



Hikikomori and School Refusal

by Lindsey Saunders

Life in Japanese schools can be a horrid experience. Bullying, entrance exams, and constant peer pressure are just some problems that children face. This could be said of schoolchildren in different countries as well, but the children in Japan have a unique response to school related pressure. This manifests in an interesting phenomenon called *hikikomori*. You may have heard this word from the news, due to some of the most extreme cases. The general definition of *hikikomori* is “those that shut themselves in their rooms”, or another part of their house, and refuse to come out no matter what for at least 6 months. However, what you may not realize is that most *hikikomori* are lethargic rather than violent. They feel they wouldn’t be able to handle failure in Japan’s success-oriented society. In most cases they may not have to because of the large dependency on parents. Another problem that occurs in Japan is the student refusing to attend school and is called school refusal, or *toukoukyohi*, which could lead to *hikikomori*. However, it is usually just centered on school, with students being either afraid to go or just lacking the energy to keep up with the high-paced education system.

In Japan, school is considered a fundamental part of society, and many students and the population in general believe that if you can make good grades and get into a good school, the rest of your life will work out wonderfully. This applies a ridiculous amount of pressure to students, causing anxiety and self-doubt. Because school is such an integral part of Japanese life, school refusal is often discussed among adults and usually turns into more of a political issue because of opposing views on educational methods and curriculum. The problem, whether it lies with the individual students or the school system itself, is highly debated (Yoneyama, 2000, p. 81).

In these debates, school phobia is broken up into four different categories: 1) psychiatric, as mental illness – the student is blamed rather than the school and the children are sent for medical help and labeled as ‘abnormal’, 2) behavioral, as laziness – the student’s own selfishness is the cause and more discipline is

needed, 3) citizen’s discourse, as resistance – higher authorities feel the problem is not with the students but with the schools and society in general, which calls for higher political change, 4) and the socio-medical discourse, as burnout – the problem lies with the school’s societal structure, and urges children to rest when academic demands and high pressure social situations cause them to panic (Yoneyama, 2000).

Many cases of *hikikomori* in fact start out as school refusal, or *toukoukyohi*. Those afflicted with *toukoukyohi*, whatever the cause, often show signs of exhaustion and also panic attacks or anxiety disorder. *Toukoukyohi* is often related to school phobia, which includes fear of going to school, emotional disturbance, and being in the safety of parents (Yoneyama, 2000). However, many school refusals result from academic burnout on the part of the student. These students lack the desire to continue down what is seen as an impossible path.

Tomohiro Itsuno states that as for *toukoukyohi*, the usual precursor to *hikikomori*, several factors are probably to blame. He differentiates between family and school problems. Family problems include advanced home technology taking away from the domestic training that usually comes from parents to children. This denies children the parental bond that develops through such training. Another possibility could be the shrinking size of Japanese families – children don’t experience the sharing and relating that comes with siblings. Because of this the social persona develops later than normal. Also, the Japanese family is centered around the child, relating the message that the parents are only there to serve the child and therefore the child doesn’t feel any responsibility. This can also cause a co-dependant relationship between mother and child. Trauma may occur when separation actually happens, as in becoming a *shakaijin*, or a member of society (Itsuno, 1993).

In relation to school refusal, Tomohiro mentions the largest cause being poor academic results and blames the schools for trying to cram large amounts of specific information in children’s minds. Also, the ‘equality of outcome’ is stated. In Japan, equality is one of the most important aspects of education, and unlike America’s view of equality of opportunity, Japan focuses on the equality of everyone’s outcomes (Okamoto, 2001). This puts a lot of pressure on young children, not only to strive to reach everyone else’s level, but also preventing those exceptional children from revealing their full potential

(Itsuno, 1993).

In 'Educational Reform', a view is mentioned that before the 1970's, children spent more time outside with their families, with other children, and with the community, and thus learned the majority of their moral and social education in this way. Today, however, community activity is lower, while sedentary activities and the likelihood of both parents working full-time are higher (Cave, 2001).

The rate of children refusing to attend school has doubled since 1990 (Jones, 2006). From a report written by the Ministry of Education in 1990, there were almost 50,000 students from elementary and secondary schools that hadn't attended in at least 50 days. Of those in secondary school, 30% claimed it was lack of spirit or dislike of school; 26% stated anxiety disorders as the cause; and 20% were from misconduct and the pursuit of pleasure (Itsuno, 1993).

Students with school refusal usually start out by claiming they cannot go to school, usually because they feel excessive tiredness. However, often times they aren't really sure why they can't bring themselves to go to school (Yoneyama, 2000, p. 87). Many school refusals start after a period of going to the school clinic, where students are allowed to be at school but without any of the pressures of normal class. After this, there is usually great pressure put on the student to go back to school, and symptoms like stomachache or headache begin to appear. Sometimes violence against parents by the student occurs in response to the pressure put on them. After this, sometimes for large amounts of time, the students process their situation, and usually comes to the conclusion that they are not in school not because there is something wrong with them, but because they don't like it, and are able to criticize the school system in their minds and assert themselves. Finally, some find self-confidence and are able to live in society again, but feel that school was a bad thing, that took away their personality (Yoneyama, 2000). However, not all students end up this way – some sink further into *hikikomori*, complete detachment from society, and some commit suicide or resort to crime against others.

There are a few accepted ideas of what could be causing *hikikomori*. The Ministry of Education's list of causes for school refusal are as follows: neurotic emotional confusion; mental disorder, as in the early states of depression or schizophrenia; poor academic performance; mental or emotional disabilities; maladjustment from transferring schools; and a lack of valuing education (Itsuno, 1993). The reasons listed are wide and varied, but many of them could be accredited to social pressure or lack of parental

involvement.

In Japanese society, it is very common for children to live with their parents until they get married, even when the child is out of college with a full-time job. The habit of relying on parents could be one reason *hikikomori* is possible for those with social problems. Dr. Saito claims that *hikikomori* is a family and social disease, based largely on the child-parent dependent relationship and the amount of pressure that is placed on young males, and to a lesser extent females, to succeed in Japanese society. Mariko Fujiwara, the director of research at Hakuhodo Institute of Life and Living in Tokyo, says that today's parents are more demanding because Japan's declining birth rate means they have fewer children on whom to push their hopes (Jones, 2006). A Japanese teacher who had a student stop going to school also claimed this was a problem, saying that "[the mother] hoped for too much from when [the child] was born. She thought high expectations equaled love" (LeTendre, 1996). An American psychologist, Dr. David Kupfer, states that, "In Japan, the pressure to succeed is a unique cultural source of trauma" (Kary, 2003).

Another psychologist, Yuichi Hattori, M.A., claims the problem is unemotional parenting. Most of his patients haven't been physically or sexually abused, but they seem to have post-traumatic stress disorder, and he thinks it's from 'zombie'-like parents. This relates to the Japanese ideal of *honne* and *tatemae* – true feelings vs. outward actions – which is one of the cornerstones of Japanese society (Kary, 2003).

Most *hikikomori* experience depression and obsessive-compulsive disorders; however, this is usually a side-effect of being shut-in with no human contact rather than a cause for isolation (Jones, 2006). There are similarities to agoraphobia and other mental illness, but *hikikomori* usually act normal unless they are placed in a stressful situation (Watts, 2002). It is said that *hikikomori* usually have a narcissist nature, preventing them from being able to fail in public because their pride is too high (Ogino, 2004).

Many *hikikomori* claim it was bullying in school that led them to isolate themselves, reasons ranging from being too fat to too shy to even being better than everyone else at a sport or hobby (Jones, 2006). Again, this relates to the 'equality of outcome' mentioned earlier. Outliers, even those on the exceptional end, are treated as alien. When students seek help most students are told by their parents and teachers to handle bullying themselves.

Another aspect of recent Japanese life that could hinder those that are predisposed to *hikikomori* is advanced technology. Countless hours can be spent on the Internet or playing video games while having

food delivered directly to your door, and rich parents usually allow this kind of behavior to continue instead of acknowledging that there's a problem (Watts, 2002). The pressure of Japanese society to succeed is also not to be overlooked. About 10 years ago there was another cultural disease that occurred in Japan: *karoshi*, or death by overwork (Watts, 2002). Perhaps the Japanese youth find this level of success to be too much to live up to, and become apathetic as a defense mechanism.

Sometimes *hikikomori* is due to an extreme obsession with video games, anime, or some other hobby; sometimes the person simply turns into a near vegetable, hardly bathing or eating, just passing the time silently in isolation. Of course this doesn't happen only to school age people – it also happens to corporate workers, housewives, and others – but it's primarily a 16-25 year old trend. Around 80% of *hikikomori* are male (Jones, 2006). 40% are below the age of 21 (Kary, 2003). 21% are within 25-30 years old, and about 8% of *hikikomori* haven't been in public for more than a decade (Watts, 2002). The first outbreak of *hikikomori* cases happened in the mid-1980's when a doctor who now specializes in *hikikomori*, Dr. Tamaki Saito, began getting a lot of young male patients who spent most of the time in their rooms, "lethargic and uncommunicative" (Jones, 2006).

It is estimated that maybe 1% of Japanese are *hikikomori* (about 1 million), which should cause a great deal of concern. But considering this is a fairly recent phenomenon, the government has only recently begun studies of this societal withdrawal by its young people (Watts, 2002). Also, the older one gets, the less likely they will re-enter society, which is alarming considering the low birth rate in Japan. This leaves the question of what will happen to *hikikomori* when their parents die. Almost all *hikikomori* are supported by parents who feel an obligation to support their child no matter what. Also, in a society where being different is considered to be reckless and is generally shunned these parents are usually deathly afraid that others will find out about their child's problem (Jones, 2006).

Because *hikikomori* is a 'private' disease, receiving help is difficult. First, public health care usually does not work because the psychologist or doctor ends up talking to only members of the family. It seems that only those *hikikomori* who want to change can do it. But for these people, help is available. Besides private counseling and therapy, there is a job-training program called New Start, a college-like setting that reintroduces normal life to those who have been shut in for long periods of time (Barr, 2000).

There are also several private alternative schools.

One deals specifically with *hikikomori* in a group setting. This school introduces activities slowly to allow *hikikomori* to try new things by helping them to develop 'managing categorization.' In this private program, as most others, communication starts by a worker or volunteer going to the affected *hikikomori*'s house. Often, this volunteer has to go for several months repeatedly until valid communication is made. The person is told that there is a place for them to visit or even live and recuperate if they decide they want that. The visits continue until the withdrawn person decides to participate, or continuously refuses any outside assistance.

If they do decide to try it, it's very difficult. At first they are allowed to be in a room by themselves, or sit in the corner of a room and simply listen to other's conversations. Gradually they can work up to small conversations with the staff about things they like and grow from there. But usually it's a very slow, unsteady progress. However, because *hikikomori* can talk to others with the same affliction, they can support and encourage each other.

The 'managing categorization' refers to the practical lack of titles or categories in private centers such as these. Past successes or failures are not mentioned, and any terms of disease or mental illness are mostly unused. Members of the staff also do not distinguish themselves from the *hikikomori*, and are, for the most part, unlicensed. Because of this, those that attend don't feel as if they're in an abnormal setting and can ease back into society. Also, *hikikomori* are not divided among level of recuperation or age, so they can move freely wherever they want and not feel restricted. 'Managing categorization' is not meant as an effective treatment, but more as a gateway to become comfortable in social settings (Ogino, 2004).

As far as school refusal goes, Tomohiro claims that counseling must become available for the children, as well as a pact between the different levels of school to focus on nurturing the student's minds. There must be a guidance system with joint effort between different schools (Itsuno, 1993).

The media has a large hand in educating the rest of the world about Japan's school problems, including *hikikomori*. The media has blown this issue out of proportion, when you consider the ratio of successful students to the ones mentioned in the news. However, because of the sheer volume of students attending school in Japan, *hikikomori* is considered a problem that needs to be corrected in the school system. In 'Educational Reform in Japan', the author claims that it is the recent school reform's fault, that the Japanese education system is too strict and applies too much pressure on students – therefore,

another reform is necessary, this time centered on the students needs as opposed to the academic results. In 1998 the Ministry of Education released a statement admitting problems in education: "...in Japan, education has tended to fall into the trap of cramming knowledge into children, while the ability to learn and think for oneself has been neglected" (Cave, 2001).

There have been rare, but extreme cases of *hikikomori* committing rash acts of violence. This, in turn, causes the public, even in Japan, to have an unjustified fear of those afflicted with *hikikomori*, further reducing the chance that help will be sought (Larimer, 2000). However, most *hikikomori* are too lethargic and apathetic to commit violence against anyone, including themselves (Jones, 2006).

So does the problem of *hikikomori* and school refusal lie with the family, the school, or society? It seems to be that all three are contributing factors to students distancing themselves from society. However, the enabling attitude of the family is by far the biggest reason behavior like this continues for long periods of time. The values of giving and caring to the extreme have in fact made Japan a society of enablers. The desire to keep private life and failures private is another reason that correcting *hikikomori* is difficult. Is *hikikomori* and school refusal just a symptom of a larger problem within the school system and Japanese society itself? If this is the case, these kinds of problems will most definitely continue, until the government, the school system, and hopefully, parents take more drastic measures.

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