

Hikikomori: The Japanese Cabinet Office's 2016 Survey of Acute Social Withdrawal

Nicolas Tajan, Hamasaki Yukiko, Nancy Pionnié-Dax

Abstract

In September 2016, the Cabinet Office of Japan published the results of an epidemiological survey focusing on acute social withdrawal (*hikikomori*). This article summarizes and assesses the major features of the survey. It aims at facilitating research and international exchanges on a mental health and social problem affecting at least 541,000 people in Japan that seems to have spread to industrialized societies.

Introduction

Hikikomori designates a phenomenon of social withdrawal in which individuals remain locked in their room for several months or years without social relationships. Saitō Tamaki's book (Saitō 1998, 2013) played an important role in the understanding of the phenomenon, which became the subject of numerous TV reports and newspaper articles. An increasing number of articles were published in Japanese, and some in English peer-reviewed journals (see for instance Ogino 2004; Kaneko 2006; Borovoy 2008). It includes important articles published in *The Asia-Pacific Journal* such as Tuukka Toivonen's and Aaron Miller's insights on contemporary NPO and NGO supporting distressed youths (Miller and Toivonen 2010), and the interview of a well-known figure in the *hikikomori*-NEET community Futagami Nōki (Futagami and Asano 2006). Scientific discussion of the issue struggled with the legitimacy of using the term *hikikomori* in psychiatry (Tateno et al 2012); the prevalence of multiple mental disorders among the *hikikomori* population (Kondo et al. 2013;

Hamasaki 2015; Ryder 2015); the appropriateness of considering *hikikomori* as a culture bound syndrome or a cultural concept of distress (Teo and Gaw 2010; Tajan 2015b); its relationship with school non-attendance (Tajan 2015a) and subject formation (Tajan 2015c). First reviews of the literature were published in 2015 (Tajan 2015b; Li and Wong 2015).

First reports from the Ministry of Health Labor and Welfare were published in 2001 and 2003, whereas the 2010 report is considered as a milestone in *hikikomori* studies (Kōsei rōdō shō 2001, 2003, 2010). Also, in 2010, a shorter survey was published by the Cabinet Office of Japan (Nihon Naikakufu 2010). We discuss this survey below, which estimates the *hikikomori* population.

Here, we present for the first time in English, a synthesis of the youths' life survey published by the Cabinet Office of Japan in September 2016. We include details concerning questions such as "What applies to me?" (III-8) and "daily life habits" (III-9). This 169-page survey is descriptive. It presents data about the phenomenon while never discussing, providing statistical analysis, or interpreting the results. In the present synthesis, we present the survey while remaining faithful to this descriptive spirit before comprehensively assessing it in the conclusion.

2016 *hikikomori* survey

The survey was published in September 2016 and is entitled "*Wakamono no seikatsu ni kansuru chōsa hōkokusho*"—in English,

“*Research survey of youth’s life*” (Nihon Naikakufu 2016). Although the survey is dedicated to *hikikomori*, the term *hikikomori* is surprisingly not mentioned in the title.

It starts by describing the results of the first investigation in 2010. At the time, the Cabinet Office formed a team of psychiatrists and clinical psychologists to produce a report entitled “*Investigation on Youths’ Consciousness (Investigation on Hikikomori)*” (Nihon Naikakufu 2010). The target of the investigation was a cohort of 5000 individuals between 15 and 39 years old, nationwide. In Japan, individuals in this age range are classified as “*wakamono*” meaning “youth”: in Western industrialized countries, it would encompass emerging adulthood and young adulthood (Arnett, Žukauskienė and Sugimura 2014). Questionnaires were distributed (randomized distribution) and collected at home. In total, valid questionnaires completed by 3287 individuals (65.7%) were collected. Among them, the *hikikomori* group was composed of 59 individuals (1.79%). Based on demographic estimates of the Ministry of Internal Affairs and Communications (2008), the *hikikomori* corresponded to 696,000 individuals nationwide.

In addition, the investigation included items such as “I understand the feeling of being *hikikomori*,” and those who responded affirmatively were numerous, representing what was then considered the affinity group, estimated at 1.55 million individuals nationwide. Individuals belonging to the affinity group are not *hikikomori* themselves.

Following the 2010 results, a similar investigation was conducted by the Cabinet Office to research the actual conditions of withdrawal. We present the principal results, which were made public in September 2016. The report explains the necessity of actively supporting youth who are struggling in their social life and researching their actual

condition. The survey underlines the difficulty of understanding the relational mechanisms that are so challenging for troubled youth, especially those who are *hikikomori*.

Overview of the survey

Materials and methods

The purpose of the investigation is to determine the number of individuals experiencing *hikikomori*, to identify the nature of appropriate assistance, to understand the onset and character of the youths’ difficulties, and to promote the implementation of an assistance network, in every region, nationwide.

The target of the investigation is 15- to 39-year-old individuals and their families living in 198 municipalities nationwide. Auto-questionnaires were distributed (randomized distribution) to 5000 individuals (90.3% live with one or several members of their family).

The investigators distributed and collected the questionnaire at home from December 11, 2015 to December 23, 2015.

Group definitions

A first portion of the investigation allowed the identification of a group of “*hikikomori* in the broad sense” (*Kōgi no hikikomori gun*), based on precise inclusion and exclusion criteria. The aim was to focus on whether autonomy was acquired, an important issue in terms of Japanese youth policy (Toivonen 2008).

Individuals who responded to questions Q20 and Q22 with the following responses were included in the group of *hikikomori*:

Q20: “In what circumstances do you go out?” (*Fudan dono kurai gaishutsu shimasu ka*)

5. I only go out for my hobbies.

6. I go out in the neighborhood, to the convenience store, etc.

7. I leave my room, but not the house.

8. I rarely leave the house.

Q22: “How long have you experienced this condition?”

Those who responded “more than six months” were included as *hikikomori*.

Individuals who responded as follows to Q23, Q13, and Q18 were excluded: Q23: “What triggered your current state?” Those who selected “disease” and responded schizophrenia, or gave the name of a physical disease; “pregnant”; “other” or wrote that they work at home, gave birth, or take care of their children’s education, were excluded.

Q13: “Are you currently working?” Each individual among those who stayed home and who responded “housewife/husband” or “cleaner” was excluded.

Q18: “State what you often do when you are at home.” Individuals who responded doing domestic tasks or helping with their children’s education were excluded.

Consequently, those who gave responses 6, 7, and 8 to Q20 above are defined as “*hikikomori* in the strict sense” (*Kyōgi no hikikomori*). Those who responded 5 (I only go out for my hobbies) to Q20 are defined as “quasi-*hikikomori*” (*jun hikikomori*). The group defined as *hikikomori* in the broad sense is composed of the sum of individuals defined as *hikikomori* in the strict sense and quasi-*hikikomori*. Among the 3104 valid questionnaires (62.0%)

collected, 49 (1.57%) satisfy the definition of *hikikomori* in the broad sense. According to demographic estimates of the Ministry of Internal Affairs and Communications (2015), the population aged 15 to 39 is comprised of 34.45 million people, while the estimated number of individuals with *hikikomori* in the broad sense, is estimated, based on the present survey, as 541,000.

Additionally, individuals who feel sympathy for, or those who understand *hikikomori*, and those who think they might want to withdraw, are extracted and defined as an affinity group (*shinwa gun*), as follows. Those who responded to Q32 (“what applied to me”) “agree” or “rather agree” (at least one time to the four items) with 13 to 16 below, comprise the affinity group.

(13) I understand the feelings of those who shut themselves in at home or in their room and don’t go out.

(14) I already thought about shutting myself in at home or in my room.

(15) If there’s an unpleasant event, I don’t want to go out.

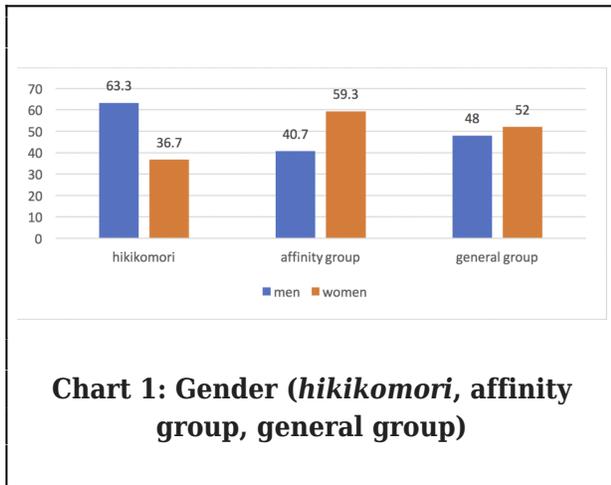
(16) If there’s a reason, I think it’s normal to shut myself in at home or in my room. Individuals in the group *hikikomori* in the broad sense are excluded from the affinity group. According to the representative sample of the present survey, the estimated number of individuals in the affinity group is 1.656 million nationwide. The general group identified as *hikikomori* is composed of the total number of respondents (3104) minus the group with *hikikomori* in the broad

sense (49 individuals), and the affinity group (150 individuals), i.e., 2,905 individuals.

Results

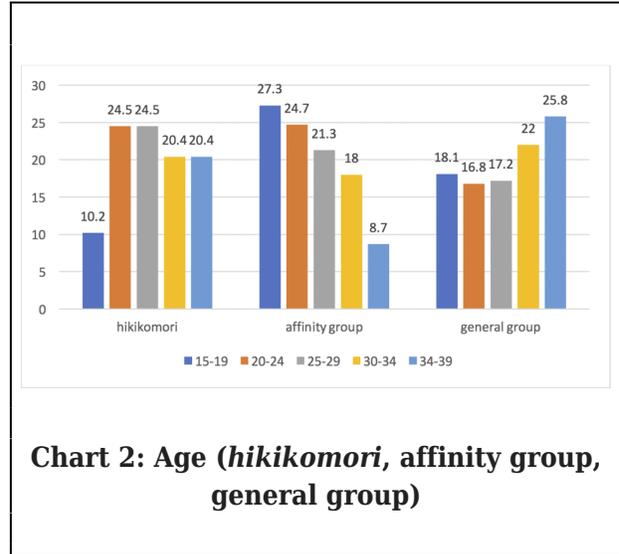
1. Gender

The group with *hikikomori* in the broad sense is comprised of 63.3% men and 36.7% women. In the affinity group, 40.7% are men and 59.3% are women. In the general group, 48.0% are men and 52.0% are women. See Chart 1. Note: Graphs and tables were prepared by the authors. They were not included in the survey of the Cabinet Office but were designed to present the data comprehensively.



2. Age

The group classified as *hikikomori* in the broad sense was comprised of individuals aged 15-19 (10.2%), 20-24 (24.5%), 25-29 (24.5%), 30-34 (20.4%), and 35-39 (20.4%). The affinity group was comprised of individuals aged 15 to 19 (27.3%), 20-24 (24.7%), 25-29 (21.3%), 30-34 (18.0%), and 35-39 (8.7%). The general group was comprised of individuals aged 15-19 (18.1%), 20-24 (16.8%), 25-29 (17.2%), 30-34 (22.0%), and 35-39 (25.8%). See Chart 2.



3. Education

The percentage of those who responded “I am currently studying” was 24.4% in the general group, 33.3% in the affinity group, and 10.2% in the group with *hikikomori* in the broad sense. The percentage of those who responded “I already graduated” was 71.7% in the general group, 62.0% in the affinity group, and 63.3% in the group with *hikikomori* in the broad sense. The percentage of those who responded “I dropped out” was 3.4% in the general group, 4.0% in the affinity group, and 24.5% in the group with *hikikomori* in the broad sense. The percentage of those who responded “I am temporarily not attending school” was 2.0% in the group with *hikikomori* in the broad sense. See Chart 3.

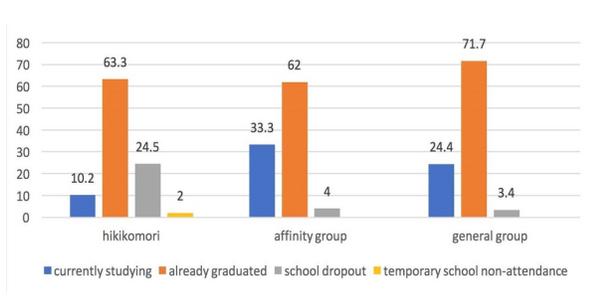


Chart 3: Education (*hikikomori*, affinity group, general group)

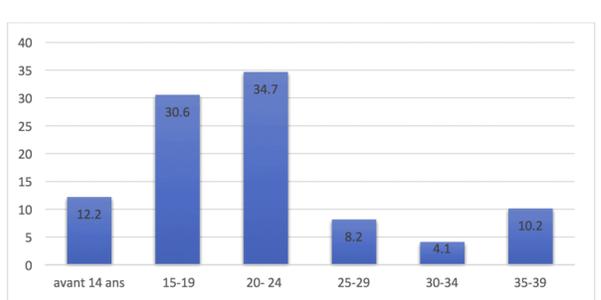


Chart 4: The age when *hikikomori* begins

4. *Current professional situation* When asked about their current employment situation, 43.2% of those in the general group responded “I am working.” The percentage of those who responded “housewife/husband” or “assistance in domestic tasks” was 7.4% in the general group. The percentage of those who responded “student” was 32.0% in the affinity group; the percentage of those who responded “I am registered in a part-time work agency, etc., but I don’t work at the moment” was 8.2% in the group with *hikikomori* in the broad sense. The percentage of those who responded “currently unemployed” in the group with *hikikomori* in the broad sense was 67.3%, and it was 9.3% in the affinity group.

6. *The duration of hikikomori* When asked about the duration of withdrawal, for those in the group with *hikikomori* in the broad sense, 12.2% reported “from six months to one year,” 28.6% “3 to 5 years,” 12.2% “5 to 7 years,” and 34.7% “more than 7 years.” See Chart 5.

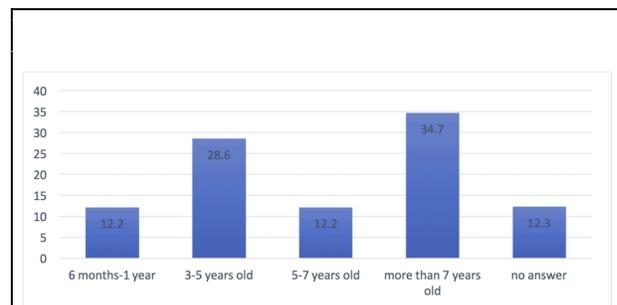
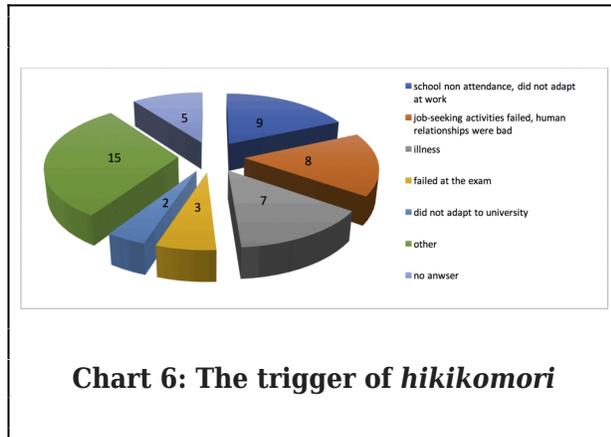


Chart 5: The duration of *hikikomori*

5. *The age when hikikomori begins* When asked about the approximate age when their current situation started, for those in the group with *hikikomori* in the broad sense, 12.2% responded “before 14,” 30.6% “between 15 and 19,” 34.7% “between 20 and 24,” 8.2% “between 25 and 29,” 4.1% “between 30 and 34,” and 10.2% “between 35 and 39.” See Chart 4.

7. *The trigger of hikikomori* The 49 individuals in the group with *hikikomori* in the broad sense were asked what triggered their current state: 9 individuals responded “school non-attendance” or “I did not adapt to the workplace,” 8 reported that “my job-seeking activities failed” or “my human relationships were bad,” 7 said “illness,” 3 said “I failed the exam,” and 2 responded “I did not adapt to the university.” Among the 15 individuals who

responded “other,” were the following responses: “apathy,” “no specific reason,” “because I am inside,” “I never really thought about it,” “the company moved its services,” and “I wanted to do what I wanted.” Many did not give a specific response. See Chart 6.



8. About Q32, “What applies to me?” and Q34, “Habits of daily life”

Results are detailed in Table 1.

Regarding question Q34-3 “In the morning, I wake up at a fixed time.” 44.9% in the group hikikomori in the broad sense; 39.3% in the affinity group; 22.7% in the general group disagreed with the statement.

Questions (statements)	Group with hikikomori in the broad sense	Affinity group	General group
Q32-1, “If someone criticizes my defects or failures, it makes me very upset.”	67.3	78.7	49.5
Q32-2 “When I am with people, if they make fun of me or do not treat me well, it makes me feel anguish.”	55.1	66.7	31.2
Q32-3 “It’s a source of anguish/anxiety? when someone around me thinks I am weird.”	51.0	63.3	25.2
Q32-4 “It depresses me if another person points out my errors and faults.”	49.0	76.0	42.2
Q32-7 “With people I meet for the first time, I can immediately talk to them.”	32.7	42.7	57.1
Q32-8 “I am preoccupied by not being able to communicate well with others.” ¹	57.1	70.7	40.3
Q32-9 “I hardly can express my emotions.”	53.1	64.0	41.1
Q32-10 “When there is a problem with people around me, I don’t know how to solve it.”	63.3	57.3	25.7
Q32-12 “As for my daily life, I don’t like people who intervene.”	69.4	85.3	75.1
Q34-1 “As for my personal things ² , my parents take care of them.”	67.3	55.3	37.4
Q34-2 “As for meals and cleaning, my parents take care of it.” ³	67.3	60.7	43.6
Q34-5 “I live with a day-night inversion.”	36.7	18.7	9.5
Q34-8 “There are many days when I don’t speak to anyone.”	32.7	16.7	3.8
Q34-9 “It bores me to speak to people.”	44.9	42.7	12.7
Q34-10 “I can’t trust anybody among my past acquaintances and relatives.”	30.6	23.3	7.6
Q34-11 “I think my mental state is not healthy.”	40.8	50.0	14.1
Q34-12 “I often think about my current situation.”	79.6	77.3	53.3

Tab 1: Agreement (%) with statements for Q32 “What applies to me?” and Q34, “Habits of daily life”

¹ Hito to no tsukiai kata ga bukiyō na no de wa nai ka to nayamu.
² More precisely “mi no mawari no koto” designates, e.g., go shopping to buy several products (food, books, etc.), wash clothes, take care of the clothes (i.e., sewing). Q34-1 is broader than Q34-2.
³ In this case individuals agreed or rather agreed with the statement.

Concluding remarks

In the 2010 survey, the estimate of the hikikomori population was 696,000 and the 2016 survey estimated their number at 541,000. The estimated total number of hikikomori individuals seems to have decreased. However, according to the 2010 survey, 23.7% of those belonging to the category hikikomori were between 35 and 39 years old. As this group was older than 39 in 2015, they represent an aging hikikomori population that was not included in the 2016 survey. Nevertheless, the aging of this population is a great problem in contemporary Japanese society.

Regarding the duration of the withdrawal, the

comparison of the two surveys' results shows a lengthening of the withdrawal: 34.7% were *hikikomori* for more than 7 years in 2016, while only 16.7% were in 2010. The phenomenon thus accelerated during the last six years.

Again, the 2016 survey does not include those who are above 39 for reasons of age. In this respect, it would be necessary to take into account the *hikikomori* population between 40 and 50 years old. In fact, researchers, clinical practitioners, social workers, and parents have been concerned for many years about the aging of the *hikikomori* population.

The absence of consideration of individuals above 39 is one of the reasons we conclude, along with other experts (Kato et al. 2017), that 541,000 is an under-estimation of the phenomenon. Other reasons might be cited as well. For instance, 38% of the questionnaires were considered invalid. It is highly unlikely that current *hikikomori* individuals would not be in this group. As some of them are distressed, their responses could easily become invalid.

In addition, the criteria defining the affinity group seem questionable. We understand why it is interesting to distinguish an affinity group from the *hikikomori* group, but some members of the affinity group may themselves be *hikikomori*. One approach could be to consider the affinity group as an "at-risk group."

The affinity group represented 1.55 million individuals in 2010, and would be composed of 1.65 million individuals today. In fact, the group at risk of becoming *hikikomori*, those who are struggling at school or work, never stops increasing. This group is highly visible in Q32 where one observes hypersensitivity and communication problems in interpersonal relation settings. It would be possible, and important, to better support these individuals in school, work, and medical settings. In fact, no one previously paid attention to the affinity group. Since the survey showed that it was a

hypersensitive population, measures should be taken to support this suffering population.

Alternatively, nothing indicates that this affinity group is a real "at-risk group." We would rather consider that, although they cognitively feel close to *hikikomori* individuals, or share the same ideas, the very fact they have not developed this behavior should lead us to question the "protecting" factors they might benefit from, environmental factors such as family. Sociological, anthropological, and psychological further research could focus on why they are not *hikikomori* and what kind of strategies they developed to cope with their problems.

Additionally, men represented 66.1% of *hikikomori* individuals in the 2010 survey, and 63.3% in the 2016 survey, which is a slight decrease. Given that women in the affinity group of the 2016 survey represent 59.3%, one could not reasonably claim that *hikikomori* is essentially a problem among men.

In terms of the daily life of *hikikomori*, responses to Q34 show that the level of autonomy is low, and the rhythm of daily life is disturbed. This is a consequence of social withdrawal and, simultaneously, one could think that it is also a risk factor. In a society where the birthrate is constantly declining, strong parental intervention might cause problems in terms of youth autonomy. In the future, it would be important to focus on developmental mechanisms of *hikikomori* and to facilitate autonomy from childhood to prevent co-dependency (child-parent). Here, a few remarks are necessary to explain why and how the declining birthrate is related to co-dependency.

When several children are present in the family, like earlier Japanese families, the time spent by a parent with each child, individually, is lower compared with families in which there is only one child. With the decline of natality and the increase of families with a single child,

certain expressions appeared such as *boshi kapuseru* (mother child capsule) and *mama tomo* (mother friend).

Boshi kapuseru designate a phenomenon in which the mother is isolated from her own family and the local community, alone with her child. In this situation, Japanese psychiatrists, nurses, and social and clinical practitioners found that it became difficult for mothers to separate from their child. For instance, they might tend to do many things for the child. This problem of co-dependency could be explained in various ways.

The model of the housewife raising the child and the father as the breadwinner (Lock 1995) is weakening in Japan, because increasing numbers of mothers work part-time. However, this does not mean that they are financially autonomous (in this sense the model might just have adapted while not fundamentally changing the structure of gender inequality). Also, the model of the mother housewife / father breadwinner remains very strong compared to other countries, and women are still expected to quit work during pregnancy (while maternity leave opportunities it is an open secret that women are strongly discouraged from asking their employers for it, with exceptions such as civil servants). Notably, there is a generation of mothers who received university education, and who stay at home to raise their children. For those with university education who might work part-time, salary inequality with their husband is important and women experience the failure to fulfill their professional goals. In this context, co-dependency appears. In extreme cases, the “mother-child capsule” is combined with strong gender inequality, sometimes contributing to child neglect and abuse.

Another phenomenon known as “*mama tomo*” (mother-friend) describes mothers constantly comparing their child to other children, and comparing children among themselves. The

spread of this competitive mindset, which aims at reinforcing social and academic success, may also contribute to the creation of co-dependence.

Overall, the survey is highly informative. However, statistical analysis and qualitative analysis remain to be conducted. The increasing number of articles on the topic from diverse epistemological background with diverse methodologies have created confusion concerning the definition, the epidemiological scope, and the severity of designated behavioral disorders. The present article seeks to better define the problem and the characteristics associated with social withdrawal and to facilitate investigations and international exchanges on a phenomenon that seems to extend to other industrialized societies.

Acknowledgements

Nicolas Tajan thanks the Japan Society for the Promotion of Science (Postdoctoral Fellowship for Foreign Researcher [standard, 2015]); Hamasaki Yukiko thanks Kyoto Women’s University.

Related articles

Futagami, Nōki, and Shirō Asano. 2006. “[The ‘Integrated Community’: Toward the Transformation of the Hikikomori Archipelago Japan. A Dialogue between Asano Shirō and Futagami Nōki \(translation John Junkerman\).](#)” *The Asia-Pacific Journal: Japan Focus*.

Miller, Aaron L., and Tuukka Toivonen. 2010. “[To Discipline or Accommodate? On the Rehabilitation of Japanese ‘Problem Youth.’](#)” *The Asia-Pacific Journal: Japan Focus*.

Yoneyama, Shoko. 2008. “[The Era of Bullying: Japan Under Neoliberalism.](#)” *The Asia-Pacific Journal: Japan Focus* 1-3-09.

Bibliography

Arnett, Jeffrey, Rita Žukauskienė, Kazumi Sugimura. 2014. "The new life stage of emerging adulthood at ages 18-29 years: implications for mental health." *Lancet Psychiatry* 2014(1): 569-576

Borovoy, Amy. 2008. "Japan's Hidden Youths: Mainstreaming the Emotionally Distressed in Japan." *Culture, Medicine and Psychiatry* 32: 52-56.

Futagami, Nōki, and Shirō Asano. 2006. "The 'Integrated Community': Toward the Transformation of the Hikikomori Archipelago Japan. A Dialogue between Asano Shirō and Futagami Nōki (translation John Junkerman)." *The Asia-Pacific Journal: Japan Focus*.

Hamasaki Yukiko 2015. Appearance of Caseness - Social withdrawal and the development of schizophrenia, *Japanese Journal of Clinical Psychiatry* 44(5):655-662

Kaneko, Sachiko. 2006. "Japan's 'Socially Withdrawn Youths' and Time Constraints in Japanese Society: Management and Conceptualization of Time in a Support Group for Hikikomori." *Time & Society* 15 (2/3): 233-249.

Kato, T. A., Teo, A. R., Tateno, M., Watabe, M., Kubo, H. and Kanba, S. (2017), Can Pokémon GO rescue shut-ins (*hikikomori*) from their isolated world? *Psychiatry & Clinical Neurosciences*, 71: 75-76. doi:10.1111/pcn.12481

Kondo, Naoji, Motohiro Sakai, Yasukazu Kuroda, Yoshikazu Kiyota, Yuji Kitabata, and Mie Kurosawa. 2013. "General Condition of Hikikomori (prolonged Social Withdrawal) in Japan: Psychiatric Diagnosis and Outcome in Mental Healths Welfare Centres." *International Journal of Social Psychiatry*." 67: 193-202.

Kōsei rōdō shō (Ministry of Health Labor and Welfare). 2001. *Jūdai/nijūdai wo chūshin toshita shakaiteki hikikomori wo meguru chiiki*

seishin hoken katsudō no gaidorain 十代二十代を中心とした社会的ひきこもりをめぐるちいき精神保健活動のガイドライン (Guidelines for Intervention in Local Mental Health Activities for 'Shakaiteki Hikikomori', Mainly among those 10-years-old and over up to their 20s).

———. 2003. *Jūdai/nijūdai wo chūshin toshita shakaiteki hikikomori wo meguru chiiki-seishin hoken katsudō no gaidorain* 十代二十代を中心とした社会的ひきこもりをめぐるちいき精神保健活動のガイドライン (Guidelines for Intervention in Local Mental Health Activities for 'Shakaiteki Hikikomori', Mainly among those 10-years-old and over up to their 20s - Complete Version). Tōkyō: Kokuritsu Seishin/shinkei Centre.

———.2010. *Hikikomori no hyōka / shien ni kansuru gaidorain* ひきこもりの評価一支援に関するガイドラン (Guideline for evaluation and assistance of hikikomori).

Li, Tim MH and Paul WC Wong. 2015. "Youth social withdrawal behavior (*hikikomori*): A systematic review of qualitative and quantitative studies." *Australian & New Zealand Journal of Psychiatry* 49(7): 595-609. doi: 10.1177/0004867415581179

Lock, Margaret. 1995. *Encounters with Aging. Mythologies of Menopause in Japan and North America*. Berkeley, CA: University of California Press.

Miller, Aaron L., and Tuukka Toivonen. 2010. "To Discipline or Accommodate? On the Rehabilitation of Japanese 'Problem Youth.'" *The Asia-Pacific Journal: Japan Focus*.

Nihon Naikakufu (Cabinet Office of Japan).□2010. *Wakamono no ishiki ni kansuru chōsa -Hikikomori ni kansuru jittai chōsa* 若者の意識に関する調査・ひきこもりに関する実態調査 (Survey on youth consciousness - Survey on *hikikomori*).

———. 2016. *Wakamono no seikatsu ni kansuru*

chōsa hōkokusho 若者の生活に関する調査 報告書 (Survey report on youth's life).

Ogino, Tatsushi. 2004. "Managing Categorization and Social Withdrawal in Japan: Rehabilitation Process in a Private Support Group for Hikikomorians." *International Journal of Japanese Sociology* (13): 120-133.

Ryder Andrew G, Momoka Sunohara, and Lawrence J. Kirmayer. 2015. "Culture and personality disorder: from a fragmented literature to a contextually grounded alternative." *Current Opinion in Psychiatry* 28(1): 40-5.

Saitō, Tamaki. 1998. *Shakaiteki hikikomori — owaranai shishunki* 社会的ひきこもり—終わらない思春期. Tōkyō: PHP Shinsho.

———. 2013. *Hikikomori: Adolescence without End* (American translation of *Shakaiteki hikikomori — owaranai shishunki*). Minnesota University Press.

Tajan, Nicolas. 2015a. "Adolescents' School Non-Attendance and the Spread of Psychological Counselling in Japan." *Asia Pacific Journal of Counselling and Psychotherapy* 6(1/2): 58-69.

———. 2015b. *Social Withdrawal and Psychiatry: A Comprehensive Review of*

Hikikomori, Neuropsychiatrie de l'Enfance et de l'Adolescence, 63(5): 324-331.

———. 2015c. *Japanese post-modern social renouncers: An exploratory study of the narratives of Hikikomori subjects*, *Subjectivity* 8: 283-304 (September 2015).

Tateno, Masaru, Woo Park Tae, Takahiro Kato, Wakako Umene-Nakano, and Toshikazu Saito. 2012. "Hikikomori as a Possible Clinical Term in Psychiatry." *BMC Psychiatry* (12): 169.

Teo, Alan R., and Albert R. Gaw. 2010. "Hikikomori, a Japanese Culture-Bound Syndrome of Social Withdrawal? A Proposal for DSM-5." *The Journal of Nervous and Mental Disease* 198 (6): 444-449.

Toivonen, Tuukka. 2008. "Introducing the Youth Independence Camp. How a New Social Policy Is Reconfiguring the Public-Private Boundaries of Social Provision in Japan." *Sociologos* (32): 42-57.

Toyama Kagehiro 2016. 大都市における子育て家族の社会的孤立要因 : SSP2015を用いた地域信頼度の分析より *The isolation of child-rearing families in urban area : From the analysis of trust in local communities using SSP2015*, 北海道大学大学院文学研究科研究論集 *Research Journal of Graduate Students of Letters*, 16:209-230

Nicolas Tajan, Ph.D.

JSPS postdoctoral researcher

Kyoto University Institute for Research in Humanities

Yoshidahonmachi, Sakyo-ku, 605-8501 Kyoto, Japan

Hamasaki Yukiko, M.D., Ph.D.

Professor, Psychiatrist



Kyoto Women's University, Faculty for the Study of Contemporary Society
35, Kitahiyoshi-cho, Imakumano, Higashiyama-ku, 605-8501 Kyoto, Japan

Nancy Pionnié-Dax, M.D.

Psychiatrist, Department Director

Child and Adolescent Psychiatry Department, EPS ERASME

143 avenue Armand Guillebaud, 92160 Antony, France