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Health Benefits of Ikigai: A Review of Literature

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Abstract

Recently, the concept of ikigai has attracted international scholarly attention. Originally, researchers have focused on its impact on longevity; however, contemporary approaches to ikigai include career guidance, wellbeing training and clinical practice. That said, much of the existing literature on ikigai has relied on anecdotal episodes, without a clear focus on scientific or clinical literature. In this chapter, we (a) define ikigai, (b) explore the health benefits of ikigai regarding its impact on both physical health and mental health, and (c) discuss how to enhance ikigai and future research, based on scientific findings. Ikigai—originally identified in difficult life experiences among leprosy patients—is defined as an experiential, everyday life phenomena that relates to a reason for your being. Based on a number of meta-analyses and longitudinal studies, evidence suggests a protective benefit and positive correlation between ikigai and better physical health, and an inverse relationship with all-cause mortality. Psychologically, ikigai may be important in developing one's sense of self-understanding, goal attainability, and problem-solving skills. Interventions such as life crafting are deemed helpful to enhance ikigai, although further research (e.g., cross-culture, longitudinal) needs to be conducted to further support the utility of this construct. Our findings can help healthcare workers and researchers to further advance the science of this experiential wellbeing construct.

What is, and what is not ikigai

Ikigai is a Japanese word often introduced as “purpose in life” or “life worth living” in English literature (e.g., Mathews, 1996b; García & Miralles, 2017; Weiss et al., 2005), however it has been also argued that this word cannot be exactly translated in English (e.g., Kamiya, 1966; Lomas, 2016). This makes sense in a way, such as when psychiatrist Dr Kamiya introduced ikigai to the Japanese public, she chose this word because of its unique nuance that was hard to express in other languages. Being able to speak several languages, she was aware of this uniqueness that the complete meaning of ikigai could only be expressed fully in the Japanese language (Kamiya, 1966). In the late-1950s, Kamiya was treating patients with leprosy (also known as “Hansen disease”, an infection affecting the nerves and other parts of the body), which was regarded as devastating at that time. While treating the patients, she began to wonder why some people can remain hopeful despite being in a difficult situation, and others cannot. A patient who has lost their vision, learned how to read Braille, and enjoyed reading many stories. Another patient who has lost fingers, was having a good life enjoying haiku to express the texture of the air, which they had only been able to experience after the disease. Some of Kamiya’s patients, despite the significant challenges ahead, had hope and meaning in their life.

In a search for what makes a difference between those patients with, or bereft, of hope, Kamiya discovered it is an experiential sense that is best verbalised as ‘ikigai’: patients who were in touch with ikigai were able to have hope and meaning in their life. Kamiya emphasises that ikigai is not conceptual and cannot be understood without a lived experience. It is a feeling that arises in your body when you are living your mission. Especially as she talked to the patients, she realised that ikigai can be more strongly experienced by those who have experienced a loss, such as her patients. Even when a part of their body stopped functioning, they still felt the existence of their life. When a life throws you a challenge,

trying to find a deeper meaning, instead of avoiding the challenge, is a way of ikigai (Kamiya, 1966).

Kamiya's definition of ikigai emphasises that it is not a logical or philosophical concept; it is an experiential, everyday life phenomena that relates to a reason for your being (Kamiya, 1966). This definition is, to some degree, in line with what is discussed by Dr Mogi, a well-known neuroscientist in Japan, in his book 'The Little Book of Ikigai' (2017). Mogi warns that Japanese people have forgotten to experience ikigai in their daily life, and are now fixated with external goals, because of several factors including globalisation and technology advancement. Indeed, Japanese culture was evaluated as the most success-focused one in the Cultural Dimension Theory (Hofstede, Hofstede, & Minkov, 2010), contrasted with quality-oriented cultures such as Dutch and Scandinavian ones. Our research identified that people in a success-focused culture tend to have high extrinsic motivation (a type of motivation that is activated by external rewards such as money and fame) and compromised wellbeing, whereas those in a quality-oriented culture tend to have high intrinsic motivation (a type of motivation that is activated by inherent joy and curiosity, where the activity itself is a reward) and higher wellbeing (Kotera, Van Laethem, & Ohshima 2020). Ikigai is deemed to be more associated with the quality-oriented nature and intrinsic motivation. Relatedly, Mogi reports that he experiences about 100 pieces of ikigai in his daily life: ikigai in having a cup of his favourite coffee, listening to his favourite music, reading and writing research papers etc. Mogi argues that not experiencing these moments in one's life can result in lower wellbeing and health (Mogi, 2017), and that these effects are not limited to Japanese people.

Subsequent to its definition, the concept of ikigai has been explored within Western literature with some of the earlier adopters looking to understand the causes of differing senses of satisfaction between Japanese and American populations (Mathews, 1996b) or to understand the impact of post-retirement employment on individuals' sense of purpose and

psychological wellbeing (Weiss et al., 2005). More recently the concept of ikigai has reached popular literature within Western cultures with books drawing on the concept of subjective wellbeing and ikigai to provide self-help guides for readers seeking greater fulfilment in their daily lives (e.g., Bethune & Kell, 2020; García & Miralles, 2017). However, these positive health findings relating to ikigai have not been synthesised to date. Accordingly, this chapter explores the health benefits of ikigai, including both physical health and mental health, through reviewing existing literature, and offers practical implications and research suggestions.

Ikigai and physical health

Cultural differences in values and meaning have been well documented in influencing wellbeing (Miyamoto et al., 2019). In Japanese cultural contexts, ikigai has been consistently associated with better health, including lower mortality and functional disability (Sone et al., 2008; Tanno et al., 2009). There have been a number of recent reviews and meta-analyses suggesting protective benefits of having higher levels of meaning and purpose in life, with regards to health and quality of life (Roepke et al., 2014; Zilioli et al., 2015).

In their systematic review, Roepke and colleagues (2014) found that higher levels of meaning were associated with better physical health, as well as with behavioural factors that decrease the probability of negative health outcomes or increase that of positive health outcomes. In this systematic review, ikigai was one of the ways meaning was conceptualised, but other conceptualisations of meaning were also included. Overall, meaning and purpose were clearly associated with better physical health. Although those who were searching for meaning did not appear to experience better health outcomes, those who had found and experienced meaning enjoyed a range of health benefits. For example, faster recovery from knee surgery (Smith & Zautra, 2004); lower risk of disability in old age (Krause & Hayward,

2012); greater odds of survival in myocardial infarction (Koizumi et al., 2008); better immune functioning (Holt-Lunstad et al., 2011); and better subjective health and health-related quality of life (HRQOL; Park et al., 2008). Individuals with a greater sense of meaning and purpose, also tended to engage in more health-promoting behaviours (such as exercising [Holahan et al., 2008], refraining from smoking [Konkoly, Thege, et al., 2010], etc.), which may partially explain the mechanisms for the relationship between meaning and health outcomes. The authors caution that while the extant research suggests possible mechanisms linking meaning and physical health, no specific conclusions can be drawn about direction of causality.

Turning to longitudinal research, in a four-year longitudinal study exploring the maintenance of ikigai among the elderly in Japan, Fukuzawa and colleagues (2019) found that having or increasing strong social ties was protective against decline in ikigai related to poorer physical health or financial status. This finding may be unique to cultures where self-concept is more interdependent on one's social surroundings versus more individualistic cultures where self-concept may be perceived as an independent entity. Nevertheless, the findings may provide clues about how ikigai can be maintained in later life.

In one of the first prospective studies to explore the biological impact of having a greater sense of purpose in life, Zilioli and colleagues (2015) investigated the associations between life purpose and allostatic load over a ten-year period. Allostatic load is defined as the physiological burden experienced by the body in response to adjusting to external challenges (i.e., stress). The organism manages stress simultaneously by changes in the cardiovascular, autonomic, neuroendocrine, immune, and metabolic systems. When these systems are activated too frequently and for too long, this creates allostatic load in the organism, which has been positively associated with greater risk of illness, cognitive decline, and mortality. Zilio and colleagues (2015) found evidence to suggest that people with greater

life purpose, reported stronger beliefs that they had control over their health, and were found to have lower levels of allostatic load at follow-up. Interventions that increase one's ikigai are of interest.

The importance of ikigai has been further highlighted during the novel Coronavirus disease (COVID-19) pandemic. This pandemic has led to a loss of normalcy and for some, it has resulted in loss of meaning in life too (Trzebinski, 2020). Trzebinski and colleagues (2020) found that during the COVID-19 pandemic, higher levels of meaning in life were associated with lower levels of anxiety and distress, suggesting a protective effect of meaning in life against stress reactions. 'Life crafting' is one intervention that is based on the principles of ikigai and provides a framework for the individual in structuring their search for a life purpose (Schippers & Ziegler, 2019). The authors suggest that life crafting could help people bolster or re-establish their sense of purpose and significance in life. De Jong and colleagues (2020) map out how life crafting may be applied during trying times.

In this section, we summarised research suggesting the protective influence of higher levels of ikigai and sense of purpose on physical health and all-cause mortality. One explanation focuses on people with greater sense of meaning and purpose, having a greater sense of control over their health (i.e., *I am in control of my health*). A second, more biological mechanism, suggests people with higher levels of ikigai, may have lower levels of allostatic load, suggesting less damage to internal systems of the individual, in response to stress. At a time when we are facing enormous mental health challenges related to the COVID-19 pandemic, it is pertinent to consider ways to maintain or bolster ikigai with a view to maximize its accessibility and benefits at all stages of the life cycle. Interventions to increase ikigai, such as life crafting, may be one way of achieving this goal.

Ikigai and mental health

The concept of ikigai and the practice of psychotherapy share a similar dilemma: both feature an attempt to conceptualise and maintain a certain state of psychological wellbeing, while at the same time acknowledging the difficulties that are inherent to pursuing one's "meaning of life" (Kamiya, 1966). Herein, the most obvious and immediate difficulty can be conceptualised in the following way: how can we identify, and, more importantly, articulate, to ourselves and others, the meaning of our life?

As a philosophical concept, ikigai identifies several areas that promote a sense of autonomy and self-awareness, both of which are thought of as integral to identifying one's meaning for life: 1) that which you *love*; 2) that which you are *good at*; 3) that which you can be *paid for*; and 4) that which the *world needs*. The combination of all four key aspects lead to "that which most makes one's life seem worth living" (Mathews, 1996a, p. 718). However, as Mathews (1996a) succinctly points out, there are considerable disagreements about what is the best suited form of ikigai to each individual. While some argue that ikigai may be located in the pursuit of one's own individual dream, thus explicitly defining it as a form of *jiko jitsugen* ("self-realization") (Kobayashi, 1989), others conflate ikigai with *ittaikan* ("a sense of oneness"), arguing that only through commitment to group (e.g., family, culture, work) can one arrive at authentic meaning of life. It is interesting to note that, although it is acknowledged that the source and sense of ikigai is different to each individual, there are still attempts to establish a universal definition for this concept (Mathews, 1996a).

Similar debates around meaning of life, and, more broadly, psychological wellbeing, occur in the practice of psychotherapy. Although much of the discourse in psychotherapy revolves around psychopathology, human discomfort and suffering, the very premise of psychotherapy as a form of treatment is that psychopathology can be alleviated by addressing *unmet needs*. According to Miller (2004), "A need is the lack of something experienced as

essential to the purposes of life. It expresses itself as suffering. If the person is aware of the existence of a way to stop suffering, the need expresses itself as a desire” (p. 36).

Each therapeutic modality has its own way of addressing unmet needs, which are simultaneously conceptualised as a *desire for meaning* (Miller, 2004). For example, Cognitive Behavioural Therapy (CBT) seeks to understand patients’ core beliefs, dysfunctional assumptions and negative automatic thoughts in order to promote realistic and positive cognition in patients (Fenn & Byrne, 2013). Consequently, patients’ unmet needs are perceived via cognitive lens: it is not that the patients cannot achieve their desired life outcomes (e.g., developing a meaningful relationship or obtaining a well-paid job) but rather the way in which patients perceive their own capacity to attain these outcomes. As a therapeutic modality, CBT therefore seeks to optimise patients’ cognition and understanding of realistic core beliefs, which in turn equips patients with a psychological toolkit that will aid them in identifying obstacles and finding solutions.

From an epistemological standpoint, CBT perceives ‘needs’, ‘desires’, and ‘meaning’ from a problem-solving perspective: in order to attain a state of psychological wellbeing, the patient must understand and assimilate arising challenges and stressors into global meaning (e.g., pre-existing goals, values, beliefs), which will then allow them to work through the obstacles efficiently (Holland et al., 2015).

Drawing the CBT approach to meeting psychological needs to *ikigai* and its focus on meaning of life, it is interesting to observe how the two converge in terms of individual self-understanding. Yamamoto—Mitani and Wallhagen (2002) found that *ikigai* experiences influence one’s self-understanding (which in turn has a significant impact on how one conceptualises their meaning of life), especially when dealing with difficult life challenges. Their study focused on Japanese caregivers who struggled to reconcile the difficulties of their

care responsibilities. By focusing on different sources of ikigai (e.g., maintaining ikigai in the family, philosophy, imagination, balancing, etc.), the caregivers were able to maintain a state of psychological well-being as well as identify the meaning of their life. The latter, however, could shift across different life experiences and circumstances. For example, many caregivers cited family as their primary source of ikigai: “Caregiving and ikigai, after all, for me [...] they are inseparable. They are myself, my husband, children” (Yamamoto–Mitani & Wallhagen, p. 407). Other caregivers, depending on their life circumstances and priorities, cited work responsibilities as their source of ikigai: “Ikigai? It may be going to work. It may be handling various things, continuing my work outside home” (*ibid*). Therefore, identifying many different sources of ikigai can be likened to the therapeutic process of CBT: both incorporate a sense of resilience that is necessary when facing difficult life experiences. This includes having a radically different – and positive – interpretation of one’s core beliefs, led by questions like “What alternative ways of looking at this are there?” and “Why is this important?” (Fenn & Byrne, 2013, p. 581).

A very different approach to unmet needs and desires for meaning is proposed by psychodynamic and psychoanalytic psychotherapies. Unlike CBT, psychoanalysis insists that ‘working through’ psychological difficulties takes a long time, that clinical treatment should be intense and frequent, and, most importantly, that the therapeutic task is not to alleviate symptoms but to understand the cause of patients’ psychopathology. Freud famously postulated that the aim of psychoanalytic psychotherapy is to “succeed in turning [patients’] hysterical misery into *uncommon happiness*. [Thus] with a mental life that has been restored to health you will be better armed against that unhappiness” (Breuer & Freud, 1895/1955, p. 305).

This does not mean that psychoanalysis is not concerned with psychological wellbeing or the attainment of some form of meaning of life. As Thompson (2004) argues,

psychoanalysis treats wellbeing and happiness in a Zen-like manner precisely because the typical patient will resist to endure the sacrifices that the pursuit of psychological wellbeing inherently entails. Resistance of this kind can be particularly well observed in transference processes: the patient engages with the therapist not only as a helper and advisor, but also as an unconscious reincarnation of some past prototype figure (e.g., family members, lovers). The patient transfers feelings felt for the prototype figure in the past onto the therapist in the 'here-and-now'; these feelings may verge from love, hatred, jealousy, and ambivalence (Saul, 1962). In order to engage with this unconscious form of resistance, the 'cognitive' component lies largely with the therapist, who is tasked to translate unconscious transferential (and, by extension, counter transferential) phenomena into relational expressions (gestures, reactions, perceptions) and interpretations (Holmes & Devon, 1998).

In this sense, psychoanalysis takes on what might be called a causal approach to psychological unwellness: symptoms will not disappear until the unconscious feelings of fragmentation, trauma or loss are properly addressed and made conscious. Even then, however, the Freudian focus on repetition compulsion – the re-enactment of behaviours and feelings that were initially experienced in the past during distressing or traumatic situations – insists that it is part and parcel of psychological functioning to experience unpleasure of the ego (which is simultaneously the satisfaction of the id) (Freud, 1920).

This dichotomy in psychological experiences – the desire to obtain a state of psychological wellbeing while simultaneously resisting it – has also been observed by Yamamoto–Mitani and Wallhagen (2002) in their study of *ikigai* in caregivers. In particular, they noted that experiences of *ikigai* (what they call the sense of *ikigai*) is experienced most vividly when individuals are undergoing some form of crisis or are facing complex challenges in their lives. This is partly why they chose caregivers as research participants for their phenomenological study of *ikigai* experiences; since caregivers encounter daily

difficulties in their profession (from making health-based decisions for patients to witnessing their death), the experience of ikigai is often felt as “Courage to live [...] reason to live” (Yamamoto–Mitani & Wallhagen, 2002, p. 405). However, when the experience of crisis is absent or when difficult challenges subside, conscious thoughts about ikigai seem to diminish: “When there is no crisis in life, caregivers sometimes came to question what their ikigai was. This questioning often accompanied a feeling of vague discomfort or frustration” (*ibid*, p. 406). This suggests an interesting juxtaposition: although ikigai is often seen as a state of balance and psychological well-being, there is an unconscious drive to seek out challenges, crises and obstacles, which in turn reinforce a more vivid experience of one’s meaning of life.

Although this section only explores the potential intersections between mental health including a few therapeutic modalities (CBT and psychoanalytic/psychodynamic) and ikigai, there is a further need to develop literature for other forms of mental health interventions and their relationship with ikigai experiences. As Miller (2004) observes, psychological suffering often indicates an unconscious awareness of a way to cease suffering; and, in many cases, it can become an individual’s ikigai. As such, it is worthwhile to investigate both the problem-solving strategies to attain psychological wellbeing (CBT approach) as well as to understand the unconscious drives that both intensify ideas and fantasies around the meaning of life and resist obtaining permanent psychological happiness (psychoanalytic approach).

Discussion

This chapter defined ikigai and explored its benefits on physical health and mental health and will conclude by focusing on how it can be enhanced and the current limitations in this research and how these might be addressed in future research.

Ikigai is a complex concept owing to its experiential nature, which cannot be understood without lived experience. Put succinctly, it is a feeling that arises in your body when you are living your mission or living in congruence with your purpose in life. Outside of Japan where the term originates, ikigai has been said to be similar to eudaimonic wellbeing i.e., the condition of functioning and living well. When researchers attempt to measure ikigai they examine the following dimensions: 1) optimistic and positive emotions toward life, 2) active and positive attitudes towards one's future, and 3) acknowledgment of the meaning of one's existence. There can be multiple sources of ikigai, for instance, in a nationally representative Japanese sample (Cabinet Office, Government of Japan 1994), the most frequently reported sources were: family/children (38.7%), hobbies/sports (24.4%), and work/studies (23.4%).

Research on ikigai has consistently found positive associations with better physical health and longevity (McKnight & Kashdan, 2009), and negative associations with all-cause mortality (Heintzelman et al. 2013; Hill & Turiano, 2014; Schippers, 2017; Sone et al., 2008). Specifically, ikigai has been linked to the following: 1) faster recovery from knee surgery; 2) lower risk of disability in old age; 3) greater odds of survival in myocardial infarction; 4) better immune functioning; 5) better subjective health and health-related quality of life; and 6) lower levels of allostatic load. One of the mechanisms for the relationship between ikigai and health outcomes might be that ikigai is associated with more health-promoting behaviours (i.e., exercising, refraining from smoking) and stronger beliefs that one has control over one's health (Kang et al., 2019).

Research has also found benefits of ikigai for mental health. Ikigai was found to be a protective factor in overcoming stress, depression, anxiety, and other psychological problems (Freedland, 2019; Kim et al., 2014). Likewise, it was associated with lower incidence of psychological disorders and slower age-related cognitive decline (Heintzelman et al., 2013).

Ikigai was also associated with wellbeing indicators, such occupational adjustment, adaptive coping, happiness, and quality of life (McKnight & Kashdan, 2009).

Given the associations between ikigai and improved health and wellbeing, it is fortunate that it can be enhanced through interventions. Interventions to enhance ikigai include career guidance, wellbeing training and clinical practice and can comprise self-help guides (García & Miralles, 2017; Mogi, 2017) or more directed interventions such as ‘life crafting’ which entails reflecting on one’s values, passions and goals, visualising a best possible self, and goal attainment plans (Schippers & Ziegler, 2019).

Despite the reported benefits of ikigai, the field is currently limited by the quality of research evidence espousing these benefits. One of the major challenges of researching ikigai is that it is hard to define or operationalise because of its multifaceted, experiential (or ‘lived experience’) nature (Mathews, 1996a), and it is therefore difficult to measure. Although measures of ikigai exist, these are either limited by narrow response options, leading to reduced variance in data (Kondo & Kamada, 2003), focusing solely on the enjoyment of leisure pursuits, and so not fully capturing the sources of ikigai (Kono et al., 2019) or until recently (Fido et al., 2019) measures were only available in Japanese, limiting measurements and comparisons with other cultures. In addition, the myriad of terms relating to ikigai in Western culture (e.g., authenticity, self-actualisation, flourishing, purpose in life, meaning in life, eudemonic wellbeing; salutogenesis), make it difficult to review and summarise previous literature beyond Japanese populations. Subsequently there is currently no published empirical research exploring the presence of ikigai in Western populations. For cross-cultural research to begin, further cross-validation of ikigai measures against existing related conceptual measures (e.g., eudaimonic wellbeing) is necessary.

The lack of empirical evidence surrounding ikigai research has also limited the ability to which causal conclusions can be made. Much of the existing literature on ikigai has relied

on anecdotal evidence or cross-sectional data. More longitudinal research is needed which follows the same cohort of participants across generations. Alternatively, more experimental methodologies utilising interventions (e.g., life crafting) and mixed-methods which feature physiological outcomes (e.g., allostatic load) in addition to self-reported ones would provide more robust evidence where causality can more readily be assessed.

Finally, more attention needs to be paid to the mechanisms between ikigai and health. Health behaviours such as exercise, healthy eating, and reducing alcohol and nicotine intake may partially explain the mechanisms for the relationship between ikigai and health. This area needs further study if we are to understand the conditions under which ikigai can thrive.

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