



BOOK REVIEW

NICOLAS TAJAN, MENTAL HEALTH AND SOCIAL WITHDRAWAL IN CONTEMPORARY JAPAN: BEYOND THE HIKIKOMORI SPECTRUM

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This book stands on its own in the *Japan Anthropology Workshop Series* since it was penned by a non-anthropologist on a subject that is not typically explored in the humanities and social sciences: *hikikomori*. *Hikikomori*, or acute social withdrawal, is a term coined by the Japanese psychiatrist Saitō Tamaki, and is seen in Japan more frequently than in any other country that has a strong cultural links to Japanese society. Because of their status as “social refugees” (p. 134) the *hikikomori* are inherently resistant to medical treatment, which is why this study focuses on the gap in much-needed anthropological studies into mental health in Japan. It is an important contribution to the body of knowledge on *hikikomori* because of its combination of clinical and anthropological methods. Tajan is challenging some of the current psychiatric knowledge and essentialized conceptions about *hikikomori* by integrating his clinical knowledge with his ethnographic fieldwork and anthropological curiosity.

The book is divided into seven chapters, with the first two almost establishing the tone for what’s to come and the interviews he will conduct later in the book. In Chapter 1, he tackles *hikikomori* from a historical viewpoint, tracing its roots back to Japanese schools in the 1990s through 2000s, when school refusal (*tōkō kyōhi*) became more common in Japan than it had been, say, in the early 1980s. This chapter also discusses the origins of Japanese psychology and psychotherapeutic techniques through the lens of a mysterious practitioner Kawai Hayao and his blending of Jungian psychology and Buddhism. Furthering his research into educational and psychological guidance, Tajan aims to determine the role played by school counsellors in the equation of school refusal, which is primarily determined by “students’ health of the heart (*kokoro*).” Previously defined by the Japanese authorities as a mental illness, school refusal’s negative connotation ceases to exist in 1998 with the Ministry of Education adopting a more neutral-toned term “*futōkō*” as in “school nonattendance” (p.27). This social phenomenon entailing maladaptation to society among school-aged children resulting in nonattendance or dropping out formed the basis for Japanese clinical psychology and the pathology of postmodern Japanese adolescents emerging as socially isolated *hikikomori*.

Chapter 2 then proceeds with in-depth interviews with school counsellors, in which their scope of work in the school is weighed, where some school counsellors are highly intrusive in that they patrol to check on pupils during summer break and conduct “home visits”. It is also stated that Japanese schools are gendered, with two sets of teachers, one for discipline and one for full counselling: the former for men and the latter allocated for women educators.

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After a lengthy discussion of its prior precursors in school revealing themselves as nonattendance, the main topic of discussion *hikikomori* finally enters the conversation in Chapter 3. There is a literature review in support of this chapter, which is dedicated to the author who produced the first-known work on *hikikomori*, and laid the groundwork for all subsequent ones: Saitō Tamaki. During this chapter, Tajan praises Tamaki's ingenuity while also lightly meddling with Jeffrey Angles' English translation of Tamaki's infamous work *Adolescence without End*. Tajan fittingly posits the lack of a literature review on the subject issue and goes on to include his insights derived from over 50 pieces of literature. The argument of whether *hikikomori* is a culture-bound syndrome exclusive to Japan, which is aligned with Tamaki's earlier work, takes centre stage in this chapter. This part acknowledges and explains the reasons behind the failure of attempts to incorporate *hikikomori* in the DSM-5 lexicon as a culture-bound syndrome despite the expert unanimity that it was, indeed, culture-bound. Due to the absence of clinical explanation and the fuzziness of the term, Tajan also disputes calling *hikikomori* a "syndrome" because he believes it is more properly represented as an "idiom of stress" (p. 80). *Hikikomori* can be regarded an epidemic, however its classification as a mental disorder is controversial. At this juncture, Tajan recounts a striking historical example of a phenomenon in which the very status of a mental disorder was questioned: depression (p. 81).

Chapter 4 provides a review of the mental health surveys on *hikikomori*. Data here shows the negative spiral (p. 91) the *hikikomori* are in in their relations with society and work. It is imperative to note here that the values of "work" are so strongly ingrained even in the *hikikomori* population of Japan that, while they find it impossible to join society and work, they also feel guilty that they do not, and this guilt creates a vicious circle of preventing them from ever joining the society or workforce. *Hikikomori's* trauma factor is thought-provoking but largely missed. Tajan says that, while the majority of hikikomori survivors are not diagnosed with PTSD, we cannot simply reduce psychological trauma to PTSD, and with it, the stigma surrounding *hikikomori* is fundamentally internal and trauma-inducing, with the self repeatedly harmed by an internal persecutory gaze (p. 92).

The author's French background comes to the forefront when he features a Japanese-French research team on *hikikomori*. It is flipped between Japan and France when it comes to the *hikikomori* onset. French subjects in the survey go into social reclusion after faced with ruptures and failures, and Japanese do so preemptively out of fear of possible humiliation or failure (p. 92). The question is: If the mechanism is so dissimilar, can we label the French group *hikikomori*? Some dismiss this through the argument of globalized hikikomori but I think there is something more to investigate, therefore, the "culture-bound" argument holds its ground. Furthermore, "adulthood," the key concept in *hikikomori*, is interpreted differently in both countries. In France, the transition to adulthood corresponds to university age, whereas in Japan, it refers to employment after university.

Chapter 5 is a brief but educative look at the NPOs that support *hikikomori* youth. It comprises research of these nonprofit organisation by various scholars as well as investigations by the author himself. Something worth noting here is that Tajan performs his research in the manner of a social worker, seeking to remove himself as much as possible from his psychiatric standpoint. The most striking instances to NPOs are NPO A, which is located in one of the neighbourhoods populated by Zainichi Koreans who were displaced during WWII, and Newstart, whose founder is a former *hikikomori* born in Korea and repatriated after the war.

This introduces the idea of being a double minority or a double refugee, when you are both stateless and “homeless at home” (p. 178). It is intriguing to note how the founders of the *hikikomori* NPOs who are ethnic minorities and on the fringes are precisely the people who will best empathise with the challenges of a social recluse, speak up and lend a hand for those who lack the vitality and social battery to do so.

Continuing on with *hikikomori* experiences on a more individualistic note is Chapter 6: *Hikikomori* Subjects’ Narratives. It feels almost surreal to digest that the first generation *hikikomori*, who resorted to social isolation in the mid-1990s, are now in their 50s as the author brings attention to an aging *hikikomori* population, which adds another brick to Japan’s aging demographic crisis. Ms. Hayashi’s story, in which she dropped out during her second year of high school, serves as a consolidating addition to the first chapter in which school nonattendance was widely discussed as a predecessor to *hikikomori*. For fear of “emerging as an adult in the Japanese culture,” Mr. Arai left Japan to study abroad during his college-to-work transition, who makes the perfect case for Tajan to make his case on how a lost generation who are neither adolescents nor adults, but rather “emerging adults”, exist in Japan.

Chapter 7 extends “beyond the *hikikomori* spectrum”, saying that *hikikomori* not unique to Japan and is concurrently experienced across the world as globalisation takes place. Tajan’s case study of a binational *hikikomori* is significant because the stories of female *hikikomori* are rarely told and vastly underexplored, and Misaki carries Japanese identity while living in Europe, which makes the case further interesting because she is *hikikomori* despite the presence of a “Japanese society.” This chapter also brings to the fore the hidden *hikikomori*. Tajan raises the issue of class and ethnic minorities once again. He maintains how middle and upper-class families that have built a reputation for themselves prefer to conceal their *hikikomori* offspring, or how lower-class families with *hikikomori* individuals lack the resources to seek outside assistance (p. 204). Discriminated ethnic minority and their intergenerational trauma may lead to extreme social isolation at some time in their lives, and they may band together in the face of shared trauma. Tajan ultimately reveals “Twenty Lessons on *Hikikomori*,” in which he debunks the obsessive online activity with *hikikomori* as well as the notion that the majority of *hikikomori* are teens or emerging adults, whereas the majority of *hikikomori* are adults.

Finally, Tajan provides a chronology of mental health buzz words, their evolution from unreason to insanity, alienation to illness, disorder to spectrum, cluster, and biotype. To him, *hikikomori* is a psychosocial condition (p. 237) that is resistant to “medical gaze”, and he believes that medical gaze, which is inherently human gaze and thus subjective, is insufficient to comprehend the pathophysiology of such conditions through such obviously subjective means.

Tajan is a champion of merging anthropological gaze with psychoanalysis, and he believes that there is a place where these two approaches can meet in truly understanding the *hikikomori*. His core thesis throughout the book is that *hikikomori* begins in childhood but appears later in life, which explains the emphasis and length of the chapter on futōko. In other words, those who become *hikikomori* in college, for example, already have predispositions that goes all the way back to middle or high school, thus the book is on school nonattendance as much it is on *hikikomori*.



That being the case, it should be noted that this book is not intended to serve as a primer on *hikikomori*, but rather as a supplement to existing knowledge about the phenomenon and how it fits into the contemporary Japanese society, as made abundantly clear in the author's introduction. This book will not readily provide descriptions of what *hikikomori* is; it is far past that stage. It's after gaining a basic understanding of contemporary Japanese *hikikomori*, this is an intellectually stimulating read that serves as an ideal gateway for staying current on the most recent insights and case studies, and is particularly rewarding for those who seek to see *hikikomori* be approached as part of the anthropologic studies of mental health in Japan rather than purely medical sciences. Having said that, the book's scope alone may also be able pique the interest of those in psychiatry or medicine who want to understand why *hikikomori* is not a mental disorder but a non-homogeneous psycho-social condition, as well as social scientists who want to dig deeper into intriguing fresh concepts and the broadening reach of anthropology.