Examining Illness Narratives of Hikikomori

Mana Tokuni (She/Her)

University of British Columbia

ABSTRACT

Hikikomori, often described as "social withdrawal," emerged as a sociomedical condition among Japanese youth at the end of the twentieth century (Rubinstein 2016). In this paper, I aim to examine the Japanese cultural model utilized by individuals experiencing Hikikomori to articulate their circumstances. Specifically, the study will delve into the narratives employed by Hikikomori individuals to elucidate the factors leading to their entry into the Hikikomori state and the reasons behind their subsequent reintegration into society. An essential aspect of this inquiry involves examining whether these narratives reveal any indications of social suffering. Additionally, the research explores external influences on Hikikomori individuals, focusing on the directives provided by others regarding their actions. I believe that analyzing these accounts within the conceptual framework of "illness narrative" (Hunt 2000) would allow me to investigate how individuals narrate their Hikikomori experience.

1. Introduction

Hikikomori, often described as "social withdrawal," emerged as a sociomedical condition among Japanese youth at the end of the twentieth century (Rubinstein 2016). In this paper, I aim to examine the Japanese cultural model utilized by individuals experiencing Hikikomori to articulate their circumstances. Specifically, the study will delve into the narratives employed by Hikikomori individuals to elucidate the factors leading to their entry into the Hikikomori state and the reasons behind their subsequent reintegration into society. An essential aspect of this inquiry involves examining whether these narratives reveal any indications of social suffering. Additionally, the research explores external influences on Hikikomori individuals, focusing on the directives provided by others regarding their actions. I believe that analyzing these accounts within the conceptual framework of "illness narrative" (Hunt 2000) would allow me to investigate how individuals narrate their Hikikomori experience.

2. Conceptual Framework

2.1 Illness Narratives

I perceive similarities between the personal illness narratives outlined by Londa Hunt (2000) and the phenomenon of Hikikomori, especially in the experiences of individuals coping with chronic illnesses like cancer, as discussed in her article "*Strategic Suffering.*" Analogous to chronic illnesses, Hikikomori subjects undergo disruptions to everyday life. This is evident in the most salient features of Hikikomori subjects' affective distress, which include "feeling depressed, anxious, and abandoned. They may also experience being bullied, attention problems, communication problems, issues with friends, and risk factors such as a 'freeter' (part-timer) lifestyle preference, a lack of self-competence, and unclear ambitions about the future" (Tajan 2021, 191). The recovery process from the Hikikomori state can span days, months or even years, with the possibility of temporary recovery followed by a return to the Hikikomori state.

Hunt (2000, 88), in her article, defines illness as "often characterized as an existential loss, a break in the usual rhythm of life." These characteristics can also be attributed to Hikikomori, where the emotional depth and experience can be described by the individual as their own personal narrative or explanatory model to cope with the question, "Why did this happen to me?" This framing will guide my analysis when investigating how individuals' personal Hikikomori narratives and views are influenced by their accounts of overarching cultural models. If we define

Hikikomori as a disruption or break from daily functioning (an illness), another aspect to consider is how the tension between this "disruption" and cultural expectations or roles as functioning members of society is resolved. Illness narratives, as outlined by Hunt (2000, 89), serve as a means to integrate personal suffering "within the larger context of life." These narratives are produced between people who are suffering and others in society, acting as an explanatory mechanism that communicates and allows the suffering individual to be "understood and sanctioned" (Miles 2010, 128).

2.2 Social Suffering, Explanatory Model

Kleinman (2000) defines social suffering as a "social experience" resulting from the impact of political, economic, and institutional power on individuals and reciprocally, how these forms of power influence responses to social problems. In the context of Hikikomori, social suffering can manifest in various ways, including social pressures and expectations, the educational system, family dynamics, and economic pressures (Tajan 1997, ix).

3. Methods

I gathered firsthand accounts through informal interviews with two Japanese individuals known to me. The interviewed students, denoted as M and F, were both young adults of the same age. M is male, and F is female, both born in Japan. M has spent his entire life in Japan. M experienced episodes of Hikikomori intermittently between grades eight and 12. On the other hand, F lived in Japan until grade 10, then moved to Canada, completed high school in Toronto, and returned to Japan for university. F went through a Hikikomori phase for three months during grade 10 in Japan.

The questions I posed during the interviews were general in nature, with the overarching goal of framing specific aspects of the cultural models of Hikikomori. I aimed to explore the manner in which my interviewees narrate their Hikikomori experiences. Recognizing the sensitivity of the subject matter surrounding Hikikomori, I made it clear to all interviewees that they had the option to refrain from answering any questions that made them uncomfortable. The inquiries focused on (1) the Hikikomori narratives of the interviewees, (2) the Japanese structures influencing the causes of Hikikomori, (3) the ways in which individuals support or interact with one another when experiencing Hikikomori, and (4) the primary factors contributing to the recovery from Hikikomori.

4. Examining the Narratives and Discussion

4.1 My Relationship with M and F

I met M through a mutual acquaintance in Japan. He enrolled at a university in Tokyo for a year, but when we met in the summer of 2023, he had taken a hiatus from his studies to work and accumulate funds for his tuition. Being self-financed, he found it challenging to sustain his education after the initial year.

I encountered F in the summer of 2017 at the boarding high school we both attended in Toronto, Canada, from grades 10 to 12. With just three Japanese students in the school, our daily interactions forged a strong bond, owing to our shared experience of being away from our families in Japan and being the only Japanese-speaking individuals as we navigated English-speaking environments. Since then, our friendship has remained steadfast.

4.2 M's Brief Hikikomori History

When M was in grade six, his parents divorced, and he was raised by his father alone. He had been experiencing domestic violence from his father since a young

age. M struggled with school refusal and Hikikomori from time to time from the end of junior high school until his first year of university. He had experienced bullying several times from elementary school to high school. It was during his university years that he visited a psychiatric clinic for the first time and was diagnosed with ADHD and depression. The cause of the bullying was due to the circumstances of his parents, leading to three school transfers since childhood, which resulted in difficulties forming relationships at each new school. Looking back on that time, M acknowledges that he was perceived as insolent and socially awkward. Despite having high communication skills, he found it challenging to engage in group activities.

4.3 F's Brief Hikikomori History

F was raised in a small town in Hokkaido, attending a similarly small middle school where everyone knew each other. During her third year of junior high, she held the position of student council president and was a warmly trusted student relied upon by both classmates and teachers. With a recommendation from a school teacher, she secured admission to one of Hokkaido's most prestigious high schools. As this high school was situated in a larger town adjacent to her hometown, F moved to her grandparents' house in that larger town and commuted to school from there. Despite her promising start, F's social relationships took a downturn at this new school. Starting in the latter half of September during her freshman year, she became socially withdrawn, refrained from attending school and Hikikomori until December, eventually dropping out. The trigger for her school refusal was the bullying she had endured from her classmates. F attributes the bullying to her different behaviour, which made it challenging for her to integrate into the social circle.

4.4 Uniformity in Japan's Education System

Both M and F pointed out that Japan, being an island nation with a long history of homogeneity, had limited entry of people from other racial backgrounds. Due to this history of homogeneity, Japan is believed to prioritize uniformity as opposed to multicultural countries like Canada. The emphasis on uniformity in Japan stands out as a defining feature of its educational approach.

M and F draw attention to the specialization of Japan's education system in executing prescribed tasks, a notable contrast to the more opinion-based and discussion-oriented assignments common in Canada. Particularly in Japanese high schools, the focus is on memorization, with few assignments encouraging creativity or individual opinions. Assignments prioritize finding the correct answer through memorization, aligning with the goal of preparing students for university entrance exams, where conformity to established methods is paramount. The emphasis on conformity in the Japanese education system leads to proficiency in completing assigned tasks but may hinder the development of independent thinking and problem-solving skills.

M underscores the societal pressure in Japan to prioritize cooperation and uniformity. During his elementary school years, M struggled with conforming to the expectations of sitting still for two hours during morning assemblies, choosing to run around the schoolyard instead. This deviation from the norm resulted in a caution from a teacher regarding his inability to participate in group activities.

F highlighted how the demand for uniformity made it challenging to return to the status quo once one had deviated from it. For example, when she was in grade 10, there was a need to prepare for the cultural festival performance in her class. Since nobody was enthusiastic about it and the progress was slow, F took on a leadership role, organizing roles for everyone. However, she became disliked when some accused her of seeking attention and trying to please the teacher by taking a

leadership position. This deviation from the majority of classmates who were not enthusiastic about the preparation for the festival resulted in bullying, emphasizing the difficulty of returning to the expected conformity once strayed. Annual class changes further reinforce uniformity, as students spend an entire year with the same classmates, attending classes and participating in school events as a cohesive unit. She stated, "Spending the majority of the day in class with the same classmates every day makes class connections strong, but if you do not fit in well with that class, you feel like you have no place anywhere in the world."

4.5 Neurodivergence and School Support for Students with Special Needs in Japan

The cultural emphasis on uniformity prevailing in Japan has led to a dearth of support provided by educational institutions for neurodiverse individuals. This environment often fails to adequately address the diverse needs of students with learning differences, thereby hindering their academic and social integration. Consequently, neurodiverse individuals may encounter feelings of isolation, frustration, and inadequacy within the educational framework, exacerbating their tendency towards social withdrawal and detachment from society. This lack of institutional support and recognition may ultimately contribute to the emergence of Hikikomori, a phenomenon characterized by profound social withdrawal and isolation, as affected individuals seek solace from societal pressures and expectations that do not accommodate their unique requirements.

M was later diagnosed with ADHD, a neurodevelopmental disorder characterized by persistent patterns of inattention, hyperactivity, and impulsivity that can significantly impact daily functioning and development ("Attention-Deficit"). He discovered that the reason he easily lost his attention was due to his ADHD. However, because ADHD was not widely discussed among those around him, and no one suggested that he seek medical attention for diagnosis, he remained unaware of his condition until the age of 18.

In contrast to Western countries where some students might skip or redo a grade level as needed, Japan's rigid grade placement is solely determined by one's birthdate until high school. The flexible accommodations seen in Western schools are nearly absent in the Japanese education system. When she was in grade 10, despite her diligent efforts, she repeatedly struggled with her math exams. Students who failed the exams were required to take makeup lessons before being allowed to retake the tests. F's classmates witnessed her frequent participation in makeup math lessons and began ridiculing and bullying her, perceiving her as different and inferior. F went to the hospital in grade 10 to seek help. There she was diagnosed with dyscalculia, a specific learning disability that affects her ability to understand and work with numbers. She shared this diagnosis with her Japanese high school, hoping for support. However, due to the inflexibility of Japanese school rules for students with special needs, teachers informed her that special accommodations could not be made just because of her diagnosis as it would not be fair to others. This response left F and her family deeply disappointed. In contrast, upon transferring to a school in Toronto, Canada, F found a much more supportive environment for her dyscalculia. Her school in Toronto acknowledged her need for special care, providing accommodations such as extra exam time, permission to bring dictionaries or calculators to exams when others could not, assistance with studying during tutorials, and additional private time for school-related activities. Unlike the Japanese system, the Canadian high school was accommodating to students with diagnoses and ensured they received special support.

The examples above emphasize the critical need for schools to possess resources aimed at fostering awareness about neurodivergent conditions and mental health concerns. Such awareness initiatives can play a pivotal role in the early identification of special needs among students, enabling timely intervention and

support. These efforts may potentially mitigate the risk of individuals developing Hikikomori tendencies, as early intervention can address underlying challenges and promote social inclusion and well-being.

4.6 Academic Stress and Societal Pressures on Japanese Students

Both F and M have observed that a significant number of Japanese students grapple with the demands of entrance exams spanning junior high, high school, and college, resulting in profound fatigue from an excessively high level of academic stress. In an effort to secure recognition of their worth from parents and peers, these students aspire to attend elite schools. Furthermore, during the job-hunting process, Japanese companies employ a system referred to as the academic background filter, wherein the educational institution a person graduated from becomes a pivotal criterion for recruitment. A prevailing stereotype suggests that graduating from a renowned university is necessary to enter a prestigious company. As a consequence, parents, friends, and society exert immense pressure on individuals to excel in exams and secure admission to reputable universities, leading to social suffering.

M first started not to go to school and became Hikikomori in the second year of junior high school. In order to gain recognition and love from those around him, including his parents, he believed he had to excel in both school and sports. The means to gain approval from others and avoid bullying was to be the best in sports and academics. At that time, M, who had no outlet for expressing his frustrations, clung to the idea of being highly capable. M was reportedly adherent to ability-based and perfectionist ideologies at that time. As a result of his tremendous efforts, he was able to achieve first place in both school and soccer club activities in grade 8. However, during a soccer game in grade 8, he suddenly could not run. When taken to the hospital, it was revealed that he had a stress fracture from excessive soccer playing. Although he had been feeling pain for a year, due to the family's financial situation, he believed he should not go to the hospital and could not discuss it with his family. The doctor informed him that he could no longer play soccer, and he had to give up the sport he had worked hard at for so long. This was a considerable shock, and as a result, he quickly lost motivation for both sports and academics and began to skip school and became Hikikomori. M said that the reason why he had been striving to be the best in both academics and sports was that in Japanese society, excelling even slightly more than others in sports or academics is considered a positive attribute to gain recognition and acceptance from those around him.

When students opt to evade school, they inevitably lag behind in their studies, intensifying concerns for both parents and the students themselves and thereby amplifying the prevailing pressure. In an attempt to escape this pressure, some individuals resort to becoming Hikikomori. This phenomenon can be characterized as a form of social suffering, given that Japan's societal structure instills significant pressure on students to excel academically, attend prestigious universities and go to famous companies, which is perceived as a key measure of success in their lives. Parents particularly emphasize the importance of their children graduating from prestigious schools and securing positions in well-known companies as markers of success within Japanese culture.

4.7 Impact of Familial Understanding on Individuals Experiencing Hikikomori

The individuals with whom I spoke emphasized the profound importance of having understanding and supportive family or friends for individuals experiencing Hikikomori. This support network plays a crucial role in providing emotional stability and acceptance, which are essential for individuals grappling with the challenges of Hikikomori.

In the case of M, his family showed a lack of understanding regarding his Hikikomori situation. He faced derogatory remarks from his father, was told to attend school, and felt a lack of belonging both at home and at school. Moreover, he felt that no one understood him. However, a turning point came in grade 9, when he met a former girlfriend. Experiencing love from someone who accepted his vulnerability made him feel accepted, and he regained the ability to attend school. During his first year of high school, he faced Hikikomori tendencies after breaking up with his girlfriend. However, thanks to two friends he met in grade 10, who understood and supported him, he increased the frequency of attending school to meet these two friends at school.

In F's case, her family had a profound understanding of her Hikikomori. Her family was aware of the bullying she experienced at school, given her physical scars and unstable mental state, and reportedly told her that it was okay not to go to school if it did not suit her. She said that having a supportive presence that accepted her Hikikomori state was immensely valuable. Due to the support from her family, F did not feel anxiety about the future or self-blame during her Hikikomori. Living without self-loathing, she only felt anger towards the children who had bullied her. It was because of the understanding from her family that, three months after becoming a Hikikomori, her family made the decision for her to go to Canada, and by changing her environment, she was able to overcome Hikikomori. In Canada, her study-abroad destination, she was blessed with friends, and without falling into Hikikomori, she could attend school in a new environment.

As illustrated by the examples above, the ability to overcome Hikikomori can be significantly influenced by the presence of individuals who understand and offer support during the Hikikomori period.

4.8 Financial Support as a Crucial Factor in Overcoming Hikikomori

The individuals I interviewed underscored the importance of receiving financial support from their families during Hikikomori to have the flexibility to change their environments. Both of them successfully emerged from Hikikomori when they altered their surroundings and discovered supportive communities.

In the case of M, the eldest among four siblings, his father covered the tuition fees for his three younger siblings. However, due to experiencing domestic violence from his father and his father's financial responsibility of supporting his younger siblings, M was deprived of emotional and financial support from his father. The family's economic instability and strained relations with his father prevented M from discussing a visit to the doctor after sustaining a stress fracture. Consequently, the stress fracture worsened, impeding his ability to play soccer. Additionally, the lack of financial flexibility at home left him with no option to easily change his environment.

In contrast, F's family had financial stability. A month after F became a Hikikomori, the decision was made for her to study abroad in Canada, and two months later, she was in Canada. The financial support from her supportive parents enabled F to change her environment, facilitating her recovery from Hikikomori.

Both F and M stressed the significance of parental financial support in providing children with the option to move to a new environment as one of the solutions to overcome Hikikomori.

4.9 Understanding Hikikomori Through a Global Lens: Prevalence, Contributing Factors, and Interventions

The phenomenon of Hikikomori, initially identified in Japan during the 1970s, has

since been recognized as a global issue, with reports of similar cases emerging from various countries and territories around the world (Cai et al. 2023, 547). The prevalence rates reported: 1.9% in young individuals in Hong Kong, 20.9% in university students in Nigeria, 9.5% in university students in Singapore, 2.7% in university students in the United States, and 8.1% among youths in China (Cai et al. 2023, 541). These numbers underscore the transcultural nature of this phenomenon, challenging the notion that it is unique to Japanese society. This global occurrence of Hikikomori suggests that the underlying causes and contributing factors extend beyond cultural and national boundaries, pointing towards more universal issues associated with modernization, globalization, and the shift towards virtual communication (Cai et al. 2023, 541). Various interventions for Hikikomori are available both within and outside of Japan.

The emergence of Hikikomori on a global scale can be attributed to several interconnected factors. The widespread use of the Internet and the transition from face-to-face to virtual communication have been identified as significant contributors to the rise of Hikikomori, affecting individuals who experience high levels of loneliness and low levels of social support, particularly from family members and friends (Cai et al. 2023, 541). Furthermore, Hikikomori is often found to coexist with various other mental health problems, including post-traumatic disorders, autism spectrum disorders, depression, and schizophrenia (Cai et al. 2023, 541). This suggests a complex interplay between social isolation and psychiatric conditions.

In Japan, where Hikikomori was first reported and has been extensively studied, the increase in its prevalence has been linked to several societal changes. These include the breakdown of the traditional labour market, economic shifts in households leading to a devaluation of work, and changes in child-rearing practices that may encourage avoidance of face-to-face communication (Cai et al. 2023, 547). Additionally, attributes such as shyness, social anxiety, and avoidant personality disorder, which are relatively common in Japanese society, have been associated with Hikikomori, indicating a cultural dimension to its prevalence in Japan (Cai et al. 2023, 547).

Despite the global recognition of Hikikomori, Japan has been at the forefront of developing support and treatment options for those affected. Mental health and community facilities in Japan offer various means of support, including consultation and job placement services tailored to the needs of individuals suffering from Hikikomori (Cai et al. 2023, 547). This comprehensive approach to treatment and support reflects a recognition of the multifaceted nature of Hikikomori, encompassing both the need for mental health intervention and the provision of social support to address the underlying causes of social withdrawal.

In addition, home visits conducted by healthcare professionals, including physicians, nurses, psychologists, and social workers, serve as a critical initial support mechanism for individuals experiencing Hikikomori (Kato, Shigenobu, and Teo 2019, 435). Although these visits, often initiated after consultations with parents, remain infrequent in Japan, they play a significant role in the intervention process (Kato, Shigenobu, and Teo 2019, 436). In contrast, South Korea has identified a similar condition among its youth, known as Oiettolie, and has implemented a social worker-led home visit program (Kato, Shigenobu, and Teo 2019, 436). This program has proven effective in facilitating accurate psychological assessments and streamlining access to subsequent treatment phases, such as direct psychotherapy (Kato, Shigenobu, and Teo 2019, 436). Despite the reluctance towards home visits in Japan, the success observed in South Korea suggests that developing a robust home visit strategy could be crucial for assisting Hikikomori individuals in Japan and potentially in other nations (Kato, Shigenobu, and Teo 2019, 436).

Hong Kong has also made significant strides in addressing the challenges posed by Hikikomori. In Hong Kong, it has been identified that approximately 1.9% of the population exhibits Hikikomori characteristics, marking social withdrawal as a growing societal concern (Kato, Shigenobu, and Teo 2019, 436). In response, a range of support initiatives for Hikikomori individuals have been developed, and spearheaded by social workers and occupational therapists (Kato, Shigenobu, and Teo 2019, 436). Among these initiatives, animal therapy programs have been introduced, predicated on the notion that individuals suffering from Hikikomori may exhibit aversion to direct human contact (Kato, Shigenobu, and Teo 2019, 436). A pilot study suggests that engaging with animals, including dogs and cats, has been proposed and tested as an initial step in encouraging individuals to venture outside their homes(Kato, Shigenobu, and Teo 2019, 436).

Additionally, the advent of pet-like robots, exemplified by Sony's Aibo, showcases the application of advanced technology in fostering emotional communication between humans and machines (Kato, Shigenobu, and Teo 2019, 436). These robots have been deployed in various contexts to address social challenges associated with psychiatric conditions, notably autism and dementia (Kato, Shigenobu, and Teo 2019, 436). It is posited that such robots could mitigate feelings of loneliness to some extent, particularly in single-person households affected by Hikikomori (Kato, Shigenobu, and Teo 2019, 436). The rapid development of these emotionally communicative robots offers promise for their role in easing loneliness and facilitating the first steps toward enhanced social engagement and sociability among Hikikomori individuals (Kato, Shigenobu, and Teo 2019, 436).

The phenomenon of Hikikomori, once perceived as a culturally specific syndrome in Japan, has now been recognized as a pervasive global issue that reflects broader societal and psychological challenges. The international prevalence of Hikikomori underscores the necessity for a multidimensional approach to understanding and addressing this form of social withdrawal, one that considers the intricate interplay between cultural, economic, technological, and psychological factors. The world is becoming increasingly interconnected, yet paradoxically more isolating for some. The lessons learned from Japan's extensive experience with Hikikomori, alongside innovative interventions from around the globe, offer valuable insights into patient care, mental health, etc. These insights not only pave the way for more effective support and treatment strategies but also highlight the importance of fostering resilient communities capable of supporting individuals through times of social disconnection and mental health challenges. The collaborative efforts between healthcare professionals, technological advancements, and community-based support systems are essential in addressing the multifaceted needs of those affected by Hikikomori, thereby contributing to a more inclusive and supportive global society.

5. Conclusion

Examining conceptual frameworks, including social suffering, reveals their contributions to shaping the illness narratives of Hikikomori individuals, as evident in the cases of both M and F. In both interviews, when discussing potential actions to address the issues surrounding Hikikomori, both M and F emphasized the importance of raising awareness about Hikikomori, neurodivergence, and mental health issues within schools. They noted that, unlike Western schools, Japanese schools lack sufficient resources, and there is a cultural stigma preventing individuals from openly discussing their special needs due to the desire to conform to Japan's cultural emphasis on uniformity. Nevertheless, both M and F expressed a wish that they had been aware of their special needs earlier, enabling them to seek help promptly. Schools having resources available to increase awareness about neurodivergence and mental health issues can offer crucial support to students with special needs at an early stage.

Furthermore, it is essential for schools to provide resources to inform Hikikomori individuals and their families about alternatives to traditional schooling. Various options can be made known to them, such as homeschooling or attending online school at home. Acknowledging these alternatives and avoiding pressure to conform them to traditional schooling are crucial.

For families of Hikikomori individuals experiencing financial difficulties, accessible resources that are free of charge are crucial. Non-governmental organizations exist where students with special needs or those struggling in traditional school settings can find support at no cost. Additionally, both interviewees emphasized the importance of having someone who understands their Hikikomori situation. Knowing that someone cares about them can make a significant difference in the Hikikomori state.

Finally, the transition of Hikikomori from a perceived culture-specific syndrome to Japan to a globally recognized condition underscores the impact of modernization, globalization, and the digital revolution on social behaviours and mental health. The shift towards indirect communication, facilitated by technological advancements, has contributed to increased instances of social withdrawal and related mental health issues worldwide. Innovative interventions, such as home visits and animal and robot therapy, represent promising steps towards addressing the complexities of Hikikomori, suggesting the need for continued multidisciplinary research and culturally adaptable solutions.

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