University of Hawai'i Manoa

Hikikomori

Investigations into the phenomenon of acute social withdrawal in contemporary Japan.

A research paper submitted to satisfy the requirements for Sociology course number 722 at the University of Hawai'i, Manoa

—Final Revision—

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Hikikomori, an introduction.

In the year 2000, a new social malady apparently unique to Japan came into the pubic awareness through various news reports by media outlets in Japan. A new term, *hikikomori*, was coined for this social phenomenon by Japanese psychologist Tamaki Saito to describe a disturbing behavioral trend towards complete social withdrawal among Japanese youths. This new social label, *hikikomori*, began to spread in an almost viral fashion throughout the Japanese consciousness gaining ever-higher visibility through media coverage associating sensational acts of violence to those suffering from the *hikikomori* 'malady'. It was not long until the definition of '*hikikomori*' was co-opted by public health professionals to officially classify reclusive youths who refused to participate in socially established norms. From of the mouths of institutional and governmental spokesmen, the classification of '*hikikomori*' was accompanied by an air of legitimacy and so accepted by the public as fact; an affliction which media sources proclaimed as a distinctively Japanese illness with no Western equivalent in circumstance or scope:

> ***Hikikomori*** *noun,* 1. a near-total social withdrawal on the part of some Japanese young people, chiefly teenage boys and young men: "Linked to the upsurge in child violence is the phenomenon of *hikikomori* . . . in which young people sever contact as far as possible with the outside world" (*Scotland on Sunday*). 2. a young Japanese who has chosen such a withdrawal: "'I didn't want anyone to see me, and I didn't want to see anyone,' says a *hikikomori,* 23, who finally came out of his reclusive world a year ago" (*Time*). (The Atlantic Online, December 2000)

While two primary points of view would eventually emerge in the public eye on the *hikikomori* label and its utility in describing the people it purports to classify, it is interesting to note the speed at which the term of '*hikikomori*' spread through the social consciousness of Japan and, by extension, the media outlets around the world. Further,

the straightforward acceptance by the populace of the blanket *hikikomori* 'diagnosis' as sole explanation for non-normative social behaviors among some of Japan's youth in recent years is disturbing. Those people clumped together as sufferers of 'acute social withdrawal syndrome' in the media under the simplified moniker of '*hikikomori*', appear to be in actuality a heterogeneous group with largely disparate personal reasons for their social withdrawal. Despite the spread of the term '*hikikomori*' into the social consciousness and the questions surrounding the term's validity, the controversy surrounding the *hikikomori* issue represents a tangible and complex social phenomenon; it encompasses marginalizing the 'labeled', reifying a supposition by the 'labelers', and passive acceptance of a possibly arbitrary social definition by the 'majority'.

It was only months after the word *hikikomori* appeared in the Japanese media that English language news stories, authored by Japanese media outlets and foreign correspondents, began to disseminate the new expression of *hikikomori* to the rest of the world. Attached to the news clippings about *hikikomori* was the subtle implication that *hikikomori* was indigenous to the cultural environment of Japan serving to further perpetuate the *Nihonjin-ron* stereotype of Japanese uniqueness; a debatable proposition considering many social factors that are thought to 'cause' social withdrawal in Japanese society are found elsewhere in other information-based societies around the world. Some Western observers were quick to point out the 'utility' of the term *hikikomori* by those in positions of power in Japanese society and cynically questioned motivations for its usage as,

> "*Hikikomori* man could have been tailor-made for a government needing an official label, and a ravenous press seeking a human face for a national ennui. Cameras rolled, Web sites were made and printing presses went hyperactive, churning out almost 30 *hikikomori*-related books in the past three years."
>
> (Benjamin Secher, 2002)

The questions surrounding the conceptual term, '*hikikomori,*' in Japan presents a wealth of sociological opportunity deserving thorough critical examination as it is an issue that goes beyond those individuals defined as afflicted; it also acts as a mirror which reveals those behind the looking glass, those who initially found the necessity to coin the term and apply it to a segment of the next generation that does not fit within old social norms. The *hikikomori* topic exposes a whole range of intriguing social issues and processes in Japan to investigation and may even indicate that *the genesis of the hikikomori problem is not found within the individual but within the institutions of society*. Despite the initial media definition by *The Atlantic*, the question of this research paper, then, is what *exactly* encompasses the term '*hikikomori*'? How pervasive is the phenomenon of young Japanese males who 'tune out' and shut themselves into their rooms? What are the societal factors that induce *hikikomori behavior* in an otherwise 'normal' person? Also interesting is that individuals who are considered to be suffering from social withdrawal as well as those who have 'recovered' wield the term '*hikikomori*' for self-identification and as social identity in accordance with the second definition of the term by *The Atlantic* (Larimer 2001, Rees 2002, Secher 2002, Tolbert 2001, et al.).

Could usage of the word *hikikomori* by institutional professionals be the 'medicalization' of an anti-social behavior into a psychological illness? Could not this 'medicalization' be wielded as a means of social control on a population segment of youngsters that, in their withdrawal, are also conspicuously absent from traditional social institutional influences such as school, work, and peers? Is it necessary or appropriate for Japanese psychologists and health professionals to 'medicalize' an anti-social behavior pattern as a condition seriously deviant from the 'norm' and thus requiring psychological

treatment as well as institutionalized control? Is the avoidance of social interaction in Japanese society, currently dubbed *hikikomori,* a legitimately 'new' phenomenon or is it merely a new label for an older social phenomenon in Japanese culture such as *tôkôkyohi*, school refusal, or *otakuzoku,* obsessive *anime* and *manga* fans? What of the elevation of the term *hikikomori* in public awareness by media-induced saturation? What role does the media play in exacerbating the *hikikomori* problem and promoting affinity or enthusiasm for the *hikikomori* 'lifestyle'? Finally, is it reasonable to attribute *hikikomori* as a cultural malady unique to Japan society and Japanese youth or is this supposition perpetuation of the *Nihonjin-ron* myth of Japanese cultural uniqueness?

Unfortunately, in-depth analysis into all of these valid questions surrounding the *hikikomori* issue is well beyond the scope of this paper. However, a critical examination of the definition of the *hikikomori* phenomenon as it currently exists in mass consciousness and how rational inquiries into its appropriateness impacts that definition may serve to clarify what issues deserve future analysis. *The attempt here is to peel away the top layers of the hikikomori issue and reveal what the various social reactions surrounding the problem are really saying about Japanese society—that something is wrong with the social system that deals with education age Japanese.* This paper proposes to explore the definition of *hikikomori* and determine if the majority of *hikikomori* cases are a mental illness, psychiatric condition, or a social condition that occurs to an otherwise normal and healthy Japanese person due to stresses placed upon them by societal expectations.

Exploring the pervasiveness of the *hikikomori* condition.

For the time being, the assumption will be made that the *hikikomori* prognosis has a kernel of commonsense truth and condition is, in some respects, legitimate in order to allow an open exploration of the 'affliction'. By living within the assumed 'definition' of *hikikomori* investigation will alternatively allow an understanding of the mindset of those imposing the classification. When the *hikikomori* problem was first widely publicized, demographics of *hikikomori* victims suggested it to be a youth based 'illness' which also appears to primarily afflict young males. Several media resources (Asahi Shimbun, BBC, Japan Times, et al.) were forwarding psychiatrist Tamaki Saito's theoretical estimates that between 500,000 to over 1,000,000 Japanese male youths aged fourteen to twenty years were suffering from the *hikikomori* condition as evidenced by their dropping out of active participation in society and sequestering themselves into the social safety of isolation in their rooms. According BBC's Phil Rees who uses Saito's estimates, one in ten Japanese youth today suffer from the *hikikomori* syndrome.

Media sources seem to be improperly analyzing the data and the scope of the problem, for if the variously quoted Saito statistics of 500,000 to 1.2 million male *hikikomori* shut-ins from the 14-20 age group is reasonably correct (Larimer 2001, Rees 2002, Secher 2002, Tolbert 2001), then the pervasiveness of *hikikomori* phenomenon in the Japanese population is disquieting. Population census data collected by the *Ministry of Public Management, Home Affairs, Posts and Telecommunication* (2000) provides an illustrated population pyramid. Adding up all the males in the 14-20-age bracket elicits a total population of roughly 4.2 million males in that combined gender and age demographic in Japan. What this means, is *if* over 1 million Japanese aged 14-20

indeed suffer from *hikikomori*, then 20 percent of all adolescent males in Japan, and approximately 1 percent of the population, are abstaining from participation in Japanese social institutions! If Saito's number of 500,000 is even a remotely accurate appraisal, then Japanese society as a whole is in dire peril in the coming decades for as Saito points out:

> "I think it is dangerous for Japanese society because such people never work or pay tax," he said. "We might be able to rescue some, but half a million will stay withdrawn from society for 20 or 30 years. We could end up supporting them for half a century." (Watts 2000)

If the outside observer were to accept Saito's assessment on the scope of the *hikikomori* problem in Japan today, it would mean that a notable proportion of the next generation of the Japanese workforce has already dropped out of the system and Japan can expect serious labor shortages as well as verging on a welfare state in order to support a half million non-productive members of society over the next fifty years.

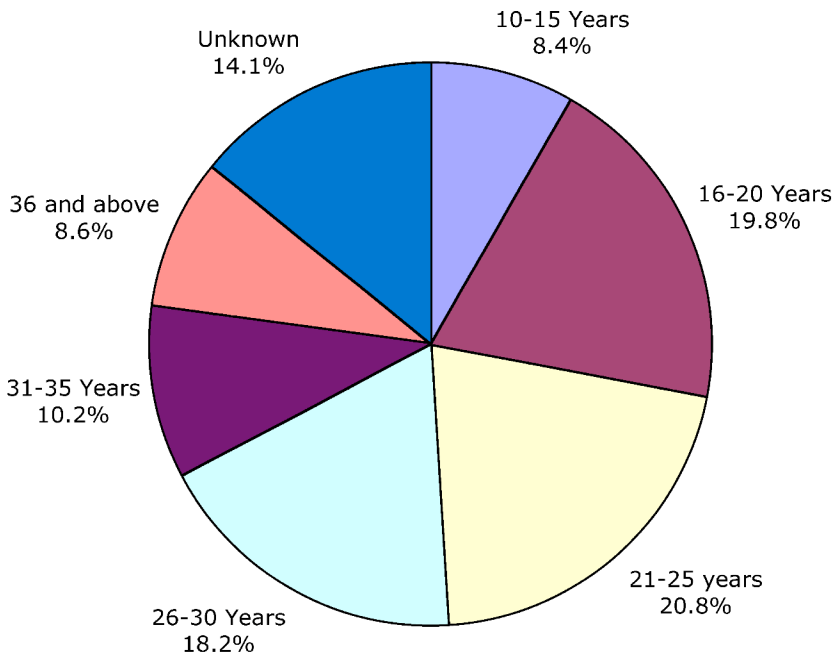
However, no one is quantitatively confident about the true scale of the *hikikomori* problem in Japanese society; other experts have proposed a much more conservative estimate of 50,000 afflicted *hikikomori* in Japanese society (Larimer 2000). Between the disparate estimates of 50,000 to 1.2 million lies the actual number of social drop-outs in Japanese society as defined by '*hikikomori*'. Adding to the problem of a more accurate '*hikikomori* census' is the seclusionary nature of the supposed malady: There is no refuting that *some phenomenon* is occurring within Japanese society, but as long as the causes and symptoms of social withdrawal remain poorly defined and media hype puts forward only the most sensational estimates of the shut-in crisis, caution is advised at taking too much stock in the higher estimates of hikikomori sufferers. If the questionably higher estimates of one million or more *hikikomori* cases are accurate, only the due

passage of time will indicate such is the unfortunate case through employment numbers, economic indicators, and other indirect means.

It would appear that the alarmingly high estimates of *hikikomori* numbers by psychiatric experts, as well as high-profile incidents of violence attributed to *hikikomori*, caused the Japanese government to finally take some action on the *hikikomori* question. Their act was to undertake the first official survey on the *hikikomori* issue as conducted through the *Japanese Ministry of Health and Labor* and release the results to the public May 4, 2001 (The Australian 2001, Millet 2001, Secher 2002). Conducted over a twelve-month period, the survey revealed that 6,151 cases of *hikikomori* were registered at 697 public health centers across Japan between May 8th to November 30th in 2000; *a concrete number in sharp contrast* with Saito's estimated 1.2 million *hikikomori* nationwide. The criterion in the survey defined '*hikikomori*' as those people who have socially withdrawn from society for six months or more (Millet 2001, Secher 2002, Watts 2002).

Results from the *Ministry of Health and Labor* survey indicate that despite popular public perception that the *hikikomori* syndrome is the dominion of younger Japanese, the numbers indicate a more complex and troubling social issue; possibly a decades-long problem that has been, up to this point ,unrecognized by the media and social institutions. In the surveyed 6,151 *hikikomori* cases, the *10-15 age cohort number was 8.4 percent* of the total. The *16-20 age cohort was 19.8 percent*, those aged *21-25 equaled 20.8 percent*, while the *26-30 age cohort equaled 18.2 percent.* After age 30, percentages drop off with the *31-35 age cohort equaling 10.2 percent* and those *36 and above totaling only 8.6 percent*. (See full chart on the next page).

Age Distrubution of *Hikikomori*



One is hesitant to take this survey as a truly representative sampling of the national *hikikomori* population's age distribution. It is of some concern how many of the *hikikomori* in the survey actively sought medical treatment or were encouraged by parents and relatives to visit health experts: are the 6,151 cases an accurate reflection of the demographics of *hikikomori* in the field or are those *hikikomori* who sought medical help exceptional in some way in comparison to the rest of the body of the hikikomori population in the nation? Bearing these reservations in mind, it is nonetheless the only concrete numbers thus far collected on the issue and so some attempt at analysis is merited. Looking at the data, the percentages for the young age bracket is quite low, *8.4 percent of those aged 10-15*, much lower in fact than would be expected for a 'youth illness'. The greater weight of the total percentage of those surveyed falls into *16-30*

age range with this combined age cohort totaling 58.8 percent of those surveyed, or almost two-thirds of the total.

Some argument can be made, for those surveyed anyways, that *hikikomori* is not a 'youth malady' but more so a 'college student malady' as breaking down the numbers to the *16-25 age cohort yields 40.6 percent* of the surveyed *hikikomori* population. In fairness, these survey results could also indicate two other possible factors: One possibility is that the survey percentage of 8.4 percent for those *hikikomori* in the younger age set of 10-15 years is an inaccuracy in that the condition of social withdrawal in this age cohort is not being recognized by the *hikikomori* label but perceived instead as school refusal, *tôkôkyohi*. The second probability is that older *hikikomori* may be more willing to seek health care treatment; a statistic proved out in the percentages of the survey. Correlation between the ages and the length of seclusion for those surveyed would be most welcome information; are those who seek medical treatment experiencing 'fatigue' from induced social isolation and 'coming in from the cold'?

Some experts agree that the findings of the *Ministry of Health and Labor's* 2000 survey presents a *reasonable* representation of the age demographics of the nation's *hikikomori*. Okuyama Masahisa, a spokesman for a group of *hikikomori* families believes that 80 percent of all *hikikomori* cases are aged 18 and older (Millet 2001, Zielenziger 2003). Okuyama believes that the core of the *hikikomori* population has shifted from those in their twenties to those in their thirties. The Mental Health Center for Young People published a report in May 2001 that also supports this supposition that the majority of *hikikomori* victims are in the 20-30 age bracket (Wehrfritz, Takayama and Hodgson 2001).

Hard substantiation of this theory beyond the *Ministry of Health and Labor* survey would shift not only the assumed youth of shut-ins to those of college age, but suggest the blame is not due to some recent conflict in Japanese society, but instead points to a decades-long ongoing social problem as cause for *hikikomori* as well as the 'older' age set found in the survey. These 'older *hikikomori*' may have chosen to withdraw from society due to some problem in their life while attending high school when they were younger, however their withdraw went misdiagnosed or ignored and so they slipped through the 'institutional cracks' and remained untreated for years.

The *Ministry of Health and Labor* data could also suggest that the *hikikomori* problem has remained a largely untreated social phenomenon by governmental and institutional organizations. In this line of reasoning, the number of afflicted *hikikomori* have simply 'accumulated'. Hence, while the numbers of new *hikikomori* cases are increasing at a small but steady rate every year, the large total number of *hikikomori* in the nation can be attributed to the fact that a substantial segment of untreated and unrecognized 'aging' *hikikomori* have, after several decades of social seclusion, simply been 'noticed'. Various reports by families with *hikikomori* seem to indicate that societal unresponsiveness might be partially to blame for the astoundingly high estimates by experts of *hikikomori* in Japan—disregarding for a moment whether or not these numbers can actually bear scrutiny. One mother of a *hikikomori* reportedly consulted with public health officials and hospitals, but they proved unable to provide solid reasons or solutions for the treatment of her son. This theme of institutional ineffectualness or indifference seems common in various media reports (Asahi Shimbun 2000, Rees 2002, Secher 2002). Supporting continuing 'obduracy' by social institutions on the *hikikomori*

issue, and perhaps also partially to blame for the problem as it stands in Japan today, is despite strong desires on the part of officials, the previously assumed concentration of *hikikomori* in the younger age set is incorrect: indications are that at least half of the *hikikomori* are, in point of fact, college age individuals. Despite evidence to the contrary in the form of a survey by the government's own *Ministry of Health and Labor*, there exists an inertial reluctance to change institutional policy on the *hikikomori* issue. To wit, one official in that very ministry is quoted as saying:

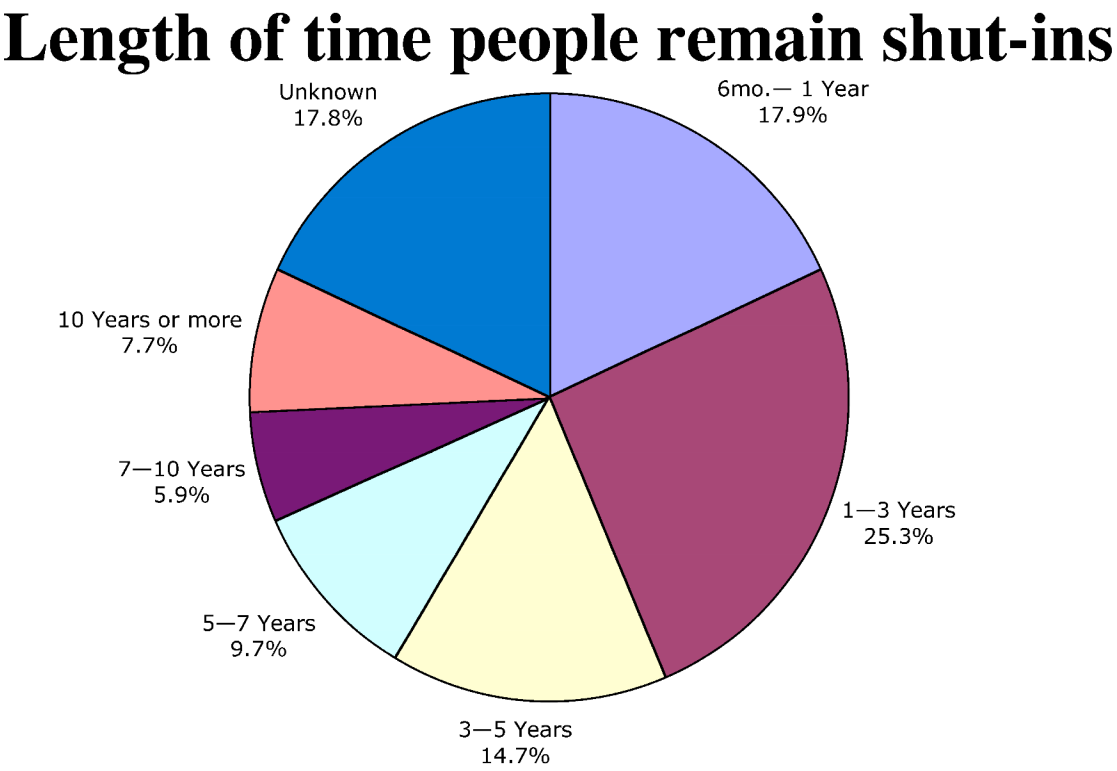
> "We believe the whole [*hikikomori*] question is a youth issue, and we intend to deal with it as such." (The Australian 2001)

No comprehensive published figures exist with a quantifiable number of legitimate *hikikomori* cases across Japan; even the prospect of conducting an accurate census is problematic at best for as Benjamin Secher (2002) points out,

> " . . . the *hikikomori* sufferer who doesn't leave his room to eat is hardly going to pop down to the local health authority to fill in a questionnaire."

This inability to pin down hard *hikikomori* numbers, and thus the scope of the social problem, has many causes and consequences. One of the most obvious is for those looking to cash in on the issue, the potential sensationalism created by 'one million *hikikomori*' splashed across headlines in media outlets and book titles is tremendous. Another concern is the vague definition of the *hikikomori* condition. A diffuse and poorly defined population of people considered to be afflicted with social withdrawal may obscure 'actual' *hikikomori* needing medical treatment, if such a thing exists, from otherwise healthy people emulating the condition for other reasons. Whatever the actual numbers or age rage, *Japanese Ministry of Health* officials " . . . do agree it [*hikikomori*] will increase in the future" (The Australian 2001).

Besides the assumed 'high proportion' of *hikikomori* thought to exist in the Japanese populace by some experts and their projected increase in numbers in the coming years, also of great significance is the length of time these people spend shut in their rooms. As stated previously, the 2000 survey by the *Japanese Ministry of Health and Labor classified hikikomori as those who had spent six months or more in voluntary seclusion.* However, according to this report and others, the average length of time as a *hikikomori* is much longer, spanning years or even decades (Asahi Shimbun 2000, Barr 2000, Larimer 2001, Rees 2002, Tolbert 2002).



Kathryn Tolbert (2002) reports that this same *Ministry of Health and Labor* survey puts *40 percent of hikikomori staying in seclusion from 1-5 years* while on the other end of the spectrum, *7.7 percent in the survey 6,151 have been recluses for 10 years or more*

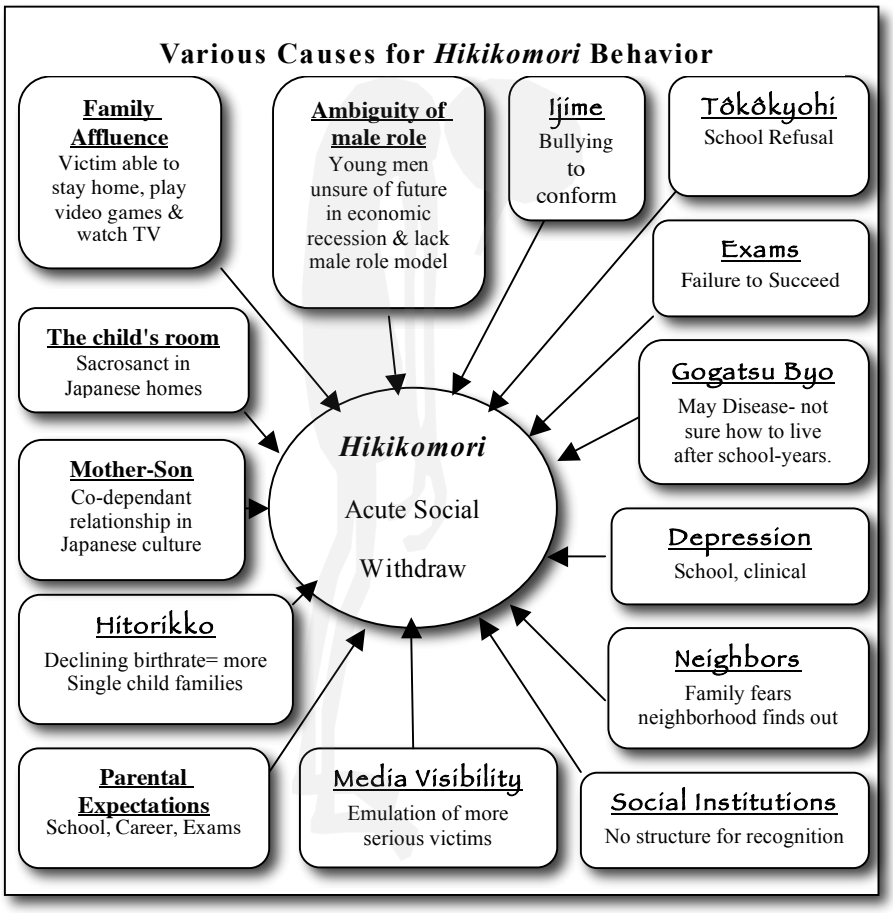
(Wehrfritz et al. 2001). However, survey results put the bulk of the respondents, *57.9 percent, as shut-ins for 5 years or less.*

Once again assuming that the 6,151 respondents of the survey present an accurate portrayal of a nationwide condition, the trends for the period of seclusion indicate that perhaps the *hikikomori* problem has pre-existed in Japanese society for several decades; it simply has not been labeled as *hikikomori* within public awareness. Comments and writings by Sadatsugu Kudo, author of Hey *Hikikomori*! It's Time, Let's Go Out. (2001) as well as head of the Youth Support Center outside of Tokyo, supports this conclusion. Kudo believes that the *hikikomori* phenomenon has been around for at least twenty years. Those who where school dropouts due to school refusal, *tôkôkyohi*, in the 1970's and 1980's were doing so because they were suffering from what is currently defined as *hikikomori* in 2003.

In addition, it should be pointed out that the criterion for this survey was for those who had socially withdrawn for 6 months or longer, therefore any people who have dropped out of society for a period shorter than 6 months were not polled. The absence of statistics for shut-ins suffering for periods shorter than 6 months is problematic for several reasons: Dropping out of school, or for the older *hikikomori* work, for even several months—not to mention half a year—can have devastating repercussions for a person's career future as well as their social life. Perhaps the 'official' classification of *hikikomori* should be reduced to include those withdrawing from the world for 3 months or more. Another issue is might not the recognition of those who become *hikikomori* for shorter periods of only months at a time offer a broader picture of the *hikikomori* issue as well as suggest what it is that keeps this particular group's social withdraw short?

Would not a closer examination of 'short-term *hikikomori*' offer solutions to the larger population by determining what draws this group back out into daily social interaction so quickly? This data could help social institutions catch the problem early, perhaps even during early onset, and bring those who feel the need for social isolation back into the fold of society with much less damage to their lives.

Societal factors 'causing' *hikikomori* behavior.



Whatever the specific numbers, a notable segment of the Japanese population numbering between 50,000 to 1.2 million has been classified as being afflicted with 'acute social withdrawal syndrome', as a *hikikomori*. So, what then are the contributing factors to the *hikikomori* condition and how easy is it for a 'normal' youth to slip into *hikikomori* behavior patterns? *Hikikomori* counselor Okawara Yasuo, himself a *hikikomori* for two years, says that " . . . anyone can be a victim." What Okawara may be basing this declaration on could be flaws in Japanese society that have created 'cracks' to fall through for those who can't cope with 'normative' social participation in the culture.

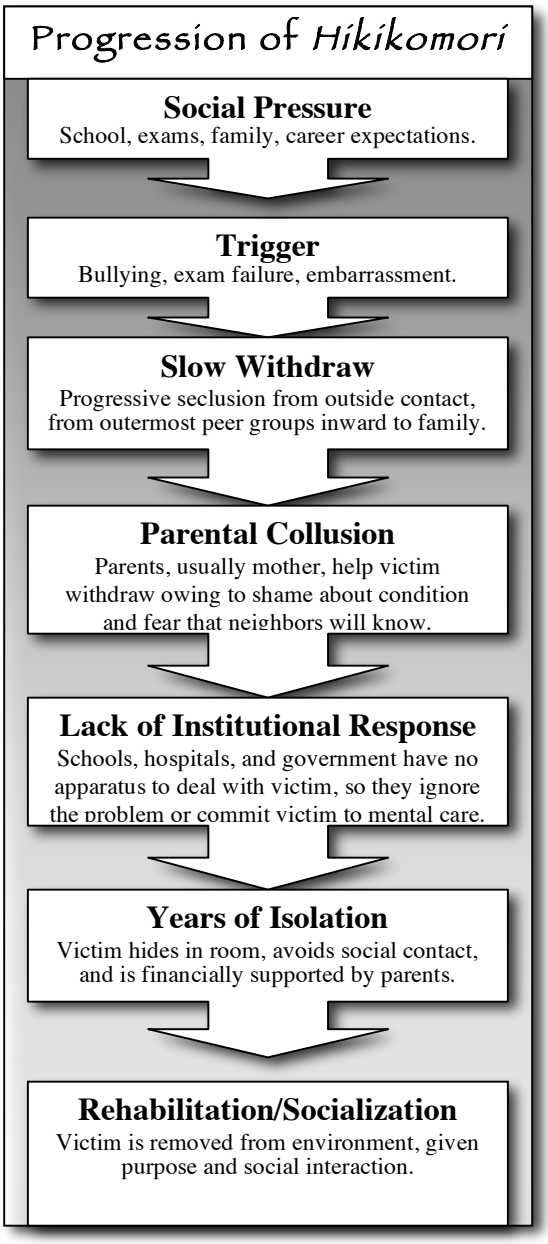
While causes attributed to *hikikomori* behavior are manifold, *there appear to be three primary groupings of social forces, or three levels of pressure, from the broadest to the most intimate, exerted upon the lives of Japanese young people which may drive them into seclusion. Foremost* are the cultural expectations placed upon a young middleclass person to conform to norms and succeed in life, only one acceptable mainstream 'route' in

which to accomplish this goal—a prestigious education—and the irreconcilable reality the stagnation of the national Japanese economy has brought to the 'dream' of a prestigious career. The *second factor* is a social institution, education, which is the primary means by which to accomplish a successful life in Japan. Sociologist Kawanishi Yuko of Temple University in Tokyo states that "Academic pressure is so high in Japan, youths are developing many psychological problems" (Morgan 2000). Many aspects surrounding the process of education, from daily participation, the societal importance that is placed upon its acquisition, as well as its ultimate purpose, tend to be the primary conflicts that dominates the time and thoughts of many young peoples' lives in Japan and can cause, in cases of extreme stress, the reaction of social withdraw. The *third social factor* is the role the family plays, specifically the mother-son relationship, as it relates to the other two social pressures and, after withdrawal, how the family serves to promote the child's tendency to stay in the safe cocoon of his room.

Thomas P. Rohlen (1989), in his analysis of the social power structure of Japanese society, notes that direct intervention by authority is used only sparingly. Instead, the pressure to conform by the group serves as the primary means of controlling those who do not behave within the normative behaviors of the group and usually serves to nudge them back into compliance. From elementary school, teachers encourage students to participate in daily routines in the form of study, cleaning, lunch preparation, and class activities as a means of including them in the group and helping them define their identities in terms of socialization within the group. Participation in consensus building behaviors within the group is considered a desirable trait of a healthy and ethical

member. Success in the training of a member is valuated upon the student's level of 'cohesiveness' within group goals and behavior.

The openness and malleability a student exhibits in bending all their will and spirit toward the good of the group is encouraged and welcomed. *The result is the authority-figure in the student's life is not in actuality, the teacher—he or she is only responsible for orchestrating the circumstances—his peer group in school is the student's governance and control mechanism throughout the education years and even into adulthood.*



So, what happens when this group perceives someone as not acting properly within the boundaries of group conformity? The answer is often *ijime*, bullying. In Japanese society, the ramifications of bullying cuts deeper than in a Western school setting: the victim of *ijime* is not only considered outside the group by peers for non-conformity, the bullied may become confused and emotionally damaged as being outside the norm also has the moral ambiguity of pronouncing them in their own minds, in effect, a 'bad person'. The bullied student may decide to take the exclusion from the group one step further by withdrawing completely from society to signal a cry for help, for as Rohlen states:

> " . . .withholding and withdrawal in intimate relations are universal techniques for signaling a problem, and groups have a marked sensitivity to this matter." And that "not joining in . . . is a rejection, an act of defiance, and a sign of alienation." "In contrast to the notion that the center is periodically empty of power and authority is the fact that it is filled by '**participation**.'" [Emphasis mine.] Further, " . . . participation, thus, not only signifies attachment, but represents a form of **discipline**." [Emphasis mine.] (Rohlen 1989)

What this signifies in the frame of the *hikikomori* phenomenon is what Suzanne Vogel terms as the 'acting in' of a Japanese youth who turns his unhappiness inward (White 1994). *Those who chose to socially withdraw are, more than anything else, rebelling against their authority figure, the group, in the only way they can grasp, by withdrawing from participation as a form of protest, emotional distress, or simple social fatigue* (Rohlen 1986, White 1994). The problem with this course of action is that the competitiveness existent in a school setting in order to pass exams corrupts the normal peer mechanism that would normally draw the *hikikomori* back within the group. Further, the lack of authority the parents exercise when their child drops out serves to maintain the new status quo.

Much more deleterious is that up to this point, the *hikikomori*'*s* social identity was defined in terms of their membership within the group. Iwata Mitsunori, a former *hikikomori*, states:

> "I was sick of everything. My own way of seeing things and society's way of seeing things did not fit, so I had no option but to withdraw." (Secher 2002)

Once removed from the group, the *hikikomori* is trapped, for he is no longer certain of his social identity and may not know a path towards re-integrating himself into society after social withdrawal. This may also explain their natural tendency towards identification with, and acceptance of, the societal label of *hikikomori* as this gives them some baseline sense of identity, if only a marginal and stigmatized one. A *hikikomori* person who has

withdrawn may see no choices in returning to the social group: *he withdrew, after all, as a call for help and his authority figure, the peer group, did not respond; he will need outside influence and consolation in order to rejoin society.* Further, if a young person withdraws from society before their personal identity is fully developed and cemented through normal social contact, there is a good chance that their social development will remain stunted and stagnant during their isolation from the world. They may not have all the emotional 'tools' necessary to make the independent choice to return to social interaction; they may very well need outside intervention to recover from isolation.

On the institutional level of education, the excessive pressure to pass high school and university exams, get into the right university, and so a successful career, has long been instilled into students as a 'personal dream' to aspire to as well as serving to create an affluent Post-War Japan. However, the 'dream' has lost its raison d'être after a decade-long economic recession: the utility of passing competitive exams as well as the stress surrounding them has been called into question by students who increasingly see no point in the practice. Students also lack sympathy from their parents who themselves endured 'exam hell' a generation before their children and therefore see it as a normal rite of passage into adulthood unlike those of the previous generation (White 1994). These realities could be motivating influences for the increasing incidents of *hikikomori* in Japanese schools, places which Dr. Kawanishi declares to be:

> " . . . extremely nasty and dark, the way kids are bullied is both physical and psychological. Many victims just stop going to school, and eventually completely withdraw from society." (Morgan 2000)

The *Ministry of Education, Culture, Sports, Science, and Technology* has figures indicating that the number of school refusals, *tôkôkyohi*, by students is twice the figure ten years ago with 134,000 absent for thirty consecutive days or more in the 2000-2001

academic year (Secher 2002, Tolbert 2002). School Refusal was previously defined by the *Ministry of Education* as a student missing fifty plus days but recently, the Ministry reduced the criterion to thirty days in order to catch the delinquent behavior earlier (White 1994). By middle school, Japanese students begin to sense how far they can take themselves within the academic system and thus the types of careers they might look forward to performing. As Merry White states:

> "There is no place for the late bloomer in such a system; second chances are available only under special conditions. Limited second chances are provided by taking a year or more out between high school and college for extra study, often in full time cram schools (*yobiko*)." (White 1994)

Keigo Okonogi, a professor of Psychiatric Medicine at Tokyo International University further supports this sentiment:

> "In today's society, with its stress on everyone following the same course and pursuing the same goals, there are so few chances to recover your footing once you've stumbled – if you've been bullied, for example, or if you've failed an entrance exam," (Reuters 2001)

This lack of a 'second chance' spells academic suicide for those who have chosen to withdraw; once they have fallen off the rails of the main middleclass education track, there is no getting back aboard to fulfill the Japanese dream of attending a prestigious university and getting a good career. This factor may also explain some *hikikomori*'s long bouts of seclusion which can span years; the *hikikomori* are reluctant to re-enter society because they have no clear idea of what role they can assume once they do so. *Akibin*, a pseudonym meaning 'empty bottle' is used by a *hikikomori* who states,

> "Allowing a blank to appear on your resume is like social suicide. Once you leave your position in this sick society, there is no way back." (Secher 2002)

If the figure of one million *hikikomori* nationwide is assumed for a moment to be accurate and the fact that the present academic system offers no second-chance apparatus,

such as community colleges in the United States, *this means that up to one-fifth of the next generation of the Japanese workforce who were formerly hikikomori may only be qualified for blue collar employment*. On the more conservative side, even with 'only' 50,000 such resume-less *hikikomori* this is troubling news for a rapidly aging society that will already need to import foreign workers in order to maintain its workforce in the coming years.

On the topic of educational pressure, of interest is the congruence between study habits and the need for privacy in order to maintain good grades as well as attend both regular school and cram school by 'normal' students in comparison with the typical seclusionary habits of a *hikikomori*. According to Merry White,

> "Some Japanese teens—especially boys—manage to create the illusion of private space by using night as day and vice versa." (White 1994)

Students will arrive at home right after cram school or a school activity usually around six in the evening, bathe, snack and take a nap. They awake at one or two in the morning to eat dinner laid out on the table by their mother as they begin studying until four or five in the morning, they fall asleep to awake for breakfast and go to school at seven or eight. This then is the pattern of routine behavior by a relatively normal and socialized Japanese teen who wishes to get some private space and avoid needling from parents. According to various sources (Barr 2000, Larimer 2000, Murakami 2000, Tolbert 2002,) *hikikomori*,

> " . . . live in reverse: they sleep all day, wake up in the evening and stay up all night watching television or playing video games. Some own computers or mobile phones, but most have few or no friends." (Murakami 2000)

Interesting is that *normal student behavior in the home and that of the problem adolescent, the hikikomori, are not that different with the exception of one doing homework in the late hours* during the reversed sleep schedule.

Psychologist Tamaki Saito feels one of the primary problems with rehabilitation and the long stretches of isolation by *hikikomori* youth can be blamed on the affluence of Japanese families today as well as Japanese mothers who smother their child and allow them to stay withdrawn in a nurturing environment (Rees 2002). Saito asserts that in Post-War Japan, men are not a presence in the home as they dedicate themselves to work and the " . . . women (are) expected to stay home and dedicate themselves to their children's education" (Barr 2000). In the process, an intimate bond forms between mother and child, often the son, within the cramped intensity of the home environment. Saito's criticism with this social development is that:

> " . . . mothers spoil their children and later on 'these families support grown-ups with no conditions.'" (Barr 2000)

> "In Japan, mothers and sons often have a symbiotic, co-dependent relationship. Mothers will care for their sons until they are 30 or 40 years old." (Rees 2002)

More broadly, the problem of interaction between the family and the *hikikomori* victim returns again back to the issue of authority as Rohlen states that:

> " . . . in sending their children to school, Japanese mothers essentially relinquish their authority [over the child] to the school which then has the responsibility to train the children to be members of society (*shakaijin*)." (Rohlen 1989)

The repercussions for this 'changing of the guard' in authority as a student enters school is that his parents do not represent any source of authority to him in his daily life; they are more akin to 'friends'. The *hikikomori* has withdrawn *because* he was unable to cope with the conformity demands placed upon him by his school peer-group and more expansively, the expectations of the educational system in general. That the *hikikomori*

youth has *already* rejected the normative authority figure from his life as a student, his school peers, means that his parents will most likely hold no sway once he socially withdraws. While the parents put pressure on him to succeed in school, *it is in support of the authority of the controlling institution, and by extension, the peer group*. Parents usually perform the role of providing succor to the child through 'soft' parenting or acting in the capacity of friend rather than an authority figure (White 1994). Merry White adds:

> " . . . childrearing customs in Japan are based on the idea that going against the child in any way is counterproductive, adults are not intrinsically seen as oppressive authority figures by children." "Training for adult relationships and responsibilities is actually conducted more in the peer relationships of classroom and activity group, and social ethics are learned . . . in . . . peer groups rather than from adults." (White 1994)

As the *hikikomori* sufferer lacks an authority figure in his life, the peer group, and parents appear hesitant to reassert authority through 'tough love'—as this is not something that society normally expects of them—parents first seek the advice and counsel of institutional authority figures. Institutions that often have no solutions for the family with a *hikikomori* nor suggestions besides 'waiting it out' until the child voluntarily recovers. Until the last few years, this 'wait and see' advice was a standard response by institutions though has gradually changed with extensive media coverage on the *hikikomori* issue. With no 'out' offered by a strong authority figure and months of seclusion dragging into years, the *hikikomori* becomes frustrated and sometimes very aggressive towards their only remaining source of social interaction, their family. Even this communication is often limited to an exchange of notes on the kitchen table. This lack of social bonds with their live-in *hikikomori* could also explain why many parents feel terrorized by their own children: in the most extreme cases, families have been

physically attacked by their own children and forced to live at a relative's house, sleep in their car, or even a closet in the home (Rees 2002).

Hikikomori as stigma: violence and mental illness

The term of '*hikikomori*' in the public eye is inextricably intertwined with violent behavior, owing to the various high profile cases of violence and murder attributed to *hikikomori* in recent years. A stigma and shame has become attached to a *hikikomori* family member such that Dr. Kawanishi believes " . . . families . . . are likely to oppress it [*hikikomori*] and try to hide it" (Morgan 2000). The recent spate of media reports in the newspapers involving violent attacks attributed to *hikikomori* may be the primary reason for any public awareness of the social withdrawal problem.

Japanese have come to attach '*hikikomori*' to gruesomely violent incidents recently occurring in Japan, which only serves to further stigmatize the rest of the *hikikomori*: In 1988 and 1989 there was the "*Otaku* Murders" of Tsumoto Miyazaki. On May 3rd 2000, the hijacking of a bus in Saga Prefecture where the 17 year-old '*hikikomori*' held a 6 year-old hostage. Another 17 year-old, in a dispute about a haircut, clubbed members of his high school baseball team with a baseball bat and later went home and killed his mother with the same weapon because she would not give him spending money. In 1990, a 27-year-old man kidnapped a 9-year old girl; the girl had lived in his room for 10 years—unknown by his mother or through her abject denial of the situation (Asahi Shimbun 2000, Larimer 2000, Rees 2002, Reuters 2001, Tolbert 2002). Despite these high visibility incidents attributed to shut-ins, some experts point out that violent outbursts by *hikikomori* "are rare. Hikikomori are more likely to suffer from lethargy or suicidal depression" (Watts 2002).

The possibility is that at least some segment of those labeled as *hikikomori* are in fact mentally or emotionally ill in some respect must be given fair consideration. In

fact, many of the symptoms ascribed to *hikikomori* are not culturally unique to Japan or its education system at all, but rather fit the description of clinical depression found in other affluent media-saturated societies such the United States (Fox 2001). Social isolation is also an indication of the onset of depression, as Rod Cowen points out:

> "Social isolation begins as a consequence of depression. It can also become a reason for the illness to continue. We often choose to isolate ourselves because of the illness. I can imagine that for some people, isolation from others, for whatever reason, could actually lead to depression. To be isolated means to be a hermit. To become hermetic is to become sealed off-as in 'hermetically sealed.'"
> (Cowen 2002)

When depressed, a person convinces himself that he does not deserve to be in the company of others, that his depression would make others unhappy. Because this notion is fostered, the depressed person thinks that other people would not want his company and so the depressed person makes the conscious decision of social isolation from friends and family. The *result* of this choice is 'social isolation', bringing depression squarely into the realm of behaviors currently classified as '*hikikomori*'. The *cause* of many cases of social withdrawal classified as *hikikomori* may well be depression that is being poorly diagnosed or altogether unrecognized by Japanese society.

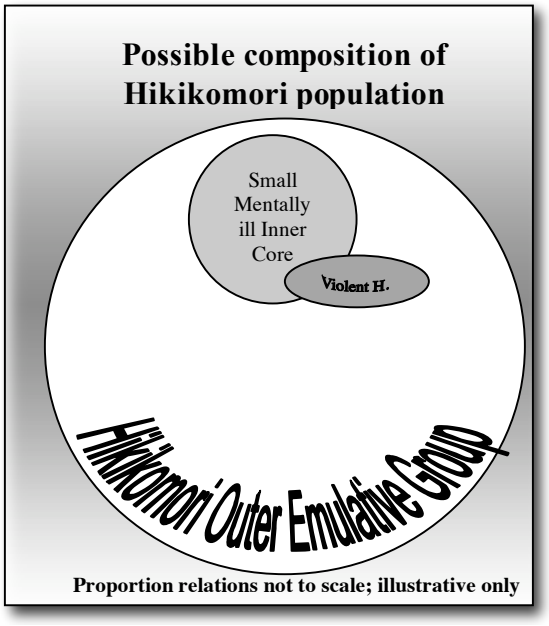
In the realm of shame, a strong fear by families with *hikikomori* is that those in the local neighborhood will notice the *hikikomori*'s reclusive behavior around the house (as well as his truancy) so parents encourage the shut-in to *stay in* and spare the family from neighborhood gossip. In many cases, the rest of the family members are also effectively shutting themselves in from the outside world to hide the perceived shame for the *hikikomori* in their midst (Tolbert 2002). Sadatsugu Kudo states that "neighborhood eyes" serve as a social pressure on the family to keep the *hikikomori* hidden and removed from

neighbor's scrutiny and rumor mongering, a factor which serves to further "slow parental intervention" for the *hikikomori* adolescent (Barr 2000).

The social stigmatism attributed to *hikikomori* sufferers by the community and collusion by relatives to hide the afflicted from sight is not a new social phenomenon in Japan. In fact, *hikikomori* treatment echoes long-standing negative societal attitudes by the Japanese about members of society with mental, physical, or emotional disabilities. The societal attitude is that personal handicaps are best dealt with in private as, "The physically and mentally disabled in Japan have long existed on the outskirts of their communities, seldom seen outside their homes and rarely discussed publicly" (Cook 1998). A survey by the *Japanese Ministry of Health and Welfare* puts forth the figure of 2.8 million disabled people in Japan (Ibid). Through the efforts of Nobel Prize winning author Kenzaburo Oe, who wrote about the social stigma surrounding the handicapped brought attention to those like his own handicapped son in families throughout Japan, as well as the long work of other advocates for the disabled, has done much to wear down old attitudes and barriers about the handicapped (Ibid).

However, Kudo believes that it is erroneous for people to associate the *hikikomori* phenomenon with cases of crime or mental illness, " . . . true *hikikomori* by definition do not have the wherewithal to venture into the world to commit crime" (Barr 2000). While some people with depression, agoraphobia, schizophrenia are classed as *hikikomori* due to the overly broad definition of social withdrawal, " . . . the vast majority shut themselves up at home for six months or more without showing any other signs of neurological or psychiatric disorder" (Tolbert 2002).

Hikikomori as a social identity



In connection with media sensationalism and high public visibility of the *hikikomori* issue, a new social label and social identity is coming to be established in Japanese society as young people voluntarily identify themselves as *hikikomori*, *komori*, or even *komori-zoku*. Owing to media influence, many young people are apparently adopting the identity of *hikikomori* to describe their own aversion to the pressures and stresses of Japanese daily life despite being otherwise healthy and normal adolescents. The currently vague definition of *hikikomori* makes 'getting on the bandwagon' as well as the adoption of '*hikikomori*' as a social identity in Japan as an expected behavior despite the social stigma attached to the label. It would seem that those who have made the conscious choice to become socially withdrawn, either for medical or emulative reasons, as well as those who have recovered and reintegrated into society, have chosen to adopt *hikikomori* as a group identity. The paradox is that 'true' shut-ins do not have the social networking opportunity, skills, or social wherewithal to organize like, for example, anti-war protesters might with a 'group identity' defined as 'those opposed the Japan-US Security Treaty'. For the time being, mainstream opinions by the 'norms' of Japanese society will prevail, and owing to the nature of active/passive *hikikomori* behaviors, only families and rehabilitated recluses will give the 'missing million' (Rees 2002) any voice of their own.

Within the various stratum of so-called *hikikomori* is an interesting phenomenon: a large group of otherwise healthy and sane Japanese who choose to identify themselves as *hikikomori* and behave as hermits out of conscious choice. Their claim for isolation is usually due to some small setback in their lives that triggered the desire for social withdrawal. The problem is while they are healthy and sane, their self-imposed isolation does in essence 'trap them' in a cage of their own choosing. Professor Ian M. Goodyer of Cambridge University's Child and Adolescent Psychiatry proposes:

> " . . . that from a 'really quite ill core of individuals,' the withdrawal behavior can spread like germs in a Petri dish to others who, 'for a whole range of reasons, can rationalize this behavior as being the right thing for them to do.'"
>
> "When you get large numbers of individuals behaving in similar ways, it is generally a cultural expression of some kind." (Secher 2002)

Therefore, *hikikomori* behavior, in essence, becomes a social 'out' for these people. Becoming a *hikikomori* grows out of a rational decision to 'drop out and tune in', to borrow a popular phrase bandied about in America during the counter-cultural revolution of the 1970s.

Could this 'opt-out' behavior by Japanese adolescents be a counter-cultural revolution in twenty-first century Japan? Is the current state of Japanese society and its single mainstream middleclass track to societal success, education through memorization to pass entrance exams, the social stress causing the *hikikomori* behavior? Former *hikikomori*, Iwata Mitsunori, comments that " . . . not until Japan becomes an easier place to live will the numbers of *hikikomori* fall" (Secher 2002). Supporting this theory is Murakami Ryu's opinion that, much like the *hysteria* outbreaks of the 19th-century caused by changes in Western society, through the phenomenon of *hikikomori* we are seeing a

new iteration of the same social phenomenon in Japan; Japanese society is undergoing a transformation and social institutions have yet to catch up (Murakami 2000).

The cavalier use and co-option of '*hikikomori*' as a self-identifying 'badge' is reminiscent of a trend in the United States in the late 1990's when a newly coined disease 'Attention Deficit Disorder', or ADD, was getting sizable media saturation. Despite its legitimate usage within the halls of medical institutions to validly describe a clinical malady, ADD's usage seemed to seep into daily conversation and became common parlance for someone with too many activities going on at once. It even became the subject of humor as people jokingly identified themselves as ADD sufferers for the smallest of reasons. On the other end of the spectrum, people with legitimate maladies or neurosis of some sort but unsure their cause, adopted ADD as a label for their own problems. This public attitude about ADD in the U.S. parallels some of the public attention surrounding *hikikomori* as Benjamin Secher (2002) asserts:

> "Planting the idea of an opt-out behavior like *hikikomori* into the atmosphere of generalized dissatisfaction is a little like opening an umbrella in a downpour. Those seeking a label for their discomfort, or an accepted way of expressing their disgust with society, will inevitably gather beneath it. *Hikikomori* breed *hikikomori*, not by making more people ill, but by falsely identifying a heterogeneous group of individuals beneath a single arbitrary banner."

Professor Goodyer suggests that in order to solve the problem of the currently large number of *hikikomori* in Japan, all discourse on the topic should cease:

> "If you shut down all conversation about *hikikomori* those few individuals who are mentally unwell will surface. The rest will simply disappear, because there will be no maintaining processes connecting them to the main group." (Secher 2002)

While 'in theory' Professor Goodyer's suggestions have merit, Japanese *hikikomori* experts such as Kudo suggest that social withdrawal currently classified as *hikikomori*, has been a feature of Japanese society at least since the early 1980s and possibly 1970s

when it was initially labeled as *tôkôkyohi*, school refusal. That is potentially thirty years of shut-in behavior in Japanese society, a full twenty-seven years before the label *hikikomori* came into common usage. It might be more constructive to propose that social withdrawal is in point of fact, a symptom of the current Post-War educational pressure cooker in Japan that offers no second chances for late bloomers into elite jobs; in the current educational model in Japan it is no exaggeration that some children's' future career paths may well be determined by what prestigious kindergarten they attend.

For *hikikomori* behavior to diminish, the solution is not the evaporation of dialogue on the *hikikomori* issue, but rather a thoughtful discourse centered on examining the social causes for the behavioral patterns. Fifty years of exam hell, now bereft from the reward of life employment at the end of the educational tunnel in recession-plagued Japan might be cause for conjecture that many *hikikomori* could be the result of a critical evaluation of the native societal system of education and work. *Hikikomori* may be the physical manifestation of the collective pondering of generation asking 'what is the point of it all'? *This 'generation W 'in Japan asking 'Why' am I doing this, 'When' will it be over, 'Where' is it all going, 'What' is the point, and 'Withdrawing' as a result, have no sense of purpose in their lives beyond that force-fed to them by the educational institution.* Further, another practical reason communication about the *hikikomori* cannot be shut down as Goodyer suggests is because a fair amount of *hikikomori* have Internet access, participate in chatrooms, and email support groups for *hikikomori* (Kybird 2002, Larimer 2002, Rees 2002, Secher 2002). Some have even made web pages on the topic. This issue of Internet use by *hikikomori* does seem to indicate that some *hikikomori* could to be 'productive members of society' as long as they have an

interface to avoid face-to-face contact such as starting a web site, television show, writing books and so on. Perhaps Secher's suggestion that many *hikikomori* are healthy and sane and that people simply 'opting-out' is an apt analysis for these more 'web-head' *hikikomori*.

The problem of definition and classification of *hikikomori*: illness, social disorder, or a medically constructed label?

Considering the survey and case study data from the *Japanese Ministry of Health* (The Australian 2001, Millet 2001, Secher 2002), numerous suffering families who have spoken out seeking help for their child's plight, over thirty books on the subject in Japan (Amazon.com 2003, Secher 2002), as well as numerous specials and reports in the media, certainly *something* is occurring in Japan to a stratum of Japanese young people. The question is, what is *hikikomori*? Is it a mental illness or is it a social phenomenon? It would seem that the dilemma of defining *hikikomori* is also a hot topic of discussion in the Japanese media as two general schools of thought have gained visibility concerning clarification of the definition of *hikikomori*.

Representing one side of the argument are medical professionals like psychologist Tamaki Saito who has authored five books on *hikikomori* and runs the outpatient clinic at Sasaki Hospital in Chiba Prefecture (Wehrfritz, et al. 2001). Saito is the man who initially coined the term *hikikomori* (Watts 2002) making the label a media buzzword in Japan (Secher 2002). Further, his estimate that *hikikomori* number a million or more has served to bring the problem into public awareness through extensive media coverage in the last three years. While Saito apparently does not outright state that *hikikomori* are 'mentally ill' in literature or interviews available in English at the time of this writing, he

does treat *hikikomori* with hospital time, family counseling and psychotherapy. In 1998, Saito wrote that " . . . regardless of the patient's will, social withdrawal must be treated medically" (Secher 2002). Other health professionals, who prefer institutional treatment of recluses and consider themselves experts on the *hikikomori* problem, hold that *hikikomori* is a psychopathic sickness on a society-wide scale (Secher 2002).

It is of interest to note that Saito's position on *hikikomori* did not come out of the void. In fact, Saito was a student of Inamura Hiroshi, a well known psychologist in the 1980's who purportedly identified a "new" mental disorder that he termed "Apathy Syndrome" within the then decade old 'school refusal' phenomenon in Japan, *tôkôkyohi* (Wehrfritz, et al. 2001). Inamura's treatment for "Apathy Syndrome" started in 1981 with the committal of teenaged *tôkôkyohi* to the mental wards of hospitals where Inamura had nearly 5000 teenagers " . . . locked away, force-fed tranquilizers and isolated from their parents for weeks at a stretch—all to 'cure' truancy" (Wehrfritz, et al. 2001). Eventually, fellow health professionals and media criticism caused Inamura to retreat from his aggressive medical approach, but in Saito's research on the *hikikomori* issue, he still refers to his mentor's work (Wehrfritz, et al. 2001). Saito performs therapy and communication skills sessions twice a week in Sasaki Hospital. According Wehrfritz's article, Saito's cure rate for his *hikikomori* patients by re-integrating them into Japanese society is around 30 percent.

The other school of thought on *hikikomori* is held by those who insist that acute social withdrawal is *not* a disease *nor* psychological illness, but a social condition; that most who suffer from the *hikikomori* condition are not forced to shut themselves in owning to a mental condition, but rationally choose to become a recluse as it seems the

only escape at the time (Secher 2002). Interestingly, the Japanese government also sides with this view and

> " . . . insists that hikikomori is a social phenomenon rather than a disease. But sufferers also often show symptoms of agrophobia [sic], persecution complexes, insomnia, obsessive-compulsive disorders and regressive behaviour."
>
> (Watts 2002)

Whether this is political expediency or hesitancy to acknowledge the existence of a large number of 'mentally ill' on the part of the Japanese government is not known. Former *hikikomori* Iwata Mitsunori states: "I knew that I was not mentally unwell, and that medical treatment was not what I needed" (Secher 2002). Writer Benjamin Secher (2002) goes on to state that Iwata's cure from his seclusion " . . . came not from drugs but from contact with people who believed in him". That level of cognition, even within the haze of indecision and malaise a *hikikomori* is assumed to suffer, lends some credence to the societal source viewpoint. Sadatsugu Kudo goes further in his book (2000):

> "I used to object to the words, "cure" and "recover," frequently used by those people who are called "professionals." I kept saying, "It is total nonsense to 'cure' kids who are completely healthy and sane. Those kids are normal so adults just need to prepare and provide the right environment." My argument has not changed."

Is '*hikikomori*' a new label for an old problem? In the essay "Japan's Lost Generation" (2000) by novelist Murakami Ryu on the *hikikomori* issue, he argues that members of a society suffer from tremendous stress in their personal lives when the nation in which they live undergoes structural change. Murakami, who just recently published a novel called Symbiosis Worm featuring a *hikikomori* as the protagonist, posits that stresses caused by a person's social framework changing right under their feet is cause for the formation of unique types of neurosis such as *hikikomori*. Murakami states:

> In 19th-century Europe, doctors often diagnosed "hysteria" as a neurosis (almost always applied to women) that indicated a suppressed desire for social fulfillment. Once it became common for women to leave the home and take up positions in society, this "hysteria" became a rarity.

Murakami believes that the great economic prosperity of post-war Japan and the technological boom of recent years has caused great shifts in Japanese societal structure; factors, incidentally, that are contributors to the *hikikomori* phenomenon. *Hikikomori* may be 'harbingers' of a new societal model on the horizon. Applying Murakami's 19th–century example: perhaps when Japanese society has shifted into a new form, as with the recently instituted education reform to loosen state mandated education, the *hikikomori* problem will become a non-issue as former shut-ins come outside to participate in a society that offers more choices than the middleclass mainstream School-Exam-University-Work-Death equation that has predominated most of the Post-War rebuilding of Japan. Japan is rebuilt and prosperous: it is an affluent country that needs a new 'mission statement' for its children.

It is highly probable that the *hikikomori* phenomenon is not new at all but is a social symptom of Japanese Post-War society. A culture which places high social prestige upon education means that those with gifts or perspectives not recognized within the scope of the standardized educational system feel their only recourse is to withdraw as no other social route is currently offered to them. In the 1970's and 1980's, this was School Refusal, *tôkôkyohi*, but it has probably been a problem since the Post-War education reform of the 1950s. It was not until the late 1980's and early 1990's when the 'economic miracle' began to falter that social withdrawal was noticed in any numbers and was termed variously as *tôkôkyohi*; *otaku*, manic anime and manga fans; *gogatsu-byo*,

May Disease, a sense of dread about life after school; *taijin kyofusho*, the fear and guilt of one's behavior in social interactions; and now in 2003 as *hikikomori*. As those like Kudo with first-hand experience around the *hikikomori* phenomenon point out, there was no institutional structure to recognize the problems of social withdrawal and so the number of cases have as a result 'accumulated' to epidemic proportions. It was the media sensationalism of violent incidents attributed to social shut-ins that give the issue the new *hikikomori* name.

Conclusion:
Redrawing the boundaries for *hikikomori* classification?

The label of *hikikomori* would seem to be a dangerously diffuse classification that encompasses many diverse reasons and societal causes for seclusion. *Hikikomori* as a definition appears to signify the results of any number of causes for withdrawal but not the specific causes that would further refine its terminological use. The current vague definition of *hikikomori* does present some parameters for classification of those experiencing some type of social withdrawal. However, because a precise definition does not exist, those grouped as suffering from *hikikomori* is unnecessarily broad and vague and many may suffer unnecessarily from the stigma associated with the label as a result.

As indicated by the media flurry on the subject, the inclination for the usage of '*hikikomori*' tends toward sweeping classifications of a large group of Japanese youth who do not behave in a manner considered the societal norm as they do not participate in school or the societal order of consensus peer groups. The current usage of *hikikomori* borders on abuse as its use elicits confusion, worry and stigma for those considered to be *hikikomori* 'victims', and may even perpetuate the shut-in phenomenon itself by public attention on someone even remotely shy or reclusive and thus compel them to withdraw. Certainly, when movie stars in the West are showered with attention and harassment by paparazzi, they seek to withdraw from the public eye and the harsh scrutiny of the media lens. How is the reaction of someone stigmatized or accused of being *hikikomori* any different?

The popularization of the term '*hikikomori*' in the Japanese public consciousness through the massive media coverage of the phenomenon should not be underestimated. How much *hikikomori* as an issue is a problem in Japanese society, and how much it has been brought forth and inflated by media hype as a mediagenic word is uncertain at this point. There is *some* sort of social phenomenon occurring, but the attention the mainstream media gives it only serves to cement it as a social label attached to those who behave in a deviant and even violent manner. Media influence on social perception of *hikikomori* is strong; the young men hidden away in the rooms are certainly not going to step forward to clarify the media's interpretations. *Hikikomori* have even become the subject of popular entertainment, such as Murakami Ryu's recent novel Symbiosis Worm, Japanese manga—illustrated comics—and documentaries undertaken by Japanese directors about the *hikikomori*. With no rigid definition of *hikikomori* even by Japanese health professionals, perhaps the level of influence the media has in defining *hikikomori* is too substantial. With today's realities, the ideal solution is beyond any hope of implementation: that the media should exercise restraint and balance in reporting on the issue to ensure that the phenomenon does not become unnecessarily stereotyped even further. Such a proposition also summons forth the issue of media integrity and responsibility that appears to be lacking today in a social institution fueled solely by competitive commercial realities in many world markets.

One solution for the *hikikomori* issue is a better classification or sub-classification system by health experts. While this could on one hand be viewed as furthering the misdeed of improper categorization and compartmentalization of a group of people, if the social stigma attached to *hikikomori* can be reframed and further defined, those who are

not 'dangerous' or mentally ill shut-ins might not be classifiable as *hikikomori*. Thus, those healthy '*hikikomori*' as Professor Goodyer suggests, will cease to feel identification with *hikikomori*. They might even lose an available means to opt-out of society and be forced to discuss their grievances and so re-integrate into daily life. In his book, Hey *Hikikomori*! It's Time, Let's Go Out (2000), Kudo also sees the problem with the overly vague grouping of various people who have withdrawn for various reasons into their rooms. At one point, he further breaks down *hikikomori* into four basic categories:

1. **Pleasure seekers** (also known as delinquents).
2. **Lazy People** (those who don't feel like going to school).
3. **Komori** (those who are worried about other people seeing them, and want to go outside, but cannot). [akin to *taijin kyofusho*, and agoraphobics]
4. **Special cases** (people who stop going to school because of problems with bullies, friends, teachers, because they don't like things such as studying or certain subjects, or, they feel bad because their parents are divorced or separated). [Possibly due to depression.]

In addition to Kudo's four groups, another two existing classifications can conceivably be found within the current vague definition of *hikikomori*. These should be 'diagnosed' properly so that they can be effectively ***removed*** from others currently considered *hikikomori* in an effort to further refine the definition and deter the *hikikomori* term's further misuse:

5. **The mentally ill** (who are incapable of functioning without medication and may not even have cognitive abilities to perceive the outside world while ill).
6. **The violent** (those who behave in a destructive way towards family members or themselves like female '*hikikomori* wrist cutters' who mutilate themselves. Those cases of violence by *hikikomori* in public as reported by the media are questionable as experts say that 'true' *hikikomori* are too lethargic and apprehensive about social contact to be violent. So these 'violent *hikikomori*' should be re-labeled and the association discouraged; they are simply violent ***not*** 'violent *hikikomori*').

If *hikikomori* were officially categorized further into "Class A-F *Hikikomori*", the process of typing would remove the ambiguity from *hikikomori* and take the media out of the equation by defining the malady in such a way that selling newspapers with the topic might prove difficult except for the most severe 'Class' of *hikikomori*, the violent or the mentally ill. The rest would cease to have tacit social approval to drop out of society and possibly re-integrate as the term would no longer have cultural currency for them.

The last three classes or categories numbers 3 through 5 of *hikikomori* could legitimately undergo medical and psychiatric treatment with methods used by the likes of psychiatrist Tamaki Saito while the rest would be re-socialized through 'safe-houses' and work programs such as Mr. Kudo offers. This further refinement of the definition of who are *hikikomori* would help health care professionals like Saito better treat those in true need of psychotherapy and this 'sorting' would also help Saito's current 30 percent cure rate: only those truly mentally ill would receive his medical treatment where, no doubt, he would enjoy a higher success rate. Healthy and sane people, as many *hikikomori* probably are in most respects, put into mental wards do not generally respond well to such treatment. As Kudo insists, most *hikikomori* " . . . *are not mental patients, they are normal human beings. They just need to have normal human experiences* " (Barr 2000).

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