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**Truancy as a plausible, temporal component of  
*hikikomori*.**

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## Truancy as a plausible, temporal component of *hikikomori*.

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### Abstract:

This note is one in a series that looks at the similarity and temporality of causal components amongst *hikikomori* sufferers' previous life style and compiles a list of these 'warning signs' or alerts found prevalent among sufferers. It does not claim that these listed possible pre-cursors are found in all *hikikomori* sufferers; nor does it claim that all of these components are evidence of certain or pending withdrawal. All of these pre-cursors can easily be present in a young person who will never develop *hikikomori* or acute social withdrawal. These young people manage to combat their fears, stress or apathy with a by-pass strategy. These signs are the *altpreds* and it must be remembered that a childhood or teenage containing a few of these *altpreds* is the default, and a majority.

Moreover, the pre-conditions listed herein are assigned to a future tagged match we cannot predict and at the point in time of which we do not know. In this sense they are useful *partial predictors*. Their indexical value is based on quantitative data which lacks some inherent, personal detail or missing variable that may be key to the individuality and resilience threshold of each case disabling statistical validity<sup>1</sup>; however the list is compiled based on retrospective analysis and as a study has some worth simply as an index of factors that when combined (in other words all mental and physical states were present) has to date had a high risk end situation of *hikikomori*.

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<sup>1</sup> "Predictive validity is determined by calculating the correlation coefficient between the results of the assessment and the subsequent targeted behavior. The stronger the correlation between the assessment data and the target behavior, the higher the degree of predictive validity the assessment possesses. Conversely, a weak correlation between the assessment data and the target behavior indicates low levels of predictive validity" (Chris Clause: on-line)

It is accepted, and also *expected* in the realm of physical disease and physical symptoms, to make available resources that try to explain or collect data in an effort to prevent the development or acceleration of that disease. Yet, in mental health, the opposite is often true. Frequently the symptoms are already well set in before any problem is recognized; the symptoms representing the illness overlap and blend making diagnosis unreliable. There are far fewer resources in place for recognizing signals of social distress for example compared to prevention of physical disease and consequently significantly lower available resources for possible early intervention (prevention) strategies.

*Hikikomori* is the physical manifestation of literally shutting out the world, by locking oneself into a room for years on end and simultaneously closing off the mind to options that might, if timed well, present an alternative connection with society and a healthier future. It is a symptom. It is the symptom of a serious mental condition that is not easy to treat in Japan and holds much stigma for families of *hikikomori* sufferers and the sufferers themselves if and when they can or will return to the mainstream society that is perhaps guilty of shutting them away.

### **Truancy:**

In his book 'Adolescence Without End' (1998) Dr. Tamaki Saito provides a clear picture of the close relation that childhood and school age truancy has with the later development of *hikikomori* or acute social withdrawal (Saito: p.52). His research<sup>2</sup> defines the number of *hikikomori* who at one stage were absent from school for an extended unexplained period of a month or more to be a substantially robust and evidenced pre-cursor to *hikikomori*. In his fieldwork research in Tokyo, Zielinzigler (2006) too speaks of the connection between prior, earlier truancy and *hikikomori*.

So what is it that gives one child the mental resilience to combat or face difficulties or trauma at school and sustain their schooling without interruption? Truancy is an

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<sup>2</sup> Saito's research concluded that "Non-attendance at School" showed up as the first "symptom" among nearly 70 percent of the respondents.

avoidance strategy. Exactly as we have in verbal communication. It is the physical manifestation of `no reply` `lost connection` `silent response` (Sugai: 2002).

Whether this strategy is an expression of apathy, or an expression of fear, it always represents a call for consideration. If it is a silent response, perhaps we should be looking at *hikikomori* and voluntary isolation as the chosen way out of society from a growing number of students who are struggling with a disconnected or non functioning line of communication. And if so, how can we teach it (how to identify and communicate distress) better? Is it that we must literally uproot deeply held historically rooted traditions of 我慢 and make it possible for a child or young person to have the power to say no; to be given more praise and support for communicating distress and in a learning environment where it is more acceptable to do so, by teachers and peers alike.

Eiji Yamamura (2003: p.2) discusses truancy within a political and social economic framework however he also includes some relevant observations on the continuing upward trend of truancy in Japan, focusing especially on primary school and junior high school age students.

### *Truancy ( in Japan)*

*1 Even though the scale is different between primary school and junior high school, it appears that both primary and junior high school truancy rates doubled within a fairly short period of time.*

*2 This suggests that a problem in educational quality exists. The definition of truancy rate before 1993 was (Students who play truant over 50 days) / (total number of students). This is different from the definition post-1993 (Students who play truant over 30 days) / (total number of students).*

*3 This seems to reflect the depression period after 1992 when the prosperity of the bubble economy came to an end in Japan. The number of business bankruptcies steeply*

*increased in this period because of macro-level economic stagnation. The economic recession caused many people to face difficulties and suffer distress. It has been reported that the suicide rate increased rapidly in this period (Chen, Choi, & Sawada, 2009). It is possible that distress is one of the determinants of school truancy and suicide.*

Indeed, truancy is not normally an isolated problem in a child's life. It is a symptom of a problem that may be connected to a long chain of events. It is the link in a chain similar to the way reaction to trauma builds<sup>3</sup> up (Bistoën, G et al: 2014).

The following comparisons from a 2003 study published in the *Journal of the American Academy of Child and Adolescent Psychiatry* highlight the problem of truancy in America. The first percentage given is for truant children. The percentage of each activity in non truant children is given in parentheses for comparison.

- all psychiatric disorders: 25.4 percent (6.8 percent)
- oppositional defiant disorder: 9.7 percent (2.3 percent)
- conduct disorder: 14.8 percent (1.6 percent)
- depression: 7.5 percent (1.6 percent)
- conflicting relationships with peers: 16.2 percent (8.7 percent)
- living in poverty: 31.3 percent (19.1 percent)
- single-parent household: 45.9 percent (21.8 percent)
- lax parental supervision: 31.5 percent (6.7 percent)
- mother currently diagnosed as depressed: 11.9 percent (5.5 percent)
- parents teenagers at time of birth: 15.3 percent (8.4 percent)

The relevance of this chart is to indicate that the highest percentage factor is listed as being connected to a psychiatric disorder. Peer pressure and bullying on the other hand

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<sup>3</sup> Bistoën, Gregory et al. A Freudian perspective on delayed traumatic reactions. *Theory & psychology* 2014, vol.24(5)668-683

has a middle range percentile where it is the single highest explanatory factor for truancy in Japan (Saito: p.52). While bullying and peer pressures are found in all countries and most school systems, could it be that where a culture in which communication and expression of self is so highly prized (America) the ability to communicate distress is slightly better developed than in a society where speaking out and challenging authority is discouraged in most settings (Sugai: 2002).

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