

## ***Hikikomori* as Disfigured Desire: Indulgence, Mystification, and Victimization in the Phenomenon of Extreme Social Isolation in Japan**

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### **Abstract**

The Japanese term, *hikikomori*, refers to a condition of severe social isolation, most often lasting several years. According to recent estimates, approximately twenty-five percent of Japanese young people, as well as young people around the world at somewhat lower rates, will experience *hikikomori* in their lifetimes. In spite of the global surge of clinical and scholarly interest in the phenomenon, there remains a great degree of confusion regarding *hikikomori*. This paper argues that apparent difficulties in understanding *hikikomori* derive from defensive mystifications and distortions in which both individuals in *hikikomori* and those who study and treat these individuals participate. First, I argue that the current scholarly and clinical practice of treating *hikikomori* as a Japanese ‘culture-bound’ phenomenon obscures more than it clarifies and signifies a reticence to acknowledge a particular crisis in the child-parent relationship. Second, *hikikomori*, itself, may be interpreted as a repressed and distorted desire for *amae*, a Japanese term for loving parental indulgence. While current applications of the construct of *amae* to the phenomenon of *hikikomori* find it to be a cause of the disorder, this paper argues that *amae* need not be read as pathogenic nor culturally-unique. Rather, it is the absence or loss of emotional indulgence that ultimately leads individuals to the shame, confusion, self-incarceration, and family-victimization that defines *hikikomori*.

**Keywords:** *Hikikomori*; *Amae*; Mystification; Victimization; D.W. Winnicott

*Hikikomori* (ひきこもり) derives from the Japanese words *hiku*, or pulling in, and *komoru*, or retiring. It means, literally, ‘pulling away and being confined’ (Hairston, 2010, p. 311; Lee, 2009, p. 128), or ‘to be confined to the inside’ (Ohashi, 2008, p. iii), and may refer to the state of isolation (‘to be *in hikikomori*’) as well an affected individual (‘a *hikikomori*’). The construct, which describes a period of social isolation often lasting for several years, has gained notoriety in

Japan and, to a lesser degree, worldwide since the year 2000. It was first introduced to the Japanese lexicon in 1998 with the publication of Tamaki Saito's book, *Social Withdrawal [Shakaiteki Hikikomori]: A Never-ending Adolescence*. With new estimates that over one million Japanese citizens, roughly 25% of Japan's young population, will suffer from *hikikomori* in their lifetimes, the phenomenon is regarded as a dangerous national crisis, 'a disease that can bring the nation to collapse' (Shimoyachi, 2003).

*Hikikomori* is not classified in any version of the *DSM [Diagnostic and Statistical Manual of Mental Disorders]* or *ICD [International Classification of Diseases]*. Surveys of mental health professionals and pediatricians both in Japan and around the world reveal familiarity with the phenomenon but equally extensive disagreement about its diagnosis. *Hikikomori* is most commonly treated as a symptom of an alternative underlying condition, although differential diagnoses range from schizophrenia to depression to autism to unspecified stress-related disorders (Tateno et al., 2012). The phenomenon affects individuals of both sexes, with males in the slight majority, usually in their teens, twenties, and thirties, hailing from middle- to upper-middle-class families (Tateno et al., 2012). The average duration of *hikikomori* is thought to be approximately four years (Koyama et al., 2010; Ohashi, 2008; Saito, 2002), while some studies suggest average durations of up to nine years (Sakai et al., 2010). In extreme cases, individuals have been known to remain in *hikikomori* for over 30 years.

The Japanese Ministry of Health, Labour and Welfare defines *hikikomori* simply as the 'state of confining oneself to one's house for more than six months and strictly limiting communication with others' (Ministry of Health, Labor, and Welfare, 2003; Umeda et al., 2012, p. 121). Alan Teo, along with other renowned experts, recently set out slightly more detailed diagnostic criteria which include: a period of at least six months characterized by 'spending most of the day and nearly every day confined to home,' 'marked and persistent avoidance of social relationships,' 'marked distress in the individual or impairment in occupation... academic..., or interpersonal functioning,' and 'the lack of a better differential diagnosis such as 'social phobia, major depressive disorder, schizophrenia, etc.' (Teo, Stufflebaum, and Kato, 2014, p. 447).

Both the *hikikomori* construct and the *hikikomori* population overlap substantially with psycho-social categories of *futoko* (school-refusal) and *NEET* (an acronym derived from the UK meaning those ‘Not in Education, Employment, or Training’). Although *hikikomori* are often casually referred to as ‘parasites’ (see Furlong, 2008), the population does *not* coincide with the newly-defined social group maligned as *parasaito shinguru*, or ‘parasite singles’: unmarried, employed females without children often living with their parents into young adulthood (Zielenziger, 2006; Watts, 2002; Yamada, 1999).

Case analyses have suggested that some, but not all, individuals in *hikikomori* have suffered negative precipitating events in their academic or personal lives. But such events are hardly unique to those in *hikikomori*, and it is not clear that they interact with conditions within the individual’s family or personal history. Most researchers have found no significant correlations between precipitating events, ‘general parenting style,’ parental mental illness, physical or sexual abuse, or poverty and *hikikomori* (Umeda et al., 2012, p. 126). And while it is not uncommon to find single studies that report correlations between *hikikomori* and other psycho-social variables, such as anxiety and insecure parental attachment (e.g., Hattori, 2005; Krieg and Dickie, 2011; Nagata et al., 2011), such findings are not consistently confirmed and, more importantly, have not been employed to develop a robust theory of the phenomenon.

The most extensive qualitative approach to *hikikomori* has been undertaken by the Japanese therapist, Yuichi Hattori, M.A., who stands somewhat apart from his contemporaries in defining *hikikomori* as a ‘trauma-based disorder,’ rooted in childhood, yet lacking the defining characteristics and symptoms of PTSD (2005, p. 184). In his study of 35 clients at his suburban Tokyo clinic, Hattori finds that an astounding 71% ‘presented with a dual system of dissociative identities (dual personalities), possessing both overt and covert symptoms’ (p. 185). He claims that 91% suffered severe (traumatic) emotional neglect at the hands of parents and, therefore, that 100% of subjects experienced a ‘loss of attachment to their parents’ (p. 189).

There are several limitations to Hattori’s study. First, although Hattori’s cases are not statistically representative of the broader Japanese *hikikomori* population, Hattori draws conclusions based upon his quantitative results. Second, one must regard with a certain degree of suspicion the fact

that no qualitative or quantitative study, conducted either before or after Hattori's, has come close to replicating such significant correlations between *hikikomori* and trauma or dissociative personality systems. Third, Hattori offers very little in the way of actual case material from his encounters with the clients in his 'case study.' In fact, the longest single glimpse we are given into a client's experience is the following (illustrative) one, a report by a 28-year-old woman after six months of therapy focused on her relationship with her mother:

My mother depended on me for comforting. My mother treated me like her personal teddy bear and used me to satisfy her own emotional needs. She wasn't interested in knowing my feelings and thoughts. I don't think my mother regarded me as a human with free will. She sometimes looked like a zombie to me. I felt emotionally suffocated, as I couldn't communicate with her. I secretly feared my mother, but I tried always to please her. I wanted freedom. I felt emotionally abandoned as a child. (p. 197)

This reversal of the parent-child relationship and its attendant emotions, to be discussed throughout the paper in relation to the Japanese term *amae*, do appear to be quite significant in the etiology and experience of *hikikomori*. Nevertheless, this particular vignette does not seem to substantiate Hattori's claim that post-traumatic stress and dissociative identity systems underlie *hikikomori*.

As attention to *hikikomori* has increased over the past two decades, some efforts, private and public, have been made in addressing and treating the disorder. Public funds for research and treatment have increased, and Japanese law now requires every prefecture to establish at least one *hikikomori* treatment center. No available evidence, however, suggests that such efforts have contributed to the prevention or treatment of *hikikomori* on a measurable scale.

A substantial obstacle to effective treatment remains the professional and scholarly disagreement about whether *hikikomori* is a definable disorder with medical and/or psychological causes. In spite of numerous attempts to define and classify the phenomenon, one finds at every turn 'conflicting results and lack of empirical findings on risk factors' (Umeda et al., 2012, p. 121), such that even the most fundamental elements of the condition remain in question. Communities and family members also play their part in hiding *hikikomori* and making detailed information

about the phenomenon hard to come by, for ‘in order to avoid criticism and even ostracism, the parents of those with *Hikikomori* hide their shut-in children from their relatives, neighbors, and their communities’ (Hattori, 2005, p. 198).

Perhaps the foremost difficulty, however, arises directly from the nature of the phenomenon itself. That is, the *hikikomori* population is, by definition, *incommunicado*, and, as such, extremely averse to clinical and social contact. The Yokayoka treatment center in Fukuoka, a ‘one-room support center’ perhaps ironically ‘linked to a youth employment facility’ primarily fields phone calls from ‘worried parents’ of *hikikomori*, while ‘only a small number of *hikikomori* actually show up at the center. Of those, a minority are treated successfully’ (Wang, 2015). If a rare individual in *hikikomori* does present herself for treatment, she may offer little or no insight into her experience. One of the more typical responses when asked what caused a period of *hikikomori*, or what the experience was like is, simply: ‘I don’t know’ (Kato et al., 2012, p. 1063; Jones, 2006).

To the extent that *hikikomori* is distinctly or uniquely Japanese — a question to be taken up momentarily — it can be difficult to distinguish between its academic, clinical, and popular understandings. Terms like *hikikomori* occupy a unique lexical space in Japan, reserved for psycho-social phenomena attributed to changes in Japanese society and often associated with globalization and the clash between foreign and so-called ‘traditional’ values. For instance, in the early 1990s, a highpoint of economic growth, ‘there was a sudden rush of concern about *karoshi* (death by overwork) that suggested the country was labouring itself to an early grave’ (Watts, 2002, p. 1131). Today, in the virtual age, the term *otaku* denotes a growing segment of the youth population seen as ‘“oddballs’, ‘geeks’ or ‘nerds’... avid readers of *manga* comics and heavy internet users’ who are thought to be ‘somewhat socially inept’ (Furlong, 2008, pp. 321-322; Tateno et al., 2012, p. 1).

### **‘Bound’ by Culture**

*Hikikomori* is widely, although unofficially, recognized by mental health practitioners and researchers around the world as a ‘culture-bound syndrome.’ While acknowledging the flaws of the term, and while recognizing the existence of similar phenomena in other countries, Teo,

Stufflebaum, and Kato (2014) argue that *hikikomori* must be considered a ‘culture-bound syndrome’ because ‘(i) it is a discrete, well-defined syndrome; (ii) it has been argued as a specific illness; (iii) it is expected, recognized and to some degree sanctioned as a response to certain cultural precipitants; and (iv) it has a higher incidence of prevalence [in Japan] compared to other cultures’ (p. 449).

Although there are variations in theories concerning the cause of *hikikomori*, Jonathan Watts remains correct that ‘there is broad agreement that this illness is a product of the affluence, technology, and convenience of modern Japanese life’ (2002, p. 1131). That is, while not ignoring ‘wider sociological trends,’ such as ‘the breakdown of communication and collapse of the family and human relations’ in Japan (Allison, 2013, p. 74), scholars and pundits return to what might be seen as parallel phenomena at national and familial levels: *Hikikomori* is imagined to represent ‘a disease born of prosperity,’ excess, permissiveness, and indulgence (Zielenziger, 2006; Murakami, 2000; Kato et al., 2011, p. 67).

These trends help explain why Japanese individuals in *hikikomori* have received such a negative treatment in the Japanese media and public (Hattori, 2005; Kitayama et al., 2001). The broader Japanese public remains quite ‘hostile to *Hikikomori* and assumes that it is a moral weakness, rather than a legitimate psychological disorder... [T]he man or woman on the street regards people with *Hikikomori* as spoiled, lazy young people who willfully disregard their parents’ wishes and arbitrarily avoid social obligations’ (Hattori, 2005, p. 198). Although recent depictions of *hikikomori* in youth-directed media are sometimes sympathetic, films such as *Hikikomori: Tokyo Plastic* (2004), which depicts a cruel *hikikomori* operating from his solitary lair and corrupting innocent young women, are not uncommon.

*Hikikomori*’s pejorative connotations are also inseparable from its introduction to Japanese consciousness via two widely-publicized crimes committed by *hikikomori*, one involving the hijacking of a bus and the killing of a passenger, the other involving the kidnapping and extended captivity of a child (Rees, 2002). Accounts of *hikikomori* physically assaulting their parents are also well-known and have been confirmed by multiple studies. In the 2003 study sponsored by the Japanese government, 40% of *hikikomori* cases involved domestic ‘violence.’

Although ‘violence’ included ‘both verbal and physical abuse,’ ‘nearly a third of domestic violence cases perpetrated by the *hikikomori* warrant[ed] the evacuation of family members’ (Ohashi, 2008, p. 14).

Thus, in the early days of moral panic regarding the condition, *hikikomori* were regarded as over-indulged yet violent and unpredictable criminals. Unofficial ‘boot-camp facilities’ were established in which ‘parents coerce[d] youth with *Hikikomori* into military-like training programs,’ where they were ‘forced to perform manual labor for disciplinary purposes’ (Hattori, 2005, p. 198). One ‘recovery’ organization was recently sued for having run ‘an ‘abduction and confinement’ regime’ in which a detainee died after being ‘chained to a pillar for four days.’ Although condemned for their actions, such organizations apparently ‘received an enormous amount of sympathy from a public who regard *hikikomori* as free-riding parasites and feel that parents are not providing the discipline necessary to reform this anti-social behaviour’ (Furlong, 2008, p. 317).<sup>1</sup>

Such responses also suggest the presence of fear, hatred, and perhaps even envy of *hikikomori* and what it represents. These emotions may not be entirely absent from efforts to muddle and distort the nature of *hikikomori* among those who participate in its discourse and treatment. Numerous cross-national studies have found, quite surprisingly, that Japanese care-providers tend ‘to be more passive in providing medical intervention in *hikikomori* cases’ (Tateno et al., 2012, p. 4). One might speculate that this reluctance to act reflects not only the uncertainties surrounding the diagnosis and treatment of *hikikomori* but, perhaps, a belief in the inevitability of *hikikomori* or in the futility (or undesirability) of treating its sufferers.

What is certain is that if *hikikomori* is to be defined as a Japanese phenomenon, then it is comprehensible only within the context of Japanese cultural life. And while scholars continue to debate the details of the disorder, few have recognized the consequences of approaching *hikikomori* as a ‘culture-bound syndrome,’ itself. To define *hikikomori* as a syndrome that ‘thrives in one particular country during a particular moment in its history’ (Jones, 2006) is to insist upon a very specific relationship between it and contemporary Japanese culture. This means that individuals in *hikikomori*, their experiences, and all they represent, are sequestered

from theories and constructs that are not specific to Japan (e.g., agoraphobia or social withdrawal) and that are not similarly culture-bound (e.g., intrapsychic dynamics, attachment patterns, or early childhood experiences).

It is, unfortunately, beyond the scope of this paper to review the extensive literature that contests the viability of the concept of ‘culture’ (see e.g., Finkielkraut, 1987; Eagleton, 2000). It is undeniable, however, that, in the realm of the social and behavioral sciences, ‘culture’ has often served a less-than-noble function, tending to promote stereotyping, chauvinism, and orientalism (see Said, 1979), as much or more than meaningful understanding. In the domain of psychology, Ethan Watters justly quips that the so-called ‘culture-bound syndromes’ treated so delicately in the final pages of the *DSM*, such as *koro* and *amok*, end up being for the reader little more than ‘carnival sideshows’ that ‘might as well be labeled ‘Psychiatric Exotica: Two Bits a Gander’’ (2010, p. 5).

Defining *hikikomori* as a culture-bound syndrome, then, not only excludes individuals in *hikikomori* from certain domains of intellectual and clinical discourse, but permits an abstract version of *hikikomori* to function as tool in forming blanket critiques of Japanese society, whether those critiques run for or against ‘traditional’ values. Michael Zielenziger, for instance, has argued that young people in Japan ‘want to be different than their parents and different from their peers, but Japan is so collectively engineered that it’s very difficult, if not impossible, for them to really express themselves’ (2006). Similarly, in her article entitled, ‘*Hikikomania*,’ Kathleen Todd argues that Japanese society has created a situation in which a young person’s ‘original personality’ is effaced, ‘while the front [false] personality compulsively conforms to perceived expectations’ (2011, pp. 137-138). While such critiques could hardly be more vague, and while they could be applied to practically any youth population on the planet, the high rates of *hikikomori* in Japan seem to serve as anecdotal evidence in support of such claims.

The literature on *hikikomori* uses the self-punishment and self-deprivation of those suffering from the syndrome to direct criticism at the relatively easy targets of ‘Japanese society’ and ‘Japanese culture’ and, in this way, finds what Vamik Volkan calls ‘suitable targets of externalization’ for anger toward internal bad objects (1985). While individuals recovering from

*hikikomori* have been known to offer ‘detailed critique[s] of Japanese society’ (Zielenziger, 2006), the behavior typical of individuals in *hikikomori* suggests that their anger is directed at the family members whom they shut out and passively victimize. Nor is it clear to what extent broader social critiques reflect individuals’ experience of *hikikomori*, as opposed to individuals’ eventual accommodation to the commonly-accepted way of framing and interpreting the experience. It may be, for instance, that blaming the growing Japanese economy or rapid changes in Japanese society for the psychic pain associated with *hikikomori* is in some sense ‘necessary’ for the individual to ‘recover’ in Youth (*Hikikomori*) Support Centers and, more generally, in a society that comprehends *hikikomori* symptoms primarily along such lines.

If, as Judith Herman has argued, ‘every instance of severe traumatic psychological injury is a standing challenge to the rightness of the social order’ (Shay, 1995, p. 3), it is this belief that has made the concept of trauma so fascinating to social theorists in Europe and North America for the past three and a half decades. This same link — the link between the victims of a psychological syndrome and their potential use as evidence to ground social or political critique — is part of what has made *hikikomori* such an attractive concept for the clinical, academic, and popular imagination both within Japan and beyond. Many wish to use *hikikomori* as a sign that something is amiss in Japanese society, but, in order to maximally serve this slippery signifying function, the meaning of *hikikomori* must be discussed but never pinned down, must be transmitted but not communicated, must be experienced but not understood. These reflections shed light on one salient aspect of the literature and phenomenon of *hikikomori* taken up below: the relationship between the refusal of understanding and a form of victimization.

### The Distortion of *Amae*

A careful reading of the scholarly and popular literatures makes it difficult to avoid the conclusion that those who treat and study *hikikomori* have psychologically identified with their subjects, such that explaining their behavior to non-*hikikomori* individuals comes to represent a betrayal of *hikikomori* and their experience. Perhaps like those students of the Jewish holocaust who, with Claude Lanzmann, feel that there is an ‘absolute obscenity in the project of understanding the holocaust,’ (1995, p. 204), those who forge identifications with individuals in *hikikomori* see themselves as privileged witnesses to a type of suffering which it is their obligation to protect and defend. Without trivializing the horrors of the Nazi camps, the self-incarceration of the individual in *hikikomori* is akin to a private concentration camp, one whose secret sufferings are carefully guarded against outsiders’ understandings (see also Bowker, 2014).

An excellent example of this protective dynamic may be found in the acclaimed (2008) Japanese film, *Tobira No Muko* [literally: *The Other Side of the Door*], which borders on documentary, and which stars Kenta Nigishi, himself a recovering *hikikomori*. The film depicts the struggle of the Okada family and their son Hiroshi, a teenaged boy who, one day, enters his room and is hardly seen or heard by the audience again. The film illustrates the effects of Hiroshi’s *hikikomori* on his mother, father, and younger brother, while introducing audiences to Sadatsugo Kudo, who plays himself, as the director of a local (*Hikikomori*) Support Center.

The film’s depiction of all characters is sympathetic, and yet Hiroshi’s *hikikomori* is all but inscrutable to audiences who must guess what has precipitated his isolation, his experience of it, and when or how he might emerge from it. In many ways, it is really the audience who is left on ‘the other side of the door,’ restricted from seeing and understanding Hiroshi in a way that suggests the film’s real intent: to *transmit*, rather than communicate, the frustration and confusion experienced by those confronting *hikikomori*. To see the film is to wonder why it is necessary that nothing about Hiroshi, and *hikikomori*, be clearly understood. Indeed, one is left with the impression that the denial of understanding *is* Hiroshi’s goal, the goal of the film, the goal of many individuals in *hikikomori*, and, perhaps, the goal of scholarly and popular treatments of *hikikomori* as well. If the individual in *hikikomori* refuses to communicate and to

be understood, as do the researchers working in the cottage industry of *hikikomori* scholarship, then what exactly must be hidden in *hikikomori* and what is the psychic meaning of this hiding? The answer to these questions lies in a closer examination of the concept of *amae* and, strangely enough, in its consistent misapplication by researchers on *hikikomori*.

The Japanese term, *amae*, and the verb *amaeru*, are quite close to the English noun ‘indulgence’ and the verb-forms ‘to indulge oneself’ and ‘to presume indulgence.’ In English, ‘indulgence’ has a rather complex range of meanings, since, for instance, one may indulge oneself, one may indulge one’s baser instincts, one may indulge another person, and one may indulge in the indulgences offered by another. In all cases, indulging involves yielding or acceding, either to one’s own desires, or to the desires or demands of another.

In Japan, and one might argue in many cultures, it is expected that an infant or child will *amaeru* to his parents: that he will indulge in their indulgence of him. That is, the child is expected to permit himself to become dependent upon his parents, to expect some adaptation to his needs and desires, and to enjoy this experience — at first unknowingly, but in time with some recognition of his state. It is also expected that the child’s parents will not refuse or reject his demands and dependence, and that a good many indulgences will be offered to the child. And the parents, of course, come to depend upon the child’s dependence, and may be said to indulge themselves in the child’s indulgent use of them.

Takeo Doi must be credited with bringing the idea of *amae* into clear focus and applying it to a wide range of psycho-social phenomena, both in Japan and elsewhere, in his two best-known books, *The Anatomy of Dependence* (1973) and *The Anatomy of the Self* (1986). In one’s immediate family, argues Doi, even as an adult, it is permissible to *amaeru*, to be self-indulgent, since one may depend upon the indulgence of family members. One need not restrain oneself nor follow the (sometimes stringent) norms of courtesy as one might in less intimate social relationships. One need not worry about imposing upon the other, nor apologize for one’s inevitable impositions. In the ideal Japanese family, Doi claims, one exists in a state of secure (inter)dependence: One is secure in the knowledge that one’s requests will be met, and, more

importantly, one is secure in the knowledge that one's desire for indulgence will not lead to rejection or the loss of the good will of loved ones.<sup>2</sup>

Here, it is important not to associate indulgence and dependence with mere survival needs, but with the emotional needs that compose the child's primary relationships. As with the concept of indulgence, the concept of *amae* describes not only the orientation of the child toward primary attachment-figures but the web of relatedness in which indulgence and dependence occur. The idea of *amae*, then, is more robust than what attachment theorists would describe as a 'secure base' (Bowlby, 1988), and more complex than what Freud would call 'the child's primary object-choice' (Freud, 1964, p. 180). It accords best with what Winnicott would refer to as an adaptive and nurturing holding environment (1965). Indeed, the widely-held Japanese belief, cited by Doi (1973, p. 20), that a healthy *jibun* (self) grows from 'the soil' of *amae* in early relationships is quite similar to the Winnicottian notion that the child's capacities for creativity and autonomy are facilitated through satisfactory early experiences of facilitation and dependence.

An adequately 'indulgent' environment, from the child's perspective, permits the child to experience dependence as omnipotence and predictability as creativity, while at the same time discovering the roots of secure attachment with parents and emotional connections with her own authentic impulses and needs. The child who is able to indulge herself in all that is offered her is able to establish the feeling that her external and internal worlds are dependable, worthy, and good. If, however, dependence and indulgence are unavailable or unable to be taken advantage of, the result is typically what Laing referred to as 'ontological insecurity': uncertainty about the self's reality (Laing, 1969). An ontologically insecure individual lacks 'a sense of his presence in the world as a real, alive, whole' and, therefore, lacks 'a centrally firm sense of his own and other people's reality and identity ... of the permanency of things, of the reliability of natural processes... of the substantiality of others' (1969, p. 39).

A child whose need for an indulgent relationship has been unmet inhabits a world quite different from that of the ontologically secure person, for whom 'relatedness with others is potentially gratifying.' The ontologically insecure person must be 'preoccupied with preserving rather than

gratifying himself: the ordinary circumstances of living threaten his *low threshold* of security' (Laing 1969, p. 42, *emphasis in original*). An individual suffering from losses or deprivations of *amae*, then, contends with a world whose 'everyday happenings... come to have a different hierarchy of significance from that of the ordinary person.' The ontologically insecure individual begins to 'live in a world of his own' or has already come to do so' (p. 43).

Frustration in the desire for *amae* is a complex phenomenon, and is too often blamed squarely on some essential attribute of the child (e.g., his 'temperament') or on some obvious failing of the parent. Doi describes a conversation with the mother of an anxious, non-*hikikomori* patient who characterized her child as someone who 'did not *amaeru* much (in other words, she kept to herself, never 'made up to' her parents, never behaved childishly in the confident assumption that her parents would indulge her' (1973, p. 18). Such children in Western countries might be described as 'independent' or 'easy-going,' when, in fact, underlying their apparent self-sufficiency may be profound anxiety that their desires for care and attention will not be met.

A relational approach would suggest that frustration in *amae* arises due to a set of unfortunate experiences, fantasies, and fears developed within the parent-child relationship. Specifically, the child who does not *amaeru* may not only fear the experience of frustration of her immediate needs or desires, but, more fundamentally, may fear the negative psychic consequences of becoming aware of, expressing, or fulfilling, such desires. These consequences may include the shameful perception of her self as needy, greedy, unworthy, or ridiculous, as well as the feared rejection or loss of love of the parent.

What is striking about the literature on *hikikomori* is that, in almost every case, references to *amae* as a universal Japanese cultural norm is understood to be a cause of *hikikomori*. Although *amae* is not a new construct, believed instead to have been a part of Japanese culture for centuries (Doi, 1973), it is, ostensibly, this same Japanese dynamic that has suddenly generated millions of individuals unwilling or unable to leave their bedrooms. *Amae*, then, is understood to be both an impinging parenting practice that cripples the child's capacity for independence and a proud cultural tradition that is, in spite of all, still 'considered adaptive by Japanese standards' (Teo, Stufflebaum, and Kato, 2014, p. 449).

We may wonder why so many studies on *hikikomori* that discuss *amae*, even those that cite Doi's well-known work (see e.g., Horiguchi, 2012; Hein, 2009), construe *amae* as unhealthy parental dependence, while, although dependence surely accompanies an indulgent early childhood environment, a more balanced notion of *amae* would be one in which the child's receipt of loving indulgence were imagined to contribute to a secure attachment and a stable self-relationship. It is tempting, on this point, to speculate that researchers concerned with *amae* are, themselves, articulating a denial of dependence and a denial of their desire for *amae* by pathologizing an ideally healthy aspect of a child's environment. The concomitants of such denials, which include rage and envy, have been alluded to briefly above and are discussed in further detail below.

Something of this patterns of intergenerational denials of desire for indulgence, envy, and hatred is currently being played out in American cultural conversations about its own youth population, particularly the generations known as 'millennials,' 'post-millennials,' 'Generation Z,' or, as Jean Twenge calls them, members of 'Generation Me' (see Bowker, 2015). These individuals are typically characterized as uniquely, and even dangerously, 'narcissistic' (Twenge, 2006; Twenge and Campbell, 2009), and their 'narcissism' is likewise attributed to economic superfluity, cultural laxity, and parental indulgence. Unfortunately, for Twenge and others, 'narcissism' has lost all analytic precision and has come to be confused with excessive self-love derived from the excessive praise of parents and communities.

At the same time, popular diagnoses of American youth as lacking 'grit' or toughness have become increasingly fashionable (see Duckworth et al., 2007), such that calls for increased 'grit' cohere with the accusations of 'narcissism' in that they both claim that today's young people lack the capacity to endure an exacting adult world that demands denial, dissatisfaction, criticism, pain, and sacrifice. One wonders, of course, whether the gritty, painful, and dissatisfying world held up by these writers as 'reality' is not, in fact, a sadistic fantasy in which young people must be made to suffer in the same ways that earlier generations have suffered or have imagined themselves to have suffered. If both *hikikomori* and 'narcissism' are linked to security and self-esteem, economic and parental, then comfort must be denied, and signs that

young people are demanding or receiving indulgences will mobilize psychic aggression, perhaps in both others *and* in the self, for deprivation, severity, and suffering.

Of course, as Heinz Kohut noted, difficulties in school or work, that is, difficulties in mobilizing energy toward goals, is rarely the result of indulgent love or excessive self-esteem, but the opposite: ‘Many of the most severe and chronic work disturbances,’ he argued, are ‘due to the fact that the self is poorly cathected with narcissistic libido and in chronic danger of fragmentation.’ Since ‘a relationship to an empathetically approving and accepting parent is one of the preconditions for the original establishment of a firm cathexis of the self’ (1971, p. 120), the individual who has been indulged in *amae* is *less* likely to refuse school, refuse work, or evince other difficulties in pursuing goals than an individual who experienced a frustration of *amae*. Part of the reason for this — a full account of which is beyond the scope of this paper — involves the fact that an appropriate facilitating environment encourages the development of creative capacities in the child, such that the goals to which study or work may be directed are not foreign, hostile impositions but are (at least partly) self-generated, self-endorsed aims. The difference between these two types of experiences is considerable, and coincides with the differences described above between the ontologically insecure and ontologically secure person: If there is ‘a living self in depth [that] has become the organizing center of the ego’s activities,’ then the individual’s work is ‘undertaken on his own initiative rather than as if by a passively obedient automaton... [with] some originality rather than being humdrum and routine’ (1971, p. 120).

Thus, the misconstrual of *amae* as a pathological, self-indulgent, and overly-dependent attitude, instilled in the Japanese child via a uniquely Japanese parenting style exacerbated by recent decades of affluence and indiscipline, would suggest that the solution to *hikikomori* lies in the imposition of increased ‘grit’ and toughness, in the steady deprivation of indulgence and care in the home, in school, and in the workplace. At a practical level, this line of thinking has led to the popular belief that ‘*hikikomori* can be cured with tough love and being kicked out of their nest’ (Hairston, 2010, p. 319), and to the development of organizations like the aforementioned ‘recovery’ camps where individuals in *hikikomori* were mistreated and, in some cases, tortured and killed (Furlong, 2008, p. 317).

This line of thinking threatens the (already-threatened) individual in *hikikomori*, and what he represents, with renewed deprivations of indulgence and care. In maligning *amae* as a dangerous desire, and in threatening those who do desire *amae*, much of the extant literature on *hikikomori* may be read as an expression of envy and hatred toward individuals in *hikikomori*, who are imagined to greedily presume upon their parents for reliable indulgences in the form of food, clothing, shelter, and more. Individuals in *hikikomori*, then, represent a powerful desire for *amae* that must be repressed and disclaimed as a defense against the pain of its frustration. In the remaining portions of the paper, I hope to show that this dynamic of frustrated desire for *amae*, repression or disavowal of this desire, and envy and victimization of those who might possess or fulfill this desire, applies not only to the literature on *hikikomori* but to individuals in *hikikomori*, themselves.

### **The Mystification and Disfigurement of Desire**

Interpreting scholarly, clinical, and popular discourses on *hikikomori* with an eye to defensive resistance proves to be a helpful method of approaching the phenomenon of *hikikomori* itself. Of course, understanding psycho-social phenomena like *hikikomori* in their socio-political and cultural contexts is often valuable, but in this case, a sort of intellectual protectionism of *hikikomori* has mystified rather than illuminated the condition. At the same time, in spite of insistences that researchers focus on culturally-unique interpretive keys, the most relevant of Japanese socio-cultural norms, *amae*, has been consistently mistaken and misapplied.

If we focus on the individual's desire for *amae*, we see that this desire is not in itself unreasonable, just as the desire to be loved and cared for is a healthy and fundamental desire of every child. But individuals with frustrated desire for *amae*, having internalized a prohibition against experiencing this desire in order to avoid the pain of failing to fulfill it, must believe it to be shameful and inappropriate, must deny that they experience it, and must recruit others to agree with these beliefs. By making it appear as if parental love is equivalent to damaging over-indulgence, it is implied that the desire is imposed, that it is not the individual's own. That is, the individual in *hikikomori* would never have developed his symptoms had not his parents and his culture foolishly over-indulged him. By construing *amae* as a form of culturally-sanctioned

parental abuse that causes lifelong mental anguish in the child, and by implicitly threatening those in *hikikomori* with the ‘solution’ of further withdrawing support and care, those concerned with *hikikomori* translate frustrated desires for *amae* into critical and sadistic attitudes toward those who seem to demand the indulgences they envy.

If *amae* is imagined to be or to lead to a severe form of sickness, and if the desire for *amae* is seen as evidence of this sickness, then those who possess this sickness, although quite isolated, are frightening carriers of a dangerous disease. What is really feared is not that someone in *hikikomori* may commit a violent or criminal act, but that the truth about *hikikomori* will be revealed, a truth that is intolerable because it exposes a repressed desire which cannot be recognized without extreme shame.

This state of affairs requires conscious and unconscious acts of mystification, a Marxist term popularized in psychoanalytic theory by R.D. Laing (1961; 1985; see also Laing and Esterson, 1964), meaning to prevent understanding or insist upon a false reality. Mystification often involves both subtle and overt forms of aggression to prevent recognition of some aspect of experience that would threaten the self, or, what amounts to the same thing, to protect a cherished belief or fantasy that would be lost if subjected to conscious scrutiny. Laing notes that mystification primarily involves the abuse of others to shore up the self’s repressive efforts, since ‘if the one person does not want to know something or to remember something, it is not enough to repress it (or otherwise ‘successfully’ defend himself against it ‘in’ himself); he must not be reminded of it by the other’ (1985, p. 348).

A host of fearsome consequences awaits the one who attempts to break through the veil of mystification. The skeptic, the whistle-blower, or the psychoanalyst who questions the false reality protected by mystification may be cast as irresponsible, cruel, heretical, insane, or worse. In most cases, the resistance to penetrating what has been mystified is grounded not primarily in reasonable fears about likely negative consequences, but in unconscious associations and ancient terrors of bad objects that mis-represented and mis-figured themselves (i.e., mystified themselves) as good.

In light of this connection between the frustration of *amae* in the family, its misconstrual in the literature, and the hiding and non-communicating which are the defining features of *hikikomori*, it is difficult not to recall Franz Kafka's famous story, *Die Verwandlung* [*The Metamorphosis*], wherein traveling salesman Gregor Samsa awakens one morning to find that he has been 'mysteriously' transformed into an *ungeheuren Ungeziefer*, 'monstrous vermin.'<sup>3</sup> What presses most heavily on Gregor's mind at the outset is that Gregor, in his newly-transformed state, is quite *unable to leave his room*, and is therefore unfit for work. What is particularly interesting about Kafka's story is the way Gregor's transformation also transforms (even reverses) the relationships of dependence and indulgence between Gregor and his family. Since the collapse of his father's business, Gregor's 'sole desire was to do his utmost to help the family... so he had set to work with unusual ardor' (Kafka, 1971, p. 110). While his tireless work for an abusive chief clerk meant that he was 'able to meet the expenses of the whole household' (p. 111), Gregor's family had become accustomed to depending upon Gregor's extraordinary self-sacrifice: 'They had simply got used to it, both the family and Gregor; the money was gratefully accepted and gladly given, but there was no special uprush of warm feeling' (p. 111).

In one sense, Gregor's transformation sets him free from his toil. In fact, the German word *Verwandlung* can mean not only 'metamorphosis' or 'transformation' but 'commutation,' as in the commutation of a prison sentence. But in another sense, Gregor's 'freedom' now depends upon the indulgence of his family. Gregor must be taken care of; he must be fed and his room must be cleaned. To the extent that the family continues to regard the vermin as Gregor, his survival requires that they nourish and protect him. Gregor is therefore both free and, in another sense, utterly dependent. In this way he returns to a child-like condition. But Gregor is also *ungeheuren*, monstrous and hideous. His disfigurement means that, unlike an adored child, he must lock himself away in his room, lest he upset his family, barred from meaningful contact and deprived of all but the most basic of necessities.

So in this story we find a set of dynamics almost identical to those of the individual in *hikikomori*, who returns to a child-like state but one distorted and agonizing for both the individual and his family. Gregor's demand for care and attention is achieved only through coercion, self-transformation, and isolation. Perhaps like the young woman described in Hattori's

(2005) study who felt that her mother ‘depended on me for comforting’ and ‘treated me like her personal teddy bear,’ Gregor had been used since childhood to satisfy his parents’ needs, rather than the other way around. Certainly, the Samsa family does not seem ‘interested in knowing [Gregor’s] feelings and thoughts,’ nor do they regard him, either before or after his transformation, ‘as a human with free will’ (p. 197).

Gregor’s physical death is caused by starvation, but Gregor’s existence, his self or his psychic existence, is terminated the moment his sister Grete convinces the family that they ‘must just try to get rid of the idea that this is Gregor’ (Kafka, 1971, p. 134), a notion that she defends by arguing that the *real* Gregor would be too considerate to presume upon his family’s indulgence for so long. That is, the *real* Gregor would have killed himself or exiled himself from the home for their sakes long ago and would be ashamed to hang around requiring care and sacrifice on their parts.

If we imagine, for a moment, that Gregor has not physically changed at all, we may read his ‘transformation’ as a metaphor for Gregor’s newly-found desire to indulge himself and to be indulged. Gregor’s discovered desire ‘monstrously’ disfigures him with respect to his own self-concept and his family’s impression of him. In a sense, Grete is right that, if all the family knows of Gregor is his willingness to exploit himself in their service, Gregor no longer exists. In the moment of his death, Gregor, tragically, comes to agree with the family that, in his new ‘monstrous’ form, is not himself, is not lovable, and therefore must be eliminated: Gregor ‘thought of his family with tenderness and love. The decision that he must disappear was one that he held to even more strongly than his sister... In this state of vacant and peaceful meditation he remained until... his head sank to the floor of its own accord and from his nostrils came the last faint flicker of his breath’ (p. 135).

Gregor’s ‘mysterious’ transformation is, at once, a claim to indulgence and care, a self-incarceration, and an escape from a painful condition. What is compelling and tragic about the story, of course, is that it should not be necessary that Gregor be disfigured, or conceive of himself as disfigured, in order to discover his own desire and to ask for love and care. That is, Gregor’s transformation may be read as an attempt to rediscover his capacity to *amaeru*. This

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attempt ultimately fails because Gregor is unable to experience or act upon his desire for *amae* without becoming overwhelmed by shame and self-loathing, disfiguring his desire into something hideous. Gregor both strives to fulfill and sabotages his struggle for *amae* by becoming 'monstrous' to those from whom he most deeply desires love and indulgence.

If it is the internal conflict between Gregor's shame and his desire to *amaeru* that causes his disfigurement, then his metamorphosis appears very much like the metamorphoses of scores of Japanese young men who enter *hikikomori*, who feel that their desire for *amae*, expressed in a sort of half-measure of dependent but not overtly indulgent behavior, makes them monstrous and unworthy of *amae*. It would seem that the metamorphosis, as it were, of the socially-functioning individual to the individual-in-*hikikomori* is characterized by both profound shame and impossible hope, or, to be more precise, hope made impossible by an equally powerful sense of shame.

Since the individual in *hikikomori* experiences his desire to *amaeru* as childish, shameful, or monstrous, consciously seeking to distance himself from it as much as possible, his silent self-incarceration may be understood as a desperate attempt to enter a protective 'cocoon' from which he may one day emerge not as a disfigured vermin full of monstrous desires but as a person worthy of indulgence, love, and care. As D.W. Winnicott might say, such an individual is attempting to 'get back behind the deprivation moment or condition' (1986, p. 92), to return to a child-like state of freedom, dependence, and indulgence, perhaps lost long ago. But the ambivalence about this desire, due to the shame the individual has internalized as a defense against its early frustration, suggests to him that returning to this state is neither possible nor desirable, and is therefore tantamount to the loss of his recognizable self and his own psychic death. The impossibility of his hope, then, turns the individual in *hikikomori* to anger, as he repeats rather than redeems his moment of deprivation while seeking to impose his deprivation onto others. To understand these final characteristics of *hikikomori*, we may conclude with a brief reflection on Winnicott's work on deprivation and delinquency.

### **Conclusion: Deprivation and Victimization**

In his short paper entitled ‘Delinquency as a Sign of Hope,’ Winnicott is concerned with children who have experienced deprivation: the loss or withdrawal of care, dependability, or even indulgence in their worlds. Deprivation may be painful in terms of the frustration of momentary needs or desires, but, more importantly, it occasions a tremendous change in the entire psycho-social experience or ‘the whole life of the child’ (1986, p. 91). That is, deprivation is *not* experienced by the child as a trivial or temporary environmental failure. The child, possessed at first by ‘unthinkable anxiety’ about his new condition (p. 92), quickly strives to comply with the new order of things, fundamentally because ‘there is nothing else that the child is strong enough to do’ (p. 92). But adaptation to a depriving and impoverished environment means the loss of the child’s immature yet authentic self: the loss of the spontaneous child who does not first consider others’ perspectives before expressing or acting upon (or becoming aware of) her own. Although she had little choice, the child who identifies with the framework of control and deprivation inflicts a greater loss upon herself. She compounds her initial loss — we might even say she unwittingly colludes with her depriving objects — to produce a state of profound self-deprivation.

Winnicott posits that it is common for children who can still recall an earlier state of indulgence to seize upon an occasion for hope, and to strive to ‘get back behind the deprivation moment or condition,’ undoing their current predicament (1986, p. 92). Since the child deprived of an adaptive environment is prevented from creatively finding and using objects, and since the deprived child becomes further identified with others’ needs and the rules governing an unforgiving environment, the child’s initial impulsive acts represent creative seeking more than anti-social delinquency. That is, the child may impulsively steal or break something, but such acts of theft or destructiveness are really attempts to creatively find objects and to experience the safe expression of aggressiveness (pp. 94-95). Ultimately, what the child hopes for in apparently atrocious or ‘delinquent’ behavior is the return to the state (composed of both reality and fantasy) in which the child’s spontaneous needs and desires have been indulged and facilitated by the parent. Winnicott recommends, therefore, as an appropriate response to acts of delinquency, ‘a temporary period of indulgence which may very well see the child through a difficult phase’ (p. 94).

The same may be said of individuals in *hikikomori*: that they have suffered from some deprivation, that they are behaving in a way that appears delinquent and anti-social, but that ultimately they seek not rebellion nor destruction but the return to a condition of creating living, connection with their own desires (even the childish ones), and, for lack of a better term, ‘indulgent self-experience.’ In spite of such hopes, the individual in *hikikomori* compulsively re-enacts his deprivation, attaching a more regressive aim to his behavior: the hope of sharing his deprivation with others by visiting his suffering upon them. Thus, we must consider the aggressive and victimizing components of *hikikomori* along with the hopeful ones.

The state of self-incarceration and self-deprivation imposed by the individual in *hikikomori* tacitly denies family members the freedom and autonomy due to subjects as separate individuals. But it would be a mistake to imagine that an individual’s state of *hikikomori* forces family members to return to *amae*. At least, such an interpretation would seem to offer a very shallow understanding of what *amae* signifies and what is ultimately hoped for. Family members caring for an individual in *hikikomori* are prevented from emotionally interacting with the individual and are relegated to providing the individual with meals, clothing, shelter, and other basic needs. Family members often make tremendous sacrifices in their own lives to care for individuals in *hikikomori*.

The refusal, on the part of the individual in *hikikomori*, to help the family understand the trying situation leaves family members unsure whether the *hikikomori* is a punishment for some misdeed, or whether it will lead to greater physical or mental sickness, suicide, or violence. Parents and family members of individuals in *hikikomori* are subjected to social stigma and frequently report feelings of guilt and shame concerning their *hikikomori* family member. By denying communication, by shutting family members out, and by abandoning family members in their shame, worry, and fear, the individual in *hikikomori* victimizes his care-takers while similarly occupying the position of a victim. Part of the victimization involved in *hikikomori*, then, is that the individual who is shut away in his room manages to deprive others of psychological well-being, comfort, self-esteem, participation in normal activities and relationships, and the ability to indulge themselves or to enjoy the indulgences of others. The

individual in *hikikomori* makes others responsible for his survival and, by implication, for his *hikikomori* state as well.

Gary Paul's very short story, 'Hikikomori,' shares something of its effect on a sibling with painful simplicity (2012, pp. 69-70). In the story, Satoshi writes a note to his sister to accompany her nightly meal, left outside her door. Satoshi has not seen her in five years.

I hope you're still alive and well. I mean, someone eats the plates of food I leave outside your door... I'm just writing this letter because I wanted to talk to you in some way or another... That reminds me, the school still sends me letters asking when you'll be coming back. I don't know how to reply to them. Oh, don't think I'm pressuring you to come out or something. Just want to talk...

As for me, I had a girlfriend last year! You may have heard us talking and laughing loudly late at night. She made me laugh. She wanted to meet you, you know, but... we're not together any more. I couldn't leave the house for too long, not with you left all alone here. I don't mean to sound bitter, I like looking after you. Think I'm a little bit hikikomori myself, haha. I don't do much these days. I don't know why... I just feel sort of numb. The world has gotten harder in the last few years. I'm not sure I want to be a part of it any more. Honestly, caring for you is the only thing I think I'm good at, and, even then, I don't know if I'm succeeding...

I love you.

Happy Birthday.

–Satoshi

To consider *hikikomori* a means of punishing others by punishing the self, and, as such, as a form of victimization via self-victimization is to interpret *hikikomori* along the lines of Theodor Reik's understanding of masochistic behavior as symbolic aggression that announces: 'That's how I would like to treat you' (see Uebel, 2013, pp. 480-481). Indeed, it would not be out of order to speculate that a goal of the individual in *hikikomori* is to transmit to family members and others his own loss, shame, anger, and fear. Doing so permits the individual in *hikikomori* to re-

experience his own deprivation and to experience, perhaps for the first time, his confusion and anger by projectively identifying with the family's suffering.

Developmentally speaking, we may say that the deprivation of indulgence, dependence, or *amae* is the original act of victimization. To be deprived of *amae* is a form of victimization that leads many individuals to carry with them, throughout life, a sense of having been profoundly harmed. In adulthood, individuals and groups continue to make use of the mechanism of projective identification to re-create this early victimization, to experience their own feelings through other's reactions to being victimized, and to impose upon others the responsibility for their own acts of victimization.

Indeed, in politics, this dynamic may be frequently seen, as in the Zenkyōtō student movements in Japan in the 1960s, discussed by Doi, who noticed that that both *amae* and *higaisha-ishiki* (the sense of grievance and of being a victim) were at work, and that the two constructs were closely connected. Doi remarked how the students of the Zenkyōtō movements were able to operate aggressively while, at the same time, framing their actions in ways that succeeded in 'putting themselves in the position of victims' (1973, pp. 25-26).

More recently, in the United States, the killings of black males by police officers in Ferguson, Missouri, New York City, Baltimore, Maryland, and elsewhere, and unfortunate police responses to public protest and outrage, have shown that police, government, and diverse civilian groups are all capable of casting themselves as victims and, as such, of acting with the objective of transmitting and re-transmitting their own experiences of suffering, imposing upon others the agony, confusion, and incomprehension of the victim. These protests have clearly struggled with conflicting desires related to the experience of victimization. On one hand, protestors wish to know and to make known to others exactly what has happened to victims such as Freddie Gray, Michael Brown, Eric Garner, and many others. On the other hand, protestors seek to transmit to fellow protestors, to the police, to the media, and to the public the message that it is impossible to understand what being a victim is like unless one is or has been a victim. That is, protests such as these, and the media discussion and intellectual discourses that surround them, are concerned

with both sharing and hiding the *experience* of being a victim, an experience that, itself, seems to include both confusion and certainty, fear and rage, frustration and gratification.

That individuals in *hikikomori* remain shut away in their rooms and seem to refuse, for years and even decades, gestures of understanding from family members and social workers, implies that the problem lies not in Japanese culture, but in the tragic repetition of an early failure in the relationship between child and parent, such that the individual in *hikikomori* is now unable to accept his own desire but is also unable to abandon it. The resistance to accepting *amae* by the individual in *hikikomori* is, as suggested above, related to the extreme shame felt by such individuals: the disfiguring of their desire as shameful and monstrous, which only further deepens their sense of unworthiness. The inability to abandon the desire for *amae* is related to unyielding feelings of rage and resentment at having lost the indulgence and care due a child and the subsequent losses suffered by the ontologically insecure adult.

I have sought to show that the desire for *amae* is mystified by the individual in *hikikomori*, who disguises his desire for *amae* by depriving himself of all possibility of loving contact in an endless repetition of his deprivation and its shame and loneliness. Furthermore, while occupying the place of the victim, he victimizes the very people from whom he hopes for loving indulgence by forcing them to provide for his basic needs and by inflicting upon them personal restrictions as well as feelings of fear, guilt, anger, and confusion. This constellation of emotions implies, at a minimum, that treatment options should feature ‘period[s] of indulgence’ (Winnicott, 1986, p. 94) over ‘tough love and being kicked out of [the] nest’ (Hairston, 2010, p. 319). Nevertheless, ideal treatment and prevention options remain somewhat elusive, since *hikikomori* are uniquely averse to contact and treatment, especially at the height of their suffering.<sup>4</sup>

The literature on *hikikomori* likewise disavows the desire for *amae* and, therefore, further mystifies the phenomenon by maintaining that it is the ‘culture-bound’ over-presence of *amae* in Japan, rather than its deprivation — a form of deprivation which may be found in families across the world — that lies at the root of the problem. If the original hope of the individual in *hikikomori* was to return to a state in which his own childish desire for indulgent love could be expressed and fulfilled without feeling ashamed, both the individual in *hikikomori* and the

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clinicians and scholars who hope to understand and treat him end by hiding this hope and disfiguring this desire into something monstrous, something gravely amiss in Japanese culture or its interactions with global socio-economic forces. According to such scholars and practitioners, the best thing for the individual would have been to keep her shut away from such dangers, perhaps alone, on ‘the other side of the door.’

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## Notes

<sup>1</sup> The idea that *hikikomori* are over-indulged does correspond, in some sense, with the relatively high correlation between middle-to-high socio-economic status and *hikikomori*, although other explanations, not unique to *hikikomori* or Japanese culture, may be equally relevant, such as the well-known tendency of poverty to both exacerbate and obscure mental illness. Poverty leaves many suffering individuals undiagnosed and untreated, due to unemployment, inadequate housing, physical illness, lack of access to psychiatric resources, and related socio-economic problems (see e.g., World Health Organization, 2009; Saxena et al., 2007; Thompson, 2007). Alternatively, as recently collected data on the high prevalence of *hikikomori* in Lagos, Nigeria suggests (Bowker, Ojo, and Bowker, 2016), *hikikomori* may be simply impossible under conditions of subsistence-level family economies, where non-employment and dependence upon family-based home-care are inconceivable.

<sup>2</sup> Doi writes that in Japanese society, a useful distinction may be drawn between the inner and outer circles of relationship. According to Doi, when in the inner circle, both the child and the adult are ‘protected and permitted to *amaeru*’ (1973, p. 107) while, within the outer circle, the individual is asked to restrain (*kigane*) herself, to refrain from expressing willfulness or personal desires, and to strive primarily for the harmony of the group. To *amaeru* where one ought not is to presume upon the indulgence of those who do not owe one indulgence, and is a criticism that has been levied against insufficiently sober individuals and student protest movements alike (see Doi, 1973; 1986). Today, to the extent that *hikikomori* is considered a ‘national’ problem with consequences for the entire Japanese society, this criticism is applied to individuals in *hikikomori* and their families.

<sup>3</sup> The term, *ungeheuren Ungeziefer*, literally means ‘monstrous vermin,’ and is translated into English either as such, or as ‘gigantic insect,’ based upon details given later in the story that suggest Gregor’s form to resemble that of a beetle or roach.

<sup>4</sup> It is a regrettable limitation of this essay, related both to limitations of length and limitations of the expertise of its author, that more cannot be said about specific treatment and intervention

strategies regarding *hikikomori*. It is my hope that the on-going discussion concerning clinical implications may be informed in some way by some of the theoretical possibilities raised here.

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