Hikikomori
An investigation into the socio-cultural and socio-economic constructs influencing specific symptomatology of *hikikomori* in Japan.

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研究論文

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An investigation into the socio-cultural and socio-economic constructs influencing specific symptomatology of *hikikomori* in Japan.

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Abstract

This paper investigates social and cultural constructs that may contribute to the culture bound phenomenon of adolescent recluse and isolation in Japan, outlining briefly possible key causal and temporal components preceding, surrounding and prolonging withdrawal from society and its expectations, where young people choose to hide away from all connection with society in one room inside their own homes for extended periods of time amounting to a mean number of 39 months, in a state known as *hikikomori*. This paper aims to identify those factors that suggest *hikikomori* is a uniquely culture-reactive syndrome that has arisen and is maintained through specific social constructs of child raising and educational standards. In connecting socio-cultural norms, socio-economic data and child-raising conventions, I raise some questions regarding the extent to which a social constructivist approach can be applied to the explanation of why and how mental disorders manifest; and how the traditions and social structures in place within a society go toward creating culture -specific mental health disorders.

social withdrawal, ethno-psychiatry, socio-cultural, social constructionist

Introduction

In 1998 a book was published in Japan entitled `*Hikikomori*: Adolescence without end` which was written by the Lacanian trained psychiatrist, Dr. Saito introducing a new name for a previously un-named psychiatric state of withdrawal that he believed and argued was a condition unique to Japanese youth residing in Japan. While working as a

therapist, he had discovered an alarming amount of his patients were suffering from a form of acute social withdrawal that did not fit in to the diagnostic and statistical manual for mental disorders (DSM); where acute social withdrawal is described (DSM-V) as a symptom but not "a diagnostic category" (Saito,1998 viii).

Dr. Saito purported to be hearing from a large number of his patients, or more often their families that patients were suffering from a form of depression where the primary symptom was a self- imposed state of extreme, and lengthy[1] voluntary isolation. This isolation was occurring in the patient`s own home, in one chosen room where the patient was locking him or herself in, and refusing to communicate or have any interaction with their family or the outside world. This condition, Dr. Saito gave a name to, he coined the term *shakaiteki-hikikomori* (translated as complete withdrawal from society) and it immediately, in its diminutive lexical abbreviation form *hikikomori*, became a buzzword in youth culture and the social media in Japan.

Hikikomori **defined.**

Hikikomori was a new word for a new psychogenic disorder (Saito, p.55), not analogous to any psychiatric disorder in the Western world that might seem similar. Agoraphobia for example, where patients continue to engage with close friends and family is not gender biased where *hikikomori* is predominantly male (Saito,1998). *Hikikomori* could be seen as similar in many respects to a severe agoraphobia, however many people with agoraphobia are afraid only of specific clusters of activity such as driving or attending crowded events, or certain noises, and not all agoraphobics are afraid to leave home. Another major difference between *hikikomori* and agoraphobia is the age of onset. *Hikikomori* is strictly a disorder of youth. Those who were in Dr. Saito`s first group to be diagnosed were, as of 2013, not yet 40 years old. To be initially diagnosed, the sufferer must be no older than 30 and is typically late teenage with a mean starting age of mid teenage years. Sleep reversal patterns and reluctance to make eye contact or vocally communicate with anyone are distinctive features.

[1] The average duration for hikikomori is three years and three months (Saito, p.51) with an outlier of three decades and a minimum six month total isolation period for a professional diagnosis of the disorder.

These are some eclectic details of many clinical psychiatrist's observations that specific differences exist in the actual semantic clarity of definitive symptomotalogy between *hikikomori* and similar psychiatric symptoms in other countries. *Hikikomori* may overlap with other disorders but the precise manifestation is not found elsewhere in the world. In Dr. Saito`s research (1998) it was found that some Korean youth were being called *hikikomori*, but mandatory national guard or army duty was forcing them from their rooms back into society. Likewise, Dr. Saito cites Dr. Blank (Saito, p.74) saying that in America it would be called a form of extreme anxiety disorder but that it was not common in a more individualistic society for an anxiety disorder to present in such a uniform pattern. *Hikikomori* is distinctive because all sufferers are presenting the exact same symptom of hiding without eye contact or vocal communication for lengthy periods of time, the mean duration of which as previously stated is thirty nine months. In published, definitive descriptions found in psychiatric journals both social withdrawal and agoraphobia are defined with opposing elements or key components that are obsolete or extraneous when compared with the Japanese definition of *hikikomori. Hikikomori* patients were and are not only withdrawing from society as an agoraphobic person might, but they were and are, also cutting all ties including eye contact with friends and families, and a sufferer relies on "an unspoken dependency relationship with his mother to survive – someone has to place food outside his bedroom door after all" (Zielenziger, 2006). Activities like washing, if done, are done in the early hours after midnight when the rest of the house is asleep, or sufferers will use buckets (Zielenziger, p.66).

Depressive state

This extreme depressive state, completely opting out of all connection with family, friends and society begs the question whether or not *hikikomori* sufferers are suicidal. Suicide rates in Japan are some of the highest in the world. According to the World Health Organization (WHO); " The suicide rate for Japan is roughly 60 percent higher than the global average, with 18.5 people out of every 100,000 committing suicide in 2012" (The Japan Times, 2014) correlation of *hikikomori* and suicide is not as high as

might be expected from such extreme withdrawal. Although there is a percentage of *hikikomori* who do commit suicide, a higher percentage of sufferers are prone to suicidal ideation; Dr. Saito`s (1998, p.48) extensive research found 46% of the 6,151 patients who responded were contemplating or had contemplated suicide. This suggests that over one million young people[2] locked away in their rooms in Japan are a generation of extremely depressed youth who have found a living alternative to suicide. Retrospective accounts of what *hikikomori* do while locked in their rooms for years most often include reports that they do `nothing at all` (Dziesinski, 2003). This is very much in line with the stagnated mind set reported to be prevalent among those who have taken their own lives (Yamamura, 2006).

Socio-cultural and socio-economic factors

Hikikomori`s roots as a socio-cultural and socio-economic phenomenon began to develop slowly and insidiously; the rapid incline of the condition seems to be interwoven with a broader backcloth in the economic world known as The Lost Decade; a time of depression that reached deep into a socioeconomic chasm and a nation state of increasingly redundant yet persistent socio-cultural constraints. In a country that had enjoyed gross national product prosperity and in the late 1980`s had ranked first in GNP per capita worldwide (Genda, 2005, p.103) suddenly the generation of middle class parents who had enjoyed a successful, well paid secure career found themselves raising children in a plummeted economy amidst an increasing sense of employment unease.

As the bubble years of the 1980`s came to an abrupt end, economic growth waned and fear and expectations for work that the ambitious bubble year generation parents sought for their children and especially eldest sons, had created a new generation of youth who, faced with the prospect of joining a work force that Genda writes "is imperceptibly moving in the direction of a two-tiered system in which a small

[2] This figure was accepted as an approximate estimate by the government in 1998 when Dr. Saito began his research but there is an urgently under researched dearth of more recent data. Social stigma attached to hikikomori means that many patients are hidden by their families, who do not respond to population census counts. Counting exact numbers of those in hiding is a utilitarian concern and barrier to retrieval of exact data.

percentage of young people find satisfying jobs" (Genda, p.66) were simply choosing to opt out. The economic euphemism `the lost decade` appeared to have eerily reached out anthropologically to encompass and sustain a new generation of disorientated young people.

Continuing with an anthropological lens, a closer focus on culture may help explain why the decision to opt out by shutting in has evolved to be a coping mechanism among depressed youth. While there has been judgement on the cultural relative theory of `Japanese-ness` (*nihonjinron*), as a small island country with 95% homogeneity, there are going to be indigenous traditions steeped in culture that hold stronger than in a country with a more diverse cultural history and migrant population. One of these that relates to *hikikomori* is Japan`s ranking in Hofstede`s Uncertainty Avoidance Index (UAI) which ranks countries according to discomfort with future uncertainty. Japan rates among the top five countries highest in the world as a country with 92% UAI (Hofstede, 2001), indicating the inherently cultural dynamics of resistance to change. In Dr. Saito`s (Saito,1998) extensive observation and research of *hikikomori* sufferers, 90% of respondents had experienced sporadic stretches of skipping school; 86% for three months or more at one time (Saito, p.36) and were reported as citing problems with peers and expectations to fit in with the group. As one ex-*hikikomori* phrased it "To survive in Japan, you have to kill off your own original voice" (Zielenziger, p.57). To learn to behave the same as everyone else is crucial for a good school record and peer harmony and conversely to strongly voice objection, dissatisfaction or differences from the group is considered selfish and egotistical. This reference to *a voice* is a reminder of the pressure that many young Japanese feel with conformity of communication and how the language of Japanese is structured so that there are different verbal forms for males and females, nouns that are considered suitable for each gender and each age, and the three distinct language forms of very formal, formal and informal speech which are different in verb endings and sentence construction. The formal Japanese is required to speak to anyone of an older age that is quite different from the language used among peers and is thought to show respect to seniors and superiors in a strongly divided social hierarchy based on gender and strongly

hierarchical age demographics. The very formal grammar is used when the distance in age or work place order is very wide.

Social patterning

This social patterning of age which extends to, as an example, the citing on television of random strangers` age when interviewed in the street, or the custom of being asked and giving one`s age to sell for example compact discs to a used hardware store, or to claim a parcel at the post office, knits closely to the cultural concept of time (Boroditsky, 2011); the idea of time as a circle and how status is ascribed directly according to age with language and grammar forms to match. Japanese educator Professor Suzuki (Center for education research, n.d) describes how traditional beliefs in re-incarnation explain how children up until the age of seven are residing in a space between both worlds in "a shallow U curve" with the two edges of life`s circle; the very young and the elderly in a transition state neither in nor out of life and thus given much freedom and an almost Godly status to ease their passage into the more rigid and disciplined passage of time that is between these two parts of life.

It is not difficult to imagine the social pressures for youth at the bottom of a social pyramid and that reserves the most power, freedom, and reward to those of age. In a country where more than 22% of the population are now over sixty five years old the writer Alex Kerr (1996) compares this aging hierarchy to Japanese theater; "the muffled scream of the (young) individual being strangled by society is psychologically what the tragic Kabuki[3] loyalty plays are all about" (Kerr, 1996). In a job place where young achieve status, benefits, and salary rises according to loyalty dependent on the accumulation of years of service, prospects upon entering the work place can appear daunting to University students and high school students, the age group of the majority of *hikikomori*. New employees must adopt an attitude of resolute patience and endure many years waiting where promotion is given not to those who have excelled but to those who have waited the longest in line.

[3] Japanese traditional all male masked theater performance.

Self reflection

This cultural construct of time as a place to reflect and wait reverberates in many social settings. For example adolescents who commit petty crimes are put in correctional facilities to reflect on freedom before being released without being criminally charged. Japanese customs like tea ceremony, calligraphy, ikebana, and even the custom of wrapping a purchase according to a guidebook with a system and order for corner folding and where and how to attach the gift ribbon are acts and crafts that pay great attention to refection and taking time to do something meticulously and calmly and not to do anything in haste. This slowly paced self -reflective style is rooted in the Confucian spirit of harmony. It could be said that this cultural concept of time as being a place to wait and reflect is ironically reflected in the extreme duration of *hikikomori* isolation habitus, almost mirroring a self- inflicted penance.

Parenting styles

Alongside time as a cultural concept, there are also culture specific child raising norms that may affect how *hikikomori* presents itself. For example, looking at the reason why a Japanese teenager would choose to confine themselves to their bedroom where in America and the UK for example being confined to one`s room is a punishment with a name; being grounded. In Britain and North America, adolescents are more likely to run away and become homeless (Suzuki, 2015), this seems to be a directly polarized reaction from Japanese youth, which prioritizes the inside to the outside. This polarity of inside and outside as opposing forces, features repeatedly in many traditional sayings, proverbs and mantras. There is even a Japanese festival celebrated on February 4th, "The belief is that throwing beans will help keep away bad luck. In fact, while people throw beans they traditionally shout the famous saying, "*Oni wa soto, fuku wa uchi*," (Williams, 2010) translated as `Outside with the demons, inside with good fortune`.

Retreating to one`s room could also be said to be a retreat to a place that symbolizes a personal comfort zone or safe, protective shell. In diagram **a)** below this selective

defragmentation of the social-construct systems of self, family and society show how a *hikikomori* person hiding in their own room isolates his or herself, completely opting out of the integrative, natural flow, integration of the three systems seen in diagram **b)**.

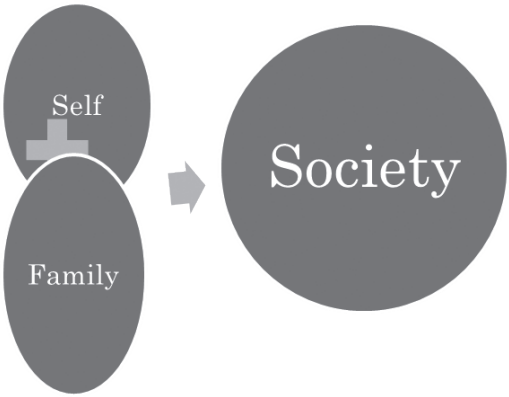

Diagram **a)** *hikikomori* state.

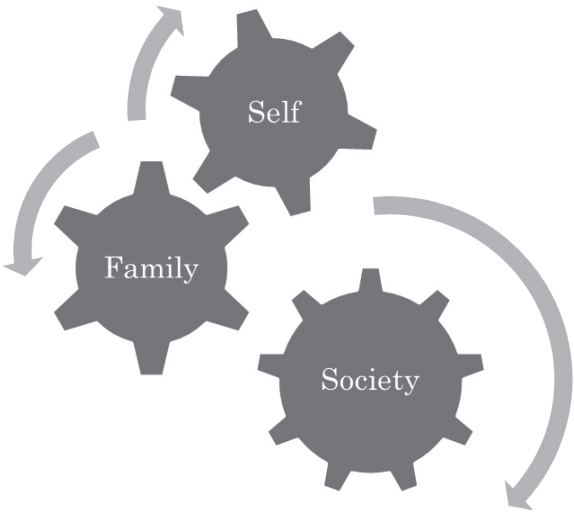

Diagram **b)** Healthy state.

Geo-demographics

In Japan, the geography of high mountain ranges and sandy ground as well as politics prohibit the construction of homes in some areas, and towns and cities are densely populated and homes small. It is most common for a mother to sleep in the same room as her children until they are sometimes ten years or older. When a child is finally given the privacy of their own room, it becomes a sanctuary and a place where being alone is seen as a prize that was waited for and earned. The confinement to a room within the family home is also a choice to stay close to mother. The co-dependency of an eldest son and his mother has a special name in Japanese – *amae*, and there is a strong tradition of the mother treating the oldest son with special care. The oldest son is responsible for looking after his parents in their old age, as senior citizen homes are not common or desired by the majority. Traditionally the oldest son sat at his own table to eat with the father and the mother and other siblings sat elsewhere. This still happens in many rural areas. In return for this special treatment, the oldest son is expected to find secure and lucrative employment that will provide the family with a comfortable retirement. Many oldest sons feel much pressure to rise to these expectations (Kawano, 2014) and also find it difficult to marry, since modern girls do not wish to take care of elderly parents and be responsible for bearing a son to carry on the family name. These traditions still hold strong and it is interesting to note that in the research Dr. Saito conducted *hikikomori* sufferers were found to be 49% oldest male sons, and 60% oldest child (Saito, p.50).

Conclusion

In this paper a brief overview is given of the plausibility of the juxtaposition of culture and the depressive state of *hikikomori*, and how they may correlate and blend. I draw attention to a small kaleidoscope of socio-cultural constructs, of economic concerns and of traditional beliefs that include the idea of time as a place to reflect and wait, the hierarchical age focused social framework, and a few of the parenting styles out of which I believe the idiosyncratic, socially phobic manifestation of Japanese social

withdrawal, or *hikikomori* is born. I contend that these culture-specific social constructs and expectations must be noticed in order to begin the process of de-stigmatization and the circulation and sharing of a discourse of these systems in place, a discussion that may be central to the long term effectiveness of planning for prevention and rehabilitation strategies, that can be addressed and rectified or adjusted in a culturally sensitive way by people within their own community. With now over one million adolescents dropping out of education to confine themselves to their rooms for years and in many cases decades, and with these young people all belonging to the future generation of able bodied work force badly needed to support a declining birth rate (Johnston, 2015) and aging population, *hikikomori* has become a concern for the country on many levels that go far beyond mental health. *Hikikomori* is an expression of a disorder that reaches deep into society; an anthropological intersection between, and among the disciplines of medicine, social work, politics, humanitarianism, economics, education, culture and ethno-psychiatry.

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