

Research Note

Withdrawal and Belonging: Ethnographic Insights from a *Hikikomori* Rehabilitation Center in Japan

Alain Julian 

Independent Scholar, The Netherlands

Abstract

This research note examines how people labeled as *hikikomori*—prolonged social withdrawal—navigate isolation, moral judgment, and attempts at rehabilitation. Drawing on ethnographic fieldwork in a rural rehabilitation center, it situates their experiences within broader social transformations in post-industrial Japan. Departing from accounts that frame *hikikomori* primarily through diagnosis or individual pathology, this note foregrounds lived experience and the moral dimensions of rehabilitation. It argues that *hikikomori* are not anomalies at society's edges, but rather windows into how contemporary Japan organizes value, recognition, and social connection, and that further ethnographic work is needed to illuminate these dynamics.

Keywords: *Hikikomori*; Rehabilitation; *Hikikomori* Industry; Ethnography; Social Isolation

After a long journey through the rugged mountains of central Japan, I step off a one-man diesel train (*wanman kā*) into a tiny, unmanned station (*mujineki*), tucked between a river and a dense cedar forest. As I make my way out of the station, the director of the rehabilitation center for *hikikomori*, Kenji-san—a man in his forties who greets me with a warm smile—pulls up in his car: a typically boxy Japanese model.

Gaining access to such centers had proven difficult. Over the preceding months, I had contacted hundreds of rehabilitation initiatives across Japan; only three replied, and of those, two were willing to host a researcher for an extended stay. Kenji's was the first in my itinerary.¹ After a brief email exchange, we agreed that I would live alongside the residents for 3 weeks, observe daily life, and contribute to shared expenses such as food and housing. This arrangement—informal but transparent—formed the basis of my entry into a world typically closed to outsiders.

I first encountered the *hikikomori* phenomenon during the initial COVID-19 lockdown, when I came across an online documentary depicting people—young and old, men and women—who had withdrawn from society, sometimes confining themselves to a single room for years. While caregivers placed meals at their doors at set times, they

moved with a certain heaviness through increasingly cluttered living spaces—an image that I would encounter repeatedly in the years that followed and that still persists as a common stereotype. From that moment, the phenomenon stayed with me; the more I read, the more absorbing it became.

In the years leading up to my fieldwork, I became familiar with the standard definition of *hikikomori*: individuals who rarely leave their home, do not work or attend school, and maintain no social relationships for at least 6 months—while not meeting the criteria for any psychiatric diagnosis. Under such definitions, more than one million people in Japan are said to fall within this category—over one percent of the population.² Over time, I also learned that the phenomenon is not unique to Japan; several scholars have argued that forms of *hikikomori* appear elsewhere.³ Even in the Netherlands, where I am from, clinicians have begun referring to “Dutch *hikikomori*” (Muris 2024).

Despite its global spread, the category remains contested. Opinions about the phenomenon and its causes vary widely. In everyday Japanese language, the term may refer to a type of behavior or a type of person, whereas government and institutional definitions lean on more formal diagnostic criteria. While public policy tends to draw on medical science, there is little consensus within psychology or psychiatry regarding how to define or understand *hikikomori*.

¹ I discuss my fieldwork at the second rehabilitation center in greater narrative and reflective detail in a separate essay (Julian 2025).

Email: hello@alainjulian.com

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² The widely circulated claim that there are one million *hikikomori* has been criticized for lacking empirical grounding. Yet, on the basis of various ambiguous definitions, it has solidified over time (Horiguchi 2012).

³ For discussions of *hikikomori* as a transnational phenomenon, see Kato et al. (2012); for an overview of international cases, see Tan et al. (2020).

Some describe *hikikomori* as a “state” that is neither a psychiatric disorder nor a symptom thereof (Saitō 1998; 2013). Others situate it within psychiatric classification debates—either advocating for its inclusion in the DSM-5, or approaching it through psychological and diagnostic frameworks, such as risk scales and measures of marginalization (Uchida and Norasakkunkit 2015; Suwa and Suzuki 2013). Still others view *hikikomori* as culturally inflected, pointing to social and familial dynamics specific to Japan (Teo and Gaw 2010; Zielenziger 2006).

Although these formulations still differ, they share a common feature: even when social, cultural, or familial dynamics are invoked, withdrawal is ultimately explained through the individual as its primary site. As someone who had long been attentive to loneliness and isolation—both personally and in my social surroundings—I often wondered what such explanations left unaddressed. If so many people could fall under the broad umbrella of *hikikomori*, how many others experienced similar forms of isolation without ever being labeled as such? And as comparable patterns began to emerge across countries, a purely individual or medicalized approach seemed insufficient. These questions led me to examine the phenomenon differently. What, I wondered, could the so-called *hikikomori* teach us? To explore these questions more concretely, I traveled to Kenji’s center.

As we drive toward the center, Kenji tells me about its history, his motivations, and why he chose to grant me access. Together with his wife, he had moved to the region to start a shared house, motivated partly by concerns over the steady depopulation of rural Japan. The country’s population, now about 125 million, is projected to decline to about 100 million within the next three decades.

“You can see depopulation most clearly in regions like this,” Kenji says, pointing to one abandoned house (*akiya*) after another. “What are still villages now will soon be just clusters of empty homes.”

But the move was also personal. “City life was not for us. People in Japan have lost their ways—they no longer know how to live together.” For Kenji, relocating to the countryside was as much a search for a different mode of living as a shift in environment.

When I ask how the shared house became a *hikikomori* rehabilitation center, he says, “by accident.” When he opened the house about 10 years prior, several young people previously living in seclusion—whether by choice or parental pressure—moved in. Word spread quickly—though he is not sure how—and before long he and his wife hired staff to support daily life. Although he still welcomes anyone, he now focuses primarily on this group.

He adds quickly that he prefers not to use the word *hikikomori*. “Young people having a hard time’ feels more accurate to me,” he says. The term *hikikomori* feels too heavy, weighed down by stigma—and, in any case, no longer applied: After all, the residents were no longer secluded.

Kenji explains that he allowed me to visit because he believed it would be good for the residents to meet a foreigner: “It might give them a new perspective on life.” In that sense, I would become part of his program. Since the

residents were not involved in the decision—and aware of the stigma and sensitivity surrounding the topic—I chose from the outset to adopt a reserved posture: present but careful not to impose.

The center comes into view: a wooden, two-story building that once housed staff from a nearby golf resort. Nestled at the foot of the mountain between two sleepy villages, it overlooks a patchwork of rice fields. It has about 30 rooms, most of them occupied. One of them will be mine for the next 3 weeks: a comfortable space with a raised bed, a small closet, a sink, and air conditioning. My name is already on the doorplate—the only one written in the Roman alphabet (*romaji*).

Next to the main building stands an old trailer where the staff work. Women’s sleeping quarters are separate, but everyone shares the showers, kitchen, and living room. Few residents stay only briefly; most remain for 5 or sometimes even 10 years. When I ask how long they have been here, I am often met with blank stares. Several tell me they no longer keep track: Days, weeks, and years have blended together; only the changing seasons mark the passage of time. Like Hans Castorp in Mann’s *Magic Mountain*, I feel I have entered a place where time moves at a different pace.

Life at the center follows its own rhythm. Twice a day, at 9:00 AM and 1:30 PM, Kenji, his wife, or a staff member organizes an activity. These range from volunteer work in a retirement home, meditation, and preparing traditional dishes to polishing centuries-old altarpieces at a local Buddhist temple.

Wednesdays are spent in an old school building that, due to a lack of children, now functions as a community center. There we have our own classroom, where we cook and play board games. In other rooms, villagers cook and bake, play music, or read manga.

Aside from weekly cooking assistance, there are no obligations. To encourage participation in cleaning, Kenji has introduced a unique currency system: “*hopes*”—wooden coins engraved with the English word “hope.” Those who help receive coins, which can be exchanged for homemade treats prepared by residents or staff. Some wear bundles of hopes around their necks; others seem indifferent to them.

During our conversations, Kenji often reflects on why residents had withdrawn in the past. He believes that many became overwhelmed by the pressures and structures of contemporary Japanese life,⁴ and that withdrawal is a way of preserving themselves rather than a symptom of a personal pathology. What they need, he feels, is time, patience, and an environment that allows their sense of trust, curiosity, and intuition—what he calls “human nature”—to re-emerge.

Scholars have situated centers such as Kenji’s within Japan’s expanding field of “alternative education” (*orutana-tibu kyōiku*): a loosely regulated sector of privately operated, semi-autonomous nonprofit organizations (NPOs) offering residential programs for young people who have drifted out of the education-to-work pipeline. Miller and Toivonen (2009) distinguish between disciplinary and accommodating approaches to rehabilitation. Viewed through this lens,

⁴Kenji’s view echoes discourses of *gendaibyō* or *bunmeibyō*—“diseases of modernity”—used to frame contemporary social suffering in Japan (Lock 1995: 110).

Kenji's center clearly falls into the latter category: It offers structure without coercion, prioritizes everyday living over corrective measures, and treats change as something that emerges gradually rather than through directive intervention.⁵

Gradually, I get to know everyone—some I know only by sight, and others I talk to daily. Some residents move through the house like shadows, leaving their rooms only to eat; others eagerly join activities. Most are somewhere in between.

Most residents are male, with roughly one-fifth being women—consistent with the way *hikikomori* is commonly identified in Japan, where men are more frequently labeled as such (Horiguchi 2014: 517). Recent surveys also suggest that middle-aged and older adults constitute a demographic share comparable to, or even exceeding, younger *hikikomori* (Harrison et al. 2023). In Kenji's center, however, the age range is narrower: Residents are between 17 and 35 years, with most in their early twenties.

One likely explanation lies in the funding structure. As an NPO, the center operates largely through private fees rather than public support.⁶ Admission therefore depends on someone's ability to cover the monthly costs—about ¥165,000 (roughly US\$1100). In practice, this usually means that close family members, most often parents, sponsor admission.

Given that Japan's median monthly income for young adults is considerably lower and that the national minimum wage is around ¥170,000, centers like this well beyond the reach of many lower-income households. This raises questions about which segments of the *hikikomori* population—particularly older adults—ever enter residential rehabilitation at all, and which remain largely invisible to institutions such as Kenji's.

My initial caution about imposing myself begins to ease as residents approach me with curiosity, initiating conversations and asking questions. From morning until late evening, someone is always in the living room, and conversations tend to unfold at length. In these exchanges, I often sense a desire to reconnect—as if, after years of silence, some residents are rediscovering the comfort of company.

The residents bear little resemblance to the stereotypical *hikikomori* often depicted in the media—completely withdrawn and lacking social skills—that I had once imagined. In fact, it is difficult to speak of a coherent group at all. Still, I begin to look for common threads. What events have brought these people together? Where has their path to the center begun?

To explore these questions, I distribute a paper questionnaire and a small biographical writing exercise. I choose this method to minimize emotional strain and allow residents to participate voluntarily. I explain the purpose

⁵ Miller and Toivonen (2009) argue that “alternative education” initiatives often articulate a critical stance toward state institutions. Kenji's center mirrors this, both in its physical remoteness and in its explicit critique of contemporary society.

⁶ Obtaining NPO status in Japan is relatively straightforward, though the designation rarely confers material benefits such as tax exemption (Neary 2019: 147–149).

individually and in writing and distribute the materials only to those who express interest; in the end, 12 residents take part.

As with any life history, each story is unique, though certain patterns do emerge. None describe withdrawal as a conscious decision. After a period of stress or fear, retreating had been a way to restore a sense of peace.⁷ Saka, a young woman in her early twenties, summarized it poignantly:

My withdrawal started when I felt like my battery was drained because I couldn't process the stress and discomfort I had been feeling for years. I was exhausted, so I feel that my withdrawal period was a time to recharge my battery.

Furthermore, while the beginning of withdrawal can often be identified, explaining what causes it to continue—and eventually take the shape of *hikikomori*—proved far more difficult. Conversation partners freeze and stare into the distance; questionnaires are left blank. The answer escapes them. It is as if the cause lies outside themselves, the result of forces not easily named, quietly nudging their lives in this direction.

Kenji had earlier told me that *hikikomori* and depression are deeply intertwined. Most residents are profoundly unhappy, and many struggle with suicidal thoughts. As the questionnaires also reveal, a deep sense of guilt is common—toward their parents, their families, and society at large. *Hikikomori* is a heavily stigmatized label: It signifies more than social withdrawal. It is experienced as a moral failure, especially in relation to familial and social expectations.

This was expressed vividly by Aiuro, a man nearing 30 years who had lived at the center for 4 years. When asked what the term *hikikomori* meant to him, he answered:

When others started calling me that, I realized I was a hikikomori. Hikikomori is something bad. I don't want to think that way, but because society sees hikikomori as something bad, I start to believe it myself. Because I became such a person, my cousins and relatives no longer come to family gatherings, which makes me sad. I feel like I'm being avoided. I'm sorry to my grandmother and grandfather too.

Like many young people in similar situations, he and his peers long for a meaningful place in society—to form friendships, experience love. But above all, the thought of burdening family and society weighs heavily. Work is seen as the way to lift that burden—as a kind of absolution. What kind of job hardly matters, as long as they no longer feel like a burden.

Part of this endeavor is their admission to Kenji's center. Institutions such as his are often perceived as alternatives for those who have fallen out of the education-to-work pipeline (Miller and Toivonen 2009). In contemporary Japan, education remains the principal route to social mobility, and those who fail in school often lose their chance to enter the mainstream labor market (Kosugi 2006). For both residents and families, such centers therefore often represent a way to “get back on track.”

Viewed in this way, what stands out is that the *hikikomori* category does not, for them, primarily denote social isolation

⁷ It is noteworthy that residents often used vocabulary similar to Kenji's, though in ways that differed markedly from those at the second center where I also conducted fieldwork. I analyze these contrasts more fully in forthcoming work.

at all, but a lack of productive engagement. In this sense, they are not peripheral figures but mirrors of the normative order itself—making visible the extent to which productivity functions as a condition of social legitimacy, and how quickly one's moral standing erodes when falling out of step with this demand.

However, even if employment would mean that residents were no longer classified as *hikikomori*, it would not in itself resolve their isolation. Today, nearly half of all urban households in Japan consist of single-person households (Ronald et al. 2018)—a statistic that underscores the fragility of social connection. It is not difficult to imagine that, even if residents obtained jobs in the city, they might simply exchange one form of isolation for another.

Where Japanese companies once fostered strong employee communities through lifetime employment,⁸ labor-market flexibilization has eroded these structures (Allison 2013: 30–42; Ozawa-de Silva 2021: 54–55). Much like the residents who feel their trajectory into withdrawal exceeds their control, many individuals now cycle unwillingly through precarious, temporary jobs with little prospect of stability or social embeddedness. Many of these young people fall into what is commonly called *fretter* or, in contemporary classifications, *hisekishain* (irregular worker) positions—jobs marked by instability, low wages, and minimal prospects for long-term attachment (Allison 2012).

Kenji recognized that rehabilitation focused solely on employment might make residents independent and employable, but it did not necessarily restore a sense of belonging. Gaining a job did not guarantee entry into a social world. His approach—centered on connection rather than work—revealed its effects quietly over time. Several “graduates” who had moved out and were now living independently nearby, many from distant urban centers, still returned regularly for visits or activities. As they told me, they had found here—outside the demands of work—something rare: a place of friendship and trust.

Studying people who have withdrawn from interaction inevitably raises ethical challenges—especially when access depends on gatekeepers and the researcher must remain present in a way that is attentive rather than intrusive. In my case, living inside a rehabilitation center without sharing the residents' trajectories made these asymmetries impossible to ignore. Although such tensions may at first appear to be obstacles to be eliminated, they are better understood as conditions that demand analytical visibility.

While *hikikomori* continues to be portrayed as an abstract, almost mystified category situated outside society, ethnographic work is essential for bridging the gap between such abstractions and lived reality—and for moving beyond individualized frameworks. Ethnography, both as method and as a mode of writing, offers precisely this capacity. No other approach is as well suited to illuminate the relationships between structure, agency, and geographic context (Herbert 2000).

⁸The term *shaen* was originally introduced by the anthropologist Yoneyama Toshinao to denote ties formed through companies and other associations rather than kinship or locality (Yoneyama 1981).

By staying close to lives too easily reduced to figures of pathology or failure, ethnography reveals that diagnostic and quasi-diagnostic labels are never neutral: They carry moral and social weight that acquires meaning only within specific contexts. It draws out dimensions of life that policy categories cannot register—uncertainty, ambivalence, care, and the fragile search for recognition that classificatory schemes often overlook.

From this vantage point, *hikikomori* appears not as an anomaly at society's edges, but as an aperture onto its deepest norms: how belonging is secured, how value is assigned, and how isolation takes shape within the very structures meant to prevent it. The experiences of residents at Kenji's center show that withdrawal cannot be reduced to an individual pathology. Ethnography makes visible how such categories are co-produced by families, institutions, and wider cultural logics—and how people navigate, reinterpret, or quietly resist them in their everyday lives.

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Author Biography

Alain Julian is a cultural anthropologist and philosopher whose work examines loneliness, social withdrawal, and forms of belonging in contemporary Japan. Drawing on ethnographic fieldwork and philosophical analysis, his research explores how moral expectations, work, and care shape experiences of isolation. He is currently preparing a doctoral research project on hikikomori and social withdrawal in Japan.