

Hikikomori: Adolescence without End. Saito Tamaki. Minneapolis: University of Minnesota Press, 2013. ISBN: 9780816654598

*Hikikomori: Adolescence without End* is a translation of author and psychologist Saito Tamaki's seminal 1998 work on social withdrawal in Japan. Social withdrawal is a disease where the affected individual shuts themselves off from contact with society, rarely leaving home or even their own room. Withdrawn individuals are generally young with many cases beginning in the early teens. The term hikikomori is a short form of *shakaiteki hikikomori*, which is a Japanese translation of social withdrawal. Tamaki was the first to apply the label of hikikomori to the cases of withdrawal he was treating and the book represents the first full length treatment to address the phenomena. *Hikikomori: Adolescence without End* became a best seller in Japan and helped to heighten public awareness and reduce but not eliminate the stigma that had been associated with the disease. (viii) This edition provides an introduction in English to a disorder that has been primarily studied by Japanese researchers yet has garnered global interest both as a medical and cultural phenomena .

From the beginning Tamaki makes clear his intent to achieve four major goals. The first is to raise awareness as to the issue of withdrawal, the second to provide a clinical framework for the treatment of the condition, the third to provide practical help to families coping with a withdrawn child, and the fourth to illustrate that withdrawal is a universal disorder rather than a uniquely Japanese disease. Tamaki's urgency was spurred by estimates of withdrawn cases ranging from 700,000 to 1,200,000 in Japan alone, a considerable segment of the nation's population, an estimate that has remained relatively constant in the nearly two decades since 1998. (x) The problem was compounded by the social stigma surrounding withdrawal and a resistance to categorizing the disease by Japanese authorities. (35)

The book itself is divided into two main sections. The first is a clinical evaluation of withdrawal. Tamaki argues that the then current American Psychiatric Association's *Diagnostic and*

*Statistical Manual of Mental Disorders, 4th Edition* did not provide the diagnostic tools needed to properly treat withdrawal. He also makes the case that withdrawal is a completely new condition.(viii) Tamaki utilizes his experiences with patients to define withdrawal and to place the disease within the existing framework of psychiatry. (69) The second part of the book offers specific advice and strategies to parents. The material within the book does not rely extensively on case studies although the examples that are given make particularly compelling reading. The decision is likely to ensure a reader will be able to relate to the greater problem of withdrawal rather than become fixed on specific cases. While delving into ways to approach the disease, Tamaki is concerned that withdrawal is often treated by addressing the secondary problems that arise from an extended period of social isolation. (85) Connected to this is Tamaki's reluctance to prescribe drugs to treat withdrawal, stating once again it attacks the symptoms rather than the root causes. (157) The stance against drugs ties into Tamaki's assertion that only trained intervention by a professional is effective in cases of withdrawal.

The overall brevity of the work and lack of notations speaks to the book's origins as a *shinsho*, or mass market paperback meant for a general audience rather than an academic treatise. (xvii) As translator Jeffrey Angles explains, the book was intentionally written without extensive footnotes to appear less intimidating to the public and the target audience of parents, as Tamaki was seeking to provide accessible assistance to families dealing with withdrawn children. This sentiment resonates throughout the book, as Tamaki makes a very strong emphasis on the need for treatment, often asserting it is nearly impossible for hikikomori beyond the very early stages of withdrawal to recover by themselves. (104) It is following this principle that the guidelines and advice within the book are aimed at parents rather than those suffering from withdrawal themselves.

Within his book Tamaki makes several noteworthy observations and declarations. As Tamaki is committed to portraying withdrawal as a global issue, not one uniquely Japanese, he takes great pains to use the terms withdrawn or withdrawal instead of hikikomori to avoid reinforcing connections with

Japan, although occasional use of the term is unavoidable. (xi) However, he does not shy away from examining the factors that make withdrawal a widespread element among Japanese youth. In particular, the elements in Japanese society which make Japanese cases of withdrawal distinct are addressed, such as stable incomes and a traditional emphasis on the group over the individual. (74) To explain the apparent lack of hikikomori cases outside of Japan, Tamaki offers that Japanese parents are willing to support a child in withdrawal for years, while in other nations withdrawn children often have no such recourse. In United States, France and the United Kingdom Tamaki believes the end result is homelessness, a factor which obscures the true impact of withdrawal. (76)

Tamaki links cases of *futoko*, or students habitually skipping or refusing to go to school, with the early stages of withdrawal. (36) He makes a few pointed observations in regards to Japan's educational system along the way. However, Tamaki's comments are kept within the context of deciphering the puzzle of withdrawal and the role of Japanese society, rather than as a polemic against institutional issues within Japan. (174) Japan's societal emphasis on encouraging women stay at home to raise children is acknowledged, as the bulk of advice and commentary in the second half of the book focuses on the mother/child relationship. (180) The relationship between withdrawn child and parents is key to Tamaki, as he centers the process of maturation into an adult as vital to understanding withdrawal. It is maturation that provides immunity to trauma, the kinds of trauma that trigger withdrawal. (96) This expanded notion of a prolonged adolescent state gives the book its subtitle. The general agreement among psychiatrists that adolescence lasts until the age of 30 is used by Tamaki to help define withdrawal. (25) It is at the age of 30 where he believes a critical moment is reached in both human maturation and for the timely treatment of withdrawal cases. (166)

Jeffrey Angles keeps the prose sharp and clinical but readable and engaging, while allowing Tamaki's concern and compassion to come across in his translation. Angles also shares a personal encounter with an American student who had suffered from withdrawal to further support the universal

nature of the condition presented in the book. As the original year of publication in Japan was 1998, some of the information provided in the second half of the book is outdated but does not pose an issue to English speaking readers. (155) Another sign of the book's age is a section where Tamaki states he is optimistic about the therapeutic potential of the then new innovation of the internet, which has since come to be connected with hikikomori in popular culture. (163) Tamaki briefly mentions links between withdrawal and otaku, or obsessive fans, something he quickly dismisses as irrelevant to the onset of the condition. More commentary on both these links in the 2013 preface would have been welcome, as a connection between hikikomori and otaku is one that has also been popularized in Japanese media since 1998. Tamaki is no stranger to the subject as he authored *Beautiful Fighting Girl*, an exploration of women in anime and manga. Cases of violent crime and hikikomori are also referenced to show the negative ways the condition is often presented by the media and to discount these incidents as unrelated to withdrawal as a whole.

Unlike the majority of academic works, *Hikikomori: Adolescence Without End* was written with a social agenda. To a large degree, Tamaki succeeded in his overall goals, although the international recognition of withdrawal has been mixed. The word hikikomori entered the English lexicon, appearing in the *Oxford English Dictionary* in 2011, although the current *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* does not recognize withdrawal as a condition. However, withdrawal has been accepted by the Japanese Ministry of Health, Labor and Welfare in the years since the book's original publication. As a pioneering work, much of the information in *Hikikomori* is drawn solely from Tamaki's own experiences. His attempts to internationalize the study of withdrawal by surveying psychologists in other countries is a start but by the author's own admission the data is incomplete and sketchy at best. Tamaki's brief mention of the resistance he faced when first broaching the topic of withdrawal at conferences is worthy of mention. (178) Although not a substantial theme of the book, it is a reminder of the difficulty researchers can face when discussing potentially unpleasant or unpopular

topics.

The English edition does make useful additions to the original work. Angles has updated the bibliography in consultation with Tamaki to include the latest research on the subject, although the total list remains fairly short. While most of the publications listed are in Japanese, it serves as an excellent introduction to the existing literature on withdrawal. Angles also helpfully adds a few short translator notes to explain certain concepts for readers unfamiliar with Japanese society. A new preface for the edition by Tamaki comments on the expanding awareness of withdrawal since 1988 and the continuing need for study. A large part of preface is devoted to addressing the global nature of withdrawal and disputes more recent works that portray the condition as symptomatic of a uniquely Japanese pathology, as in Michael Zielenziger's *Shutting Out the Sun: How Japan Created Its Own Lost Generation*.

*Hikikomori: Adolescence Without End* occupies an unusual position in the literature of several disciplines. Originally a best seller written to raise awareness about withdrawal and provide help to parents, it is now a part of a larger body of work on a condition that is still generally misunderstood both inside and outside of Japan. The book is written for the layman rather than in the technical and generally detached tone of most academic studies. As a result, the simplified way concepts are explained makes the book viable for undergraduates, and useful as an introductory work to withdrawal for those without a background in psychology. Yet outside of the field of psychology the book also connects to the study of modern Japan. The role of hikikomori in Japanese popular culture has expanded, especially in anime and manga. As more Japanese media is exported to eager audiences abroad, popular culture will be the primary means through which those audiences will encounter cases of withdrawal. This only serves to reinforce the connection between Japan and withdrawal despite efforts to internationalize the disease. As popular culture often subverts and twists concepts to serve a narrative purpose, Tamaki's book provides an accessible and reasoned introduction to the topic.

*Hikikomori: Adolescence Without End* is of interest as an early groundbreaking effort in categorizing, diagnosing and treating a disorder that is also a new social and cultural phenomenon. It is also of note for students and scholars working within the fields of modern Japan and Japanese popular culture.

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