

# The phenomenon of “hikikomori” (social withdrawal) and the socio-cultural situation in Japan today

*Il fenomeno del ritiro sociale “hikikomori” e la situazione socio-culturale in Giappone oggi*

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## Summary

### Objectives

In Japan today it is believed that there are a million young adults who refuse to work and who avoid social contact. This phenomenon, known as “hikikomori” (social withdrawal), has become a serious socio-psychological problem throughout the country. However, there has been little psychopathological consideration of this phenomenon, and no detailed discussion of diagnosis. In this article, we investigate the phenomenon from a psychiatric perspective by introducing the concept of “primary hikikomori” and examining its relationship to recent changes in Japanese society.

### Methods

We reviewed several studies concerning the epidemiology and psychopathology of hikikomori. As psychiatrists, we have considerable experience treating hikikomori youth (referred to simply as hikikomori) in individual therapy, group therapy, family therapy and family group therapy sessions. Based on this experience, we present a typical case of “primary hikikomori” and identify its psychological features. We also analyze hikikomori from a socio-cultural perspective. The observations made herein are based on this first-hand clinical experience as well as careful consideration of a number of other psychiatric and sociological reports concerning hikikomori.

## Introduction

Hikikomori (social withdrawal) means behaviour in which adolescents and young adults refuse all contact with society and withdraw from all social activities. The word hikikomori describes both the phenomenon and the person suffering from it. Since the 1990s, hikikomori among young adults, and occasionally adults up to their 40s, has been the focus of considerable attention as a new social problem in Japan. It is a phenomenon in which young adults who have either graduated from high school or university, or who have dropped out and not completed their education, do not take up employment but rather cut off contact with society and confine their lives mainly to the family home. In some instances

### Results

Firstly, a typical case of hikikomori is presented. Secondly, we identified the psychological features of “primary hikikomori”, or hikikomori with no obvious mental disorder, as follows: 1) display a tendency to avoid competitive settings; 2) cherish an “ideal image” based on the expectations of others; 3) are unable to make a fresh start from their current situation; and 4) have parents who continue to invest in their child’s ideal image. We assert that “primary hikikomori” is a new manifestation of the conflict prevalent among contemporary Japanese youth. Thirdly, we discuss possible contributing factors to the phenomenon from three viewpoints: 1) changes in the socio-cultural constellation; 2) changes in communication; 3) changes in the labour system and examined the implications of such widespread change.

### Conclusions

We believe that it is necessary to consider the possibility that the hikikomori phenomenon, which emerged in Japan in the 1990s, might be the first sign of a larger disturbance within present-day society in general. Moreover, the pathology of societies giving rise to this hikikomori phenomenon ought to be examined.

### Key words

Hikikomori (social withdrawal) • Primary hikikomori • Psychological feature • Japanese culture

they do not even speak with other family members, and shut themselves up in their rooms with day-night reversal, sleeping during the day and staying awake all night. Others may sometimes leave the house for such things as going to the library or shopping in the neighbourhood.

The hikikomori phenomenon in youth has been a social problem in Japan for the past two decades. It has also been recognized in other countries in recent years, particularly in Europe. At the same time, there has been no detailed psychopathological discussion of hikikomori in Japan. We have therefore attempted a psychiatric placement of this problem by presenting the concept of “primary hikikomori”.

In this article, we firstly review several studies concerning hikikomori in Japan. Hikikomori is not a diagnosis, but a

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condition in which young adults avoid social activities. It may be caused by depression, anxiety disorder or some personality disorders. In an earlier paper<sup>1</sup> we reviewed 82 articles about hikikomori, and will discuss some of them herein. Secondly, we present a typical case of “primary hikikomori”, and outline the psychological features of this condition that we defined in a previous report<sup>2</sup>. As psychiatrists, we have treated hikikomori in individual therapy, group therapy, family therapy and family group therapy. Therefore, our considerations in this paper about the pathology of hikikomori are based on these clinical experiences. Lastly, we consider possible contributing factors to this phenomenon. We bring together the analyses of three major contemporary Japanese sociologists and the clinical presentation of hikikomori, and consider them from the perspectives of social change in general, change in communication and change in the labour system.

## The hikikomori phenomenon

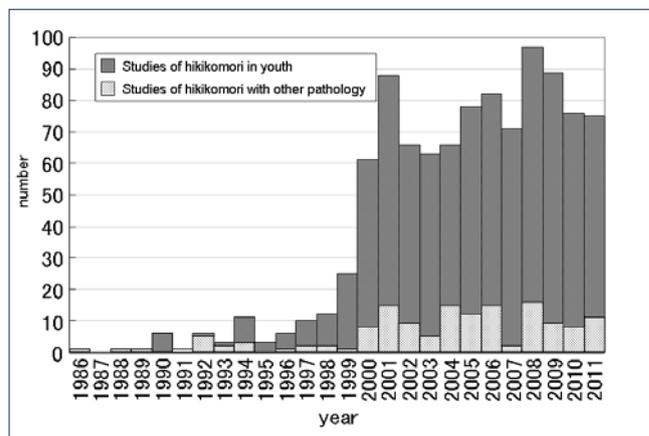
### *History of the usage of the word ‘hikikomori’ in Japan*

Before discussing the phenomenon of hikikomori, we shall first explain the changes that have occurred in the usage of the word hikikomori in Japan. Originally, hikikomori was simply a general term referring to a condition in which people withdrew from relationships with others. It was also used as a psychiatric term describing the symptom of withdrawal in autistic, schizophrenic, depressive or aged patients. After 1990, hikikomori among youth received increasing attention from psychiatrists and society at large, and came to be used mainly for young adults. In Figure 1, we show the changes from 1986 to 2011 in the number of papers about hikikomori with other pathologies, compared with those specifically about hikikomori in young adults. It is evident that the number of the latter increased quickly, and among young adults this phenomenon became a new area of interest in psychiatry. Some psychiatrists have written about the psychopathology of hikikomori, which we discuss further in a later section.

### *Review of studies about hikikomori*

#### *Epidemiological studies*

The number of hikikomori adolescents and young adults in Japan is believed to range from 500,000 up to one million<sup>3</sup>. In the first epidemiological study<sup>4</sup> of this phenomenon in 2003, the Japanese Ministry of Health, Labour and Welfare defined hikikomori as a state in which a young person (a) mainly stays at home, (b) cannot or does not engage in social activities such as going to school or working, (c) has continued in this state for more than 6 months, (d) has neither a psychotic pathology nor medium to lower level mental retardation (IQ < 55~50), and (e) has no close friends. They reported that 6,151 cases had presented at public health centres during the previous 12 months. Among these, males outnumbered females, comprising 76.4% of the total. Koyama et al.<sup>5</sup> interviewed 4,134 people (55.1%) from a random sam-



**FIGURE 1.**

The number of hikikomori studies. *Numero delle ricerche su “hikikomori”.*

pling of citizens from 6 of the 47 prefectures in Japan. Of the 4,134 people interviewed, 1,660 were aged from 20 to 49 years, and among this group 19 people (1.2%) had experienced hikikomori themselves. Koyama suggested that the number of people within that age group who had experienced hikikomori during their lifetime was in fact higher because participation in the investigation was voluntary. Therefore, based on Koyama’s study in which 1.2% of the sample group had experienced hikikomori, we can postulate that in the total population the number of hikikomori youth aged from their 20s to 40s years might be over 600,000. With respect to diagnosis, Koyama also stated that 45.5% of hikikomori cases had no lifetime experience of a psychiatric disorder, which we call primary hikikomori<sup>2</sup>. Kondo et al.<sup>6</sup> investigated 183 subjects who utilized mental health welfare centres and met the definition of hikikomori. Based on DSM-IV-TR criteria, 49 of these patients (33.3%) were diagnosed with schizophrenia, mood disorders or other mental disorders, 47 patients (32%) were diagnosed with developmental disabilities, and 51 patients (34.7%) were diagnosed with personality disorders (including personality features not reaching the threshold of actual personality disorder). As for the long-term prognosis of hikikomori, there is little information since it is a relatively new phenomenon. However, of the 183 subjects in the study of Kondo et al.<sup>6</sup> 28 (15.3%) achieved social participation after 21.7 months of consultation.

#### *Studies on hikikomori and psychiatric personality disorders*

Some psychiatrists have reported on the hikikomori phenomenon by discussing the patients’ pathology from the viewpoint of personality disorders or neurotic disorders. Kondo<sup>7</sup> reported that schizoid pathology is commonly found among hikikomori cases. Kinugasa<sup>8</sup> indicated that most hikikomori youth have schizoid personality disorder.

der, narcissistic personality disorder or avoidant personality disorder. Nakamura et al.<sup>9</sup> reported that a new type of *taijin kyofusho*, characterized by avoidant and withdrawal tendencies, has been increasing. In our experience, however, hikikomori usually do not have sufficient deviation in personality before withdrawal to be classified as having a personality disorder. When observing them in their present state, they might possibly be diagnosed with avoidant personality disorder or schizoid personality disorder. However, they are in fact not so avoidant or misanthropic and fundamentally desire contact with people. Moreover, having adapted reasonably well until they reached a hikikomori state in their 20s or 30s, most would not be diagnosed with a personality disorder.

### *Studies on PDD*

In recent years, some cases of hikikomori with pervasive developmental disorders have been reported. They include high functioning autism and Asperger's syndrome without mental retardation, which are not usually diagnosed during childhood. Such cases are not rare, and while patients may have some problems with personal relationships they are able to adjust to school life because of their high scholastic ability. In adolescence or young adulthood, however, when they are forced to decide their career course or adjust to a new job, they become hikikomori. They first present at the clinic as hikikomori and are finally diagnosed with PDD based on their life history, psychological testing and anecdotal evidence provided by their parents. Kondo<sup>10</sup> reported a diagnosis of PDD in 22 of the 78 (28.2%) hikikomori patients he saw. In our experience<sup>11</sup>, 6 of 27 (22.2%) hikikomori patients had PDD.

### *A similar phenomenon in other countries*

The hikikomori phenomenon is often said to be unique to Japan and related to Japan's psychosocial background<sup>12-14</sup>. However, other phenomena elsewhere in the world are considered to be similar to hikikomori in that there is some degree of withdrawal from society. Firstly, Internet addiction has been reported in several countries. In South Korea, for example, it is said to be a serious problem among adolescents<sup>15</sup>. Kim<sup>16</sup> stated that “recluse type” Internet addiction in South Korea has some psychological resemblance to hikikomori. He reported that “recluse type” Internet addicts do not leave the home not only because they are totally absorbed in the Internet, but also because they have a tendency to avoid communication with others. However, in general Internet addiction the hikikomori state occurs as a result of people simply becoming absorbed in the Internet. Secondly, in England young people not in full-time education, employment, or training (NEET) are the subject of policy concern<sup>17</sup>. This phenomenon is similar to hikikomori behaviourally in

that NEET do not work or study. However, we regard the phenomenon of NEET as simply a labour-related problem that is not concerned with the individual's mental tendencies. Thirdly, there are some case reports of “hikikomori” from Oman<sup>18</sup>, Spain<sup>19 20</sup> and Italy<sup>21</sup>. As these reports were based on a limited number of cases and insufficient information, it is questionable whether their psychological features are the same as those of Japanese hikikomori. Kato et al.<sup>22</sup> surveyed psychiatrists from 8 other countries, asking whether they believed that hikikomori existed in their own country based on two typical hikikomori case reports. A total of 124 psychiatrists from 8 countries said that they felt that people with hikikomori syndrome could be found in their own country. From this result, Kato concluded that hikikomori cases may exist not only in Japan but also in other parts of Asia, Australia and the USA. However, Kato's report indicated that there were differences regarding diagnosis and treatment between Japanese psychiatrists and their peers in other countries. It may be that these differences came from varying interpretations of the features and pathology of the hikikomori evoked by the two case reports. Hence, we cannot directly conclude from Kato's investigation that the same kind of hikikomori found in Japan exist in other countries. As there is insufficient data available at the present time, we feel that is worthwhile pursuing our investigations of this phenomenon.

## **Primary hikikomori**

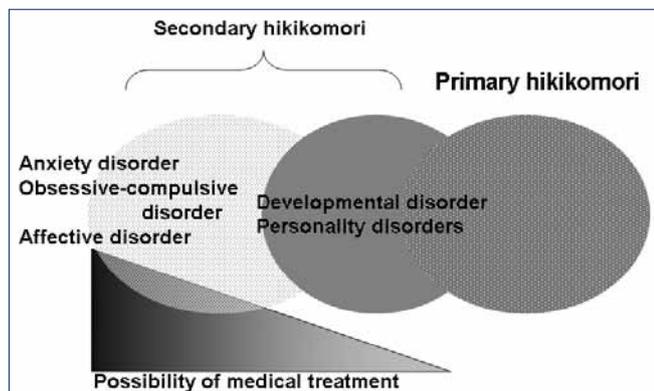
### *Primary hikikomori and secondary hikikomori*

As noted above, hikikomori includes individuals suffering from a variety of severe mental disorders including affective disorder, anxiety disorder, obsessive-compulsive disorder, personality disorders and pervasive developmental disorders, which we classify as “secondary hikikomori”. We define “primary hikikomori” as one manifestation of the hikikomori phenomenon that cannot be described using current concepts in psychiatric disease<sup>2</sup>. Primary hikikomori youth do not have any serious diagnosable psychopathology, yet they are unable to enter society or adapt to their surroundings. Our classification of hikikomori, which is a reworked version of the original one provided by the Japanese Ministry of Health, Labour and Welfare, is shown in Figure 2.

### *Importance of the concept of primary hikikomori*

The concept of primary hikikomori is important because, firstly, one cannot understand the basis of this pathology by considering only hikikomori in relation to other disorders. This pathology and the peculiarities of such withdrawn young adults can only be elucidated if we regard them from the viewpoint of the concept of primary

\* This is one type of neurosis related to interpersonal relationships. It is also called anthropophobia. *Taijin kyofusho* patients feel strong fear when they think they are despised or detested by others because of their inappropriate expression.



**FIGURE 2.**  
Classification of hikikomori. *Classificazione di "hikikomori"*.

hikikomori. Secondly, based on the psychopathology of primary hikikomori, we might be better able to understand the sociological problems of Japan today. It is not only a problem in young adults, but also a social problem confronting contemporary Japan. Thirdly, the concept of primary hikikomori is important when considering therapy or treatment. If patients are suffering from obsessive-compulsive disorder, we must treat them for that disorder even if their condition also involves hikikomori. Established therapies can be used to treat the regular disorder. However, in cases of primary hikikomori we need to consider new methods that are suited to its pathology.

### Case description

The patient's mother first came to our office and explained that her son had refused to work for 2 years after graduating from university, even though he had a good academic record and was always kind and gentle in his dealings with others. After 6 months of counselling the mother, the patient himself came to our office. He was 25 years of age. He complained that he would like to have a job and lead an ordinary life, but was unable to do so. In discussing his past, we discovered that he was good academically and even leader of the student representative committee in elementary school. In high school, he joined the volleyball club, but soon quit in anger because he felt that the team selection procedures were unfair. He subsequently lost motivation to attend school and dropped out. After 3 years, he entered university via the special university entrance qualification system. He was able to adjust to university life. After graduating from university he obtained a regular company job. He attended the company training course where he met many fellow-employees for the first time. However, he soon became exhausted from the effort to maintain good relationships with them. Additionally, he was disappointed by his perceived inability to relate well with others and felt that he would not be able to manage his job. He feared entering adult society. As a consequence, he was unable to report for work on the first day and continued to remain

at home. He felt ashamed of himself for giving up before really trying. For about 6 months he could not leave his room and reversed his day-night schedule. After that he was able to leave the house, but only in the evening and he was anxious about meeting acquaintances. Although he feared others would notice that he had not worked for several years, he believed that he could handle regular communication and had no anxiety about having conversations with people unconnected to his work or life. After 7 years of counselling, he still stays at home and is unable to take on a job, complaining that he has no confidence in his ability to cope with society.

### Differential diagnosis

Firstly, schizophrenia may be excluded because there were no hallucinations, delusions or other morbid experiences, and communication in one-on-one interviews was good. Differentiation between depression and mood disorder was a problem, but although he presented a strongly suppressed state, such as shutting himself in his room after experiencing setback, there were no obvious depressive feelings and periodic changes did not occur. Depression can also be excluded from the premorbid character of hypodynamia and low role identity. With regard to neurosis, no neurotic symptoms that would be classified as dissociative disorder, somatoform disorder, or anxiety disorder were seen, and there were no conspicuous compulsive tendencies. In the area of personality disorders, while "schizoid," "narcissistic," and "avoidance" pathologies were problems, these cover a wide range from character tendencies to personality disorders, and diagnosis of their pathological level is important. To diagnose a personality disorder, some kind of interpersonal problem or behavioural problem other than hikikomori would need to be seen. He did not have any adaptive problems other than hikikomori, and a diagnosis of personality disorder was not made. Thus, this case does not seem to fit into any current psychiatric diagnostic concept.

### Psychological features

We have identified the following five pathological features of "primary hikikomori":

#### *Episodes of defeat without a struggle – prelude to hikikomori*

Not only in the case described above, but in many cases of hikikomori, there is an episode of "defeat without a struggle" before the person becomes hikikomori. Examples include quitting the school volleyball team because one was not selected as a player, as in our case study, or giving up taking an entrance examination after having prepared for it. All competitive settings are avoided. Finally, hikikomori depart from their envisioned "ideal path" without ever having struggled for what they wanted. Since they did not struggle and fail, this "envisioned path" remains within them unchanged and they feel uncomfortable with themselves for not being on that path.

### *An ideal self image originating in the desires of others rather than in one's own desire*

This following of “the envisioned ideal path,” which is the ideal of the self that they have had since childhood, is not an ideal they have cultivated themselves based on their own desires or a passionate ideal in which they have invested emotional energy based on their own longing. Rather, it is an ideal that originated in the opinions of others. In other words, they create their ideal image based on others' expectations and are unable to hold onto their own goals or ideals. As a result, a strong desire to work toward those ideals does not arise in them.

### *Preserving the ideal image of the “expected” self*

As they continue to live as hikikomori, the fact that they are not following their envisioned path becomes a more serious problem within them. If they had struggled and lost, they could have created a new awareness of themselves from the pain of that defeat, and faced the task of seeking a new path. Instead, the gap between their ideal self and actual self becomes even larger. Nevertheless, they still cherish the fantasy of rejoining their imagined ideal path, rather than starting from the place they are at now. While recognizing that they have strayed from that path, they continue to want to show others their envisioned ideal self.

### *Parents' investment in the ideal self of the child*

The involvement of parents is an important point that must not be ignored in considering the psychological trends of primary hikikomori youth. The parents continue to invest in the ideal image of their child, even after he has grown up and become hikikomori. As therapists, we often hear parents speak proudly of the excellence or goodness of their hikikomori child, believing that he can still achieve something in the future. The parents not only support their child financially, but also may contribute to his holding on to the past ideal image through their psychological investment.

In a previous paper <sup>11</sup>, we discussed in detail the family features of primary hikikomori (social withdrawal).

### *Avoidant behaviour to maintain the positive opinion of others*

Hikikomori avoid things that would threaten the “envisioned self” or “ideal self”. They avoid situations in which they may be asked by others about their present circumstances, and avoid thinking about starting again from their present state. Their principles of behaviour are centred on protecting the ideal self by avoiding such situations. If they held a strong ideal, born of their own desires, they would probably not adopt such a pattern of avoidancy. Additionally, they do not feel a particular desire to achieve something or to immerse themselves in something pleasurable. While this may not be to the extent of a complete lack of pleasure, as expressed by the term anhedonia, it may indicate their basic inability to seek pleasure of some kind.

As long as they feel unable to seek pleasure and adopt a behavioural principle of avoiding unpleasantness, it will be difficult for them to work and live in society.

## **Relationship between hikikomori and Japanese culture**

While five psychological features were presented, primary hikikomori is thought to have a low level of pathology. Therefore, to understand this phenomenon requires understanding not only of individual pathology, but also consideration of background socio-cultural factors. In this final section, the views of other authors are summarized and our opinions on hikikomori are considered from three perspectives.

### *Views of other authors*

As mentioned above, hikikomori is thought to have been a problem within Japanese society since 1990. It must be recognized that this phenomenon is rooted in the interrelations between youth and society. In considering the factors that contribute to hikikomori, one may look to certain characteristics and pathologies of Japanese society over the past two decades.

Allison wrote *Millennial Monsters* <sup>23</sup> after staying in Japan for a year from 1999 and studying youth culture in contemporary Japan. In that book, she states that hikikomori is an event that occurs as a result of the post-war education-obsessed society, which forces children into a single set of values. There are several commentaries from other countries concerning the relationship between the education system in Japan and hikikomori. Borovoy <sup>24</sup> wrote that all children are made to follow the same path based on standardized education, while Furlong <sup>25</sup> also pointed out the relationship between hikikomori and the rigid educational system. He states that both parents and children emphasize academic success and do not look for other options, thinking that academic success will lead to solid employment. In reality, however, the hikikomori phenomenon did not occur in the 1970s and 1980s when the education system in Japan was more rigid than today and the “education society” in which academic results led reliably to employment was unchallenged. This “education society” began to change in the 1990s when hikikomori first appeared and academic success no longer guaranteed solid employment or a happy life.

Allison <sup>23</sup> and Nomura <sup>26</sup> referred to the relationship between hikikomori and the IT revolution. However, the hikikomori phenomenon first appeared in the early 1990s, while Internet usage only reached 60% in 2001. Therefore, it is clear that the hikikomori phenomenon preceded general Internet usage. In our experience, it is not universal for hikikomori (especially young adults over 30 years old) to have such a preferred private world of being absorbed in the Internet or home movies.

Considering the time gaps, neither the education system nor the IT revolution should be regarded as direct causes of the hikikomori phenomenon. What changes in society,

then, have influenced this phenomenon? We will focus on 3 specific areas of change: changes in the social foundation, changes in communication, and changes in the labour system.

### *Social changes in general – “Beyond reality”*

Based on our clinical experience and observations of changes in neurotic patients, changes among criminal youth and changing family problems, we sense that from around 1990 Japan's social foundations have been undergoing considerable change. The basis of social norms, or the standards underpinning society, have changed fundamentally.

The sociologist Mita<sup>27</sup> divided the period after World War II into 3 parts using the following terms to indicate opposite of reality; the “time of ideals”, the “time of dreams” and the “time of fiction”. The “time of ideals” refers to the period of pre-rapid economic growth from 1945 to 1960, the “time of dreams” relates to the period of rapid economic growth from 1960 to the mid-1970s, and the “time of fiction” characterizes the period of post-rapid economic growth from the mid-1970s. In the so-called “time of ideals”, Japanese people worked hard to achieve post-war rehabilitation, seeking material wealth while idealizing American ‘freedom’ and economic success. In the “time of dreams”, Japanese were confident of a hopeful future and that their dreams would be realized. Japanese society underwent tremendous change during this period. Due to the breakdown of agricultural collaboration and the rapid development of industry, family relationships, male-female relationships, the lives of women, the lives of men, the raising of children, the formation of personality and aims in life – all changed dramatically. Each of Mita's 3 divisions, however, becomes progressively unrealistic and the possibility of realization increasingly remote. In the concept of “fiction”, there is absolutely no intention of anything ever becoming real. Osawa<sup>28</sup> explained that the mentality of the “time of fiction” is “characterized by an attitude whereby reality is viewed as one type of fiction, structured and framed by words and symbols so that reality is reduced to something relative”. The fact that youth in the late 1970s and early 1980s were called “Shin-jinrui” (New Human Beings), who viewed everyday life as little more than fiction, reflects the character of that period. After that, a group of youth called “Otaku” emerged who placed “anime” and the virtual world above reality.

Osawa<sup>28</sup> suggested that the “time of fiction” gave way to the “time of impossible” in the mid-1990s. In this society, what he termed “the agency of a third person” diminished. This so-called “third person” is the transcendental other who alone can judge the appropriateness of social standards. Without the instance of a third person, there is no one to guarantee absolute social norms or standards and individuals are forced to choose by themselves. Nothing is dependent on fate in this society.

Encountering a transcendental other is what socializes youth. This transcendental other might exist in the form of authority figures, organizations, rules or even disasters.

At the time of socialization, it is usual for adolescents to resist authority or to sometimes display violence as a result of their conflicts. The way in which Japanese youth express their resistance is changing with time. In Mita's “time of ideals”, youth conflict was manifested by the formation of gangs of hoodlums or *yakuza*, drop-outs from society. In the “time of dreams”, young people rejected American capitalism and resisted the order of politics, and their violent campus activism and embrace of communism held sway in Japanese society. In the “time of fiction”, the target of youth resistance narrowed from society at large to those in closer proximity, such as parents or teachers. Those youth became involved in domestic violence, school violence, or “boso-zoku” motorcycle gangs, disrupting traffic and disturbing neighbourhoods. Next, in the “time of impossible”, when the object of resistance such as the transcendental other crumbled away, the energy to express one's resistance externally may have been internalized through the action of hikikomori. The action of hikikomori serves not only to protect one's present condition, but also results in injury of self through internal acting out at the time of initiation or socialization. Therefore, in this light, hikikomori can be seen as a state of contradiction between protecting oneself and injuring oneself.

### *Changes in communication*

The form taken in interpersonal relations among Japanese, which has been called conformism, has changed greatly in recent years. Such conformism was maintained by the local community, relatives, and company organization in which relationships were formed similar to a family. However, after the “time of dreams” period, the importance of the local community, relatives and the company was diminished. While conformism has declined in Japanese society, individualism has not yet taken root. Toivonen<sup>29</sup> indicated that hikikomori youth can be viewed as disempowered victims of the reaction to globalization in conformist society. Both Takeda<sup>30</sup> and Allison<sup>23</sup> suggested that this new kind of relationship among Japanese, replacing conformism, can be identified as “orphanism”, whereas Miyadai<sup>31</sup> used the term “synchronal communication”.

Takeda<sup>30</sup> wrote that a new individualism has been formed amid the rapid changes in Japanese society, leading to a social situation in which there is no orientation towards belonging to groups. This new individualism is oriented toward both physical and mental isolation, the “orphanism” mentioned above. This term “orphanism” is a new word coined from “kojin” in Japanese (an individual) and “koji” in Japanese (an orphan). Allison noted that orphanism can often be observed as behaviour on trains, and that hikikomori is one manifestation of orphanism. Certainly, disinterest in others who are physically present in close proximity, and who at the same time have an obsessive focus on a distant person or information via mobile phone, e-mail or the Internet, is the current social attitude of Japanese, especially youth. An example is the

many young women who do their makeup on the train. They are totally indifferent to other passengers and put on eyeliner and apply mascara as if they were at home. Miyadai<sup>32</sup> stated that in this phenomenon “changes of environment such as increased social mobility make ‘commitment’ disappear”. As a result of this increased mobility and developments in communication media, close proximity and continuity (personal history) are no longer important for personal communication in today’s Japanese lifestyle. Face-to-face communication is becoming less common, and on-line communication is generally considered more important. The concept of “off-line meeting”<sup>\*\*\*</sup>, now commonly used among young Japanese, may be considered clearly describing their form of existence in which indirect online communication takes precedence over actual relationships. Attaching little importance to one’s immediate society, isolating oneself from both family and local community and placing priority on interactions in a preferred private world, has come to be the way of life among many Japanese youth.

Miyadai<sup>31</sup> observed that, in the past, personal communication in which there was a mutual acceptance or understanding of emotional experience existed not only among family and close friends, but also extended to one’s larger group affiliations, such as one’s company or race. He also noted that Western “civil society”, which is based on the assumption that people with different values and norms defer to a universal rule or principle, has not been realized in Japan. The art of social intercourse in which one forms a relationship with someone totally unknown, through a process of sounding out and gradually becoming closer, is the essence of such a civil society. In Miyadai’s opinion, therefore, since Japanese people can no longer easily trust others or feel the support of their group, they have adopted what he calls “synchronal communication”. In this form of communication people do not connect through emotional relationships, but rather by having similar tastes or interests in order to feel at ease. Hikikomori youth usually cut off their personal relationships with friends at the time they leave their school or job. This exacerbates their internal conflict. They do not belong to any organizations and have no interests in which to concentrate their attention. Thus, hikikomori youth have neither personal communication supported by some kind of group affiliation, nor synchronal communication supported by a sharing of similar interests. We differ from Allison in that we believe hikikomori are unable to adopt an orphanistic lifestyle in which societal norms are neglected or adopt a form of synchronal communication.

### *Changes in the labour system*

Let us next consider the labour environment in Japan. Ja-

pan experienced unprecedented economic growth after 1960 until the sudden economic collapse around 1990. These rapidly-changing economic circumstances were unique to Japan, and are likely to have had a strong effect on the young people who grew from children to adults during this period.

The percentage of workers engaged in manufacturing has been steadily decreasing in Japan. In 1975, the rate was over 25%, while in 1998 it was under 20% and in 2010 it had fallen to 16.8%. At the same time, there has been a rapid increase in tertiary industry workers, currently accounting for 70% of the workforce. Therefore, most young people today aim for employment with a company in the fields of information/telecommunication, finance or marketing. The employment environment has also become harsher since the so-called “bubble economy” burst in the early 1990s. It is not difficult to imagine that to be hired and continue working in tertiary industry requires higher levels of interpersonal skills and greater survival power than ever before.

Significantly, the number of irregular employees has increased rapidly since the early 1990s. In 1991, it rose to 19.8%, by 2000 it had reached 26% and in 2010 had climbed to 34.4%. Since the mid-1990s, the number of insecure young employees who frequently change their irregular positions, so-called “freeters”, has been increasing, as has the number of hikikomori. The labour problem affecting these youth, who are termed “precarariat”<sup>\*\*\*\*</sup>, has become one of the major social issues that Japan faces today. In such an environment, one can easily imagine the hurdles that must be overcome in order to re-enter society once a young person has gotten off the employment track.

### **Conclusions**

In this paper, we:

- introduced the hikikomori phenomenon in Japan; reviewed a number of studies about hikikomori and identified the characteristics of the phenomenon;
- discussed the psychological features of primary hikikomori;
- examined the impact of contemporary Japanese society on youth today.

The social problem of hikikomori experienced in Japan in the past two decades has also been reported in several other developed countries<sup>18-22</sup>. Might this become a worldwide problem? In the US, after 9/11 and the recent Lehman shock, young people appear to have greater difficulty entering society and maintaining life on their own. In European countries, youth unemployment is rising and young people are also experiencing many problems in times of economic austerity. Therefore, we need to con-

<sup>\*\*</sup> This term is used in Internet communication. At first, members of a specific site meet and chat online. Then, at some later date, they may meet in person. Such face-to-face meetings are called “off-kai” or “off-line meeting”.

<sup>\*\*\*</sup> The term “precarariat” is a combination of the words precarious and proletariat.

sider the possibility that the hikikomori phenomenon which emerged in Japan in the 1990s might be the first sign of a larger disturbance in modern society in general.

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