

*1**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 had focused on its impact on longevity; however, contemporary approaches to ikigai include practical applications into career guidance, wellbeing training and clinical practice. That said, much of the existing literature on ikigai has relied on anecdotal accounts, without much focus on scientific literature. In this chapter, we (a) define ikigai, (b) explore the physical and mental health benefits of ikigai, and (c) discuss how to enhance ikigai based on scientific findings and develop future research. Ikigai is defined as an experiential, everyday life phenomena that relates to one's reason for being or life purpose. Based on several meta-analyses and longitudinal studies, evidence suggests that there is a protective benefit to ikigai, a positive correlation with 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) is needed to further support its utility. Our findings can help healthcare workers and researchers to better understand this experiential wellbeing construct.

**Keywords:** Ikigai; Physical Health; Mental Health; Review

### **Ikigai: What it is, and what it is not**

Ikigai is a Japanese word often translated 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 some sense given that when psychiatrist Dr. Mieko 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. While treating these patients, she began to wonder why some people can remain hopeful despite being in such a difficult situation, but others could not. One patient who had lost their vision learned how to read Braille and enjoyed reading many stories. Another who had 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 maintained strong hope and meaning in their life.

In her search for what made the difference between these patients and those who did not show such resilience, Kamiya concluded that it was an experiential sense that is best captured by the word ‘ikigai’: patients who were in touch with this sense were able to have hope and meaning in their life despite their terrible circumstance. Kamiya emphasised 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 loss and hardship, such as her patients. Even when a part of their body stopped functioning, they were still in touch with a meaning 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 one’s reason for being (Kamiya, 1966). This definition is, to some degree, in line with what is discussed by Dr. Ken 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 due to factors including globalisation and technological advancement. Indeed, Japanese culture was evaluated as the most success-oriented one

according to Hofstede's Cultural Dimensions Theory (Hofstede, Hofstede, & Minkov, 2010), contrasted with quality-oriented cultures such as Dutch and Scandinavian.

Our research has identified that people in a success-oriented 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. Conversely, 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). These findings indicate that 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: in having a cup of his favourite coffee, listening to his favourite music, reading and writing research papers, etc. He 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.

Following its definition, the concept of ikigai has been explored within Western literature, with some earlier adopters looking to understand the causes of the 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 in Western cultures with self-help books drawing on the concept of subjective wellbeing and ikigai to guide 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 physical and mental health benefits of ikigai through reviewing the existing literature, and offers practical implications and research suggestions.

### **Ikigai and physical health**

Ikigai has been consistently associated with better health, including lower levels of mortality and functional disability (Sone et al., 2008; Tanno et al., 2009). There have also been several recent reviews and meta-analyses suggesting protective benefits of having higher levels of meaning and purpose in life, for 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

would decrease the probability of negative health outcomes or increase that of positive outcomes. In this review, ikigai was one of the ways meaning was conceptualised, but other conceptualisations were also included. Overall, meaning and purpose were clearly associated with better physical health. Although those who reported searching for meaning did not appear to experience better health outcomes, those who said they found and experienced meaning enjoyed a range of health benefits. Examples of these include 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 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 a 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 its associations with 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 through simultaneous changes in the cardiovascular, autonomic, neuroendocrine, immune, and metabolic systems. Frequent and prolonged activations of these systems increase allostatic load in the organism, which has been positively associated with greater risk of illness, cognitive decline, and mortality. Zilioli et al. (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 could therefore provide similar benefits.

The importance of ikigai has been further highlighted during the COVID-19 pandemic, which has led to a loss of normalcy for many —and for some, a loss of meaning in life too (Trzebinski et al., 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.

One intervention that is based on the principles of ikigai described by the authors is called *life crafting*, which provides a framework for the individual in structuring their search for a life purpose (Schippers & Ziegler, 2019). De Jong and colleagues (2020) similarly mapped out how life crafting may be applied during trying times. These authors suggest that life crafting could help people bolster or re-establish their sense of purpose and significance in life.

In this section, we summarised research suggesting a protective influence of higher levels of ikigai and sense of purpose on physical health and all-cause mortality. One possible explanation of this association is that people with a greater sense of meaning and purpose will have a greater sense of control over their own health. Another mechanism that has been suggested, more rooted in biology, is that people with higher levels of ikigai could have lower levels of allostatic load, and therefore less damage to their internal systems 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 promote 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 the meaning of our life, and more importantly, articulate it to ourselves and others?

As a philosophical concept, ikigai identifies several areas that promote a sense of autonomy and self-awareness, both of which are considered 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 form of ikigai is the best suited for everyone. While some argue that ikigai may be found in the pursuit of one's own individual dreams, 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 a group (e.g., family, culture, work) can one arrive at an authentic meaning of life. Although it is acknowledged that the source and sense of ikigai differs for each individual, there are still attempts to establish a universal definition for this concept (Mathews, 1996a).

Similar debates around meaning of life and psychological wellbeing occur in the practice of psychotherapy. Although much of the discourse in psychotherapy revolves around psychopathology, 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 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 but rather the way in which they perceive their own capacity to attain them. As a therapeutic modality, CBT therefore seeks to optimise cognition and understanding of realistic core beliefs, which in turn equips patients with a psychological toolkit that can help them identify obstacles and find 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).

Comparing the CBT approach to meeting psychological needs with 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, especially when dealing with difficult life challenges, and

this in turn has a significant impact on how one conceptualises their meaning of life. Their study focused on Japanese caregivers who struggled to cope with 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, varied 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, 2002, 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’ (p. 407). 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 the psychodynamic and psychoanalytic schools of thought. 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 unconcerned 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 enduring the sacrifices that pursuing psychological wellbeing 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 (e.g., love, hatred, jealousy, ambivalence) onto the therapist in the present. (Saul, 1962). To engage with this unconscious form of resistance, the cognitive

component lies largely with the therapist, who is tasked with translating unconscious transferential (and counter-transferential by extension) 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 experiencing unpleasure of the ego (which is simultaneously the satisfaction of the id) is inherent to psychological functioning (Freud, 1920).

This dichotomy in psychological experiences—the desire to obtain a state of psychological wellbeing while simultaneously resisting it—was also observed by Yamamoto-Mitani and Wallhagen (2002) in their phenomenological study of ikigai in caregivers. They noted that experiences of ikigai is felt most vividly when going through a crisis or facing complex life challenges. This is partly why they chose caregivers as research participants; 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’ (p. 406). This presents 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 ikigai experience.

This section explored potential intersections between ikigai and mental health through the examples of cognitive-behavioural and psychoanalytic/psychodynamic therapeutic modalities, but there is a further need to develop literature on how ikigai experiences relate to other forms of mental health interventions. 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 would be worthwhile to investigate both problem-solving strategies to attain psychological wellbeing (the 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 (the psychoanalytic approach).



## Discussion

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

Ikigai is a complex concept because of its subjective nature, which cannot be understood without lived experience. Put succinctly, it is a feeling that arises in your body when you are living in congruence with your purpose in life. Outside of Japan, ikigai has been said to be similar to eudaimonic wellbeing—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 (e.g., 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. It has been found to be a protective factor in overcoming stress, depression, anxiety, and other psychological problems (Freedland, 2019; Kim et al., 2014). Likewise, it has been associated with lower incidence of psychological disorders and slower age-related cognitive decline (Heintzelman et al., 2013). And it has also been associated with wellbeing indicators such occupational adjustment, adaptive coping, happiness, and quality of life (McKnight & Kashdan, 2009).

Given the associations ikigai has with good health and wellbeing, interventions to enhance it could be beneficial. Interventions that have been shown to enhance ikigai include career guidance, wellbeing training and clinical practice, and can comprise self-help guides

(García & Miralles, 2017; Mogi, 2017). More directed interventions such as life crafting entail reflecting on one's values, passions and goals, visualising a best possible self, and setting goal attainment plans (Schippers & Ziegler, 2019).

Despite the reported benefits of ikigai, the field is currently limited by the quality of research evidence supporting these benefits. One of the major challenges of researching ikigai is that it is hard to define or operationalise because of its multifaceted, subjective (or 'lived experience') nature (Mathews, 1996a), and it is therefore difficult to measure. Although measures of ikigai do 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 rather than capturing the sources of ikigai (Kono et al., 2019), or the fact that measures were only available in Japanese until recently (Fido et al., 2019), 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. Consequently, 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 to follow cohorts 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 behind the association of ikigai and health. Health behaviours such as exercise, healthy eating, and reducing alcohol and nicotine intake may partially explain the relationship, but this area needs further study if we are to understand the conditions under which ikigai can thrive.

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