the book "you are not wrong". |
| 34 | University | Female | 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. | Mountain life |
| 32 | 25 | Male | Felt he is not valuable | Reconciliation with his father |
| 22 | High school | Male | School refusal. Emotionally not tough since he was small. | Religious camp |