

“Student-Apathy”

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INTRODUCTION

Since the early 1960s there have been a number of students in the campuses of many colleges and universities in the U.S. who are unwilling to belong to any group, nonchalant toward current political or social trends, lacking in the will to live in a positive way, or indifferent, depressed, lazy or enervate. These students have described such a state of themselves as that of “affectlessness or emptiness combined with physical lethargy and intellectual impotence”. (Walters, Jr. P.A.¹⁾).

Such a tendency of college or university students seems to be a worldwide phenomenon today. There have been some reports from West Germany in this regard. (Bräutigam, W.²⁾; Schulte, W. u. Tölle, R.³⁾) In our country Marui (1967)⁴⁾⁵⁾ was the first to document such a trend of undergraduates, concerning which an excellent theory was advocated later by Kasahara⁶⁾ and which has since drawn the attention of those who are concerned in college education, especially psychiatrists and psychologists working in the counselling center⁷⁾.

These students, who are able to live in an ordinary way if they are only pleased to do so, relinquish their school work both selectively and completely, so that they have been considered idle or eccentric persons or dealt with as patients with endogenous psychosis at the initial stage, particularly mild form of depression or simple type of schizophrenia.

The present study covered a total of 26 such students interviewed by the author, including 3 females, who were selected from among those who were examined at the Health Counselling Center of Yamaguchi University and the Department of Neuropsychiatry, Yamaguchi University School of Medicine. Only 3 of these students came to see us of their own will, the remaining majority doing so at the suggestion of a counsellor, and advisor or their friends or immediate relatives.

REPORT OF CASES

Case 1: A male student aged 19.

The patient was brought up as the only child by his mother, a grocer in a small country town. His father died of pulmonary tuberculosis in his childhood.

As a senior high-school boy, he was a member of a ping-pong club and once took part in an interschool match as a player.

He was gentle, conservative and somewhat obstinate.

He decided to enter the School of Education of his own will. Until summer vacation in the year of his admission he attended lectures rather earnestly, but subsequently he failed to study, quitting lectures. According to him, this was because he became indulged himself in playing mahjong, into which he was introduced by his friend living in his lodgings; playing till late at night prevented him from getting up early enough the next morning. With the intention of joining the ping-pong club to change his mind, he went to seek the advice of the leader of the club. At that time a girl student beside the leader happened to laugh at him. This made the patient feel that an irregular row of his teeth was subjected to ridicule, with the result that all of a sudden he lost his interest in playing ping-pong. This episode precipitated him into having a dull pain in his front teeth with the saliva collecting in the mouth when his eyes met with those of a young woman. The sound of his swallowing the saliva jarred horribly on his ears. His attitude toward life in those days was against his will, however. He said that he was sorry for his mother. Notwithstanding, he showed no signs of his intention to change his way of life. Both his mental struggle and his reflection were very superficial in nature, as different from those associated with compulsion neurosis.

After interviewing him several times I suggested that he should undergo orthodontia at the odontology clinic. He replied that if the operation was successful he would both join the ping-pong club and attend lectures regularly. In his attitude, however, there was a marked trait of his thinking that he could not help undergoing the operation at my suggestion. It is true that he attended lectures from autumn onward without complaints of his odontology or eventual salivation. However, he still remained negligent in attitude, never becoming earnest enough to be inclined to devote himself to his objective in life: he used to say that he could not understand why his friends are studying hard and that no extraordinary effort would be required to obtain something like

a license for teaching. He practiced ping-pong only when fancy dictated him, and failed to attend school on the pretext of abdominal pain and so forth only hours before the day of playing games.

After a further series of interviews he sought my advice as to his wish to attend a drivers' school during summer vacation when he was a sophomore. When I agreed with him, he suddenly appeared to balk on the ground that it would cost very much, that a driver's license could be obtained any time and that he might as well be left alone without it. Immediately after he obtained the licence, however, he became somewhat cheerful again, saying that he had acquired confidence in himself, having found himself more able than expected. He began to keep company with certain boy friends but has hesitated to have an acquaintance of the opposite sex for fear of being cold-shouldered.

In this case, the condition of the patient followed a relatively favorable course. Outstanding features of this student include such a mental attitude as protecting himself from being hard hit by his failure, as well as the immaturity of his personality with the passiveness of his behaviors in the meaning that he sometimes acts not of his own will but at the suggestion of his family members or teachers.

Case 2: A 20-year-old male student

The patient is the second son of a railroad worker. Since his childhood he had never been in affectionate terms with his mother, who had had serious difficulty in hearing of unknown origin from her youth. His father was both obstinate and self-centered. His elder brother damned such a family so much that he ran away from home after graduating from a senior high school to get a job in a small company in a big city.

Being an unsociable, unyielding perfectionist of sombre character, he had had few playfellows except his brother since his childhood. As a high-school boy he stood high in his school work although he didn't study hard.

He felt hardly inclined to go on to enter a university, but he did so because the hardships that his brother had undergone as a low-grade technician led him to think that he could find a somewhat better job if he graduated from university. His father strongly wanted him to enter the School of Engineering. "For the first time I 'disobeyed' my father in the true sense of the word. I was beaten by my father, but I entered the School of Science. In retrospect, it seems to me now that I was then pleased with any school in the scientific field", he spoke in whispers looking around when I had the first interview with him. With his eyes

cast down all the time to avoid meeting with my eyes, he declared arrogantly that nobody possibly could understand his feeling.

When he was a first-year student, he came to see me for my advice in June. This was because he, having been crazy for stereophonic sound since he was a high-school student, listened to music till midnight or predawn hours so he could not get up early enough next morning to attend morning lectures and because of a severe fatigue due to disturbed rhythm of sleep.

A sleep-induced agent was administered in a small dose to make an observation of the subsequent course. He became able to attend lectures in the morning even though he failed to go to school in time. After a few interviews, he said with downcast eyes as before that it would be much better for him to stay in his lodgings reading books than to attend lectures, which were no more than a repetition of what he learned while in his senior high school days. Being asked why he spoke with downcast eyes, he replied repulsively that I couldn't understand his feeling even if I looked at his face. He never came to school for about a month that followed. When I made an inquiry at his lodgings, I was informed that he always stayed out during daytime. Calling on him again before summer vacation when he was a freshman, I found that he visited nearby places of natural beauty and historic interest by motor bicycle almost everyday for a month. He said that he felt somewhat light-hearted and inclined to begin studying although reluctantly. He looked somewhat refreshed again. When he returned to school as summer vacation was over, however, he looked gloomy again with a trait of negligence in his attitude. Subsequently I had interviews with him from time to time. He was often absent from school on the assumption that he could keep up with his class without attending lectures regularly. On the other hand, he confessed with an air of discomfort that he could not be frank with his classmates and that he wanted to have some girl friends but none of the girls he saw in the campus were smart or charming enough. It was about that time that he changed his attitude, being relieved of his previous timidity and shyness with downcast eyes: he came to say what he learned at school, even if mastered perfectly, couldn't be expected to pass current with the world, that he would pursue the postgraduate course to find out something academic to study, and that by doing a side job he could somehow get money for his school expenses, the supply of which would be cut off by his father who was against his becoming a postgraduate student. Every day he came out to the campus but often failed to attend lectures: he napped alone in a lawn or idled away his time at a coffee shop. The result was that he had to stay back

in the class in next spring because of insufficient credits. He has since then ruminated about the meaninglessness of his current life, saying that there was something worth while to be studied not in the undergraduate but the postgraduate course.

As is shown by his attitude toward life, he keeps his purpose high and lives with his back turned on the reality. He does not reflect on, nor even admit, the contradiction involved.

Case 3: A 26-year-old male student

The father of the patient died in his childhood. His mother then brought up three children by herself while running a newspaper agency. The patient is the youngest of the three brothers. According to his mother, he is a slow starter, good-natured but obstinate. He has no interest in sports, his hobbies consisting of hypnoticism as well as reading psychology books. In the year of his admission into the School of Veterinary Medicine he was involved in school conflicts. He was so interested in such strife that he joined a leftist political group. Laying aside his school work, he devoted himself to bill-sticking or marching the streets with a banner or a placard. As a result he had to stay back in the class as a freshman. Later he felt a repugnance to students' movements because of discord between different sects. He wanted to absent himself from school for some time to meditate upon himself. Thus, he ran away from his home against the will of the members of his family to work as a helping hand for a building company in a local city. During two years of labor he seemed to remain connected with his mother and brothers. Later, as school troubles subsided by stages, he returned to school partly on the advice of his brothers, when his classmates were already working on their graduation theses. With no friend to talk with, he became taking a pessimistic view of his future. He was unwilling to do anything. A counsellor who was told of the dreary state in which he found himself recommended him to see us. What was impressive about him was his looking dull and behaving himself in a languid way. He said that amidst the school conflicts he became so tired of being a student that he went out into the world, where, however, he found nothing but the hard realities of life. He came back to school in despair, but again he found a great disparity existing between the contents of the lectures given there and what was required in the world. He remained often away from his class-rooms but mastered Jung's psychology in which he had been interested. Then he became willing to study veterinary medicine which was proper to him. He also came to attend some lectures on cultural or social sciences. Having psychiatric

interview as frequently as twice a month, he managed to take the units for a third-year student. It was around the time when a senior professor gave him a theme for his graduation thesis that he developed a group of symptoms and signs, such as difficulty in concentration, disturbance of sleep, depression, undue hastiness and anxiety. He disappeared from the campus: he stayed away from school for a year again. Later, when he was a fourth-year student, he came to see me for my advice with his brother in winter. As a result he decided to leave school halfway. Now he works hard giving assistance to his brothers in selling newspapers. He has increased volition to make a living with his plan for the future becoming realistic. At present he has a psychiatric interview with us once a month.

A prominent feature in this case is escape from critical situations involving decision-making or competition. At one time during the period of school conflicts the patient played an active role as leader of a political activity group. However, he lost the aim of his life as the "artificial sense of solidarity" pervading the campus at that time faded away. He has been in an improved condition after having been allowed to live as he pleased under the support of his mother and brothers.

Case 4: A 19-year-old female student

The patient was brought up as a daughter of a middleclass farmer. Her parents are still alive and well. She has a younger sister who is a senior high school student. There were no events of significance occurring in her high school days. She went on to university, being strongly urged to do so by a teacher in charge of her class at high school. She was not particularly good at any subject, nor had she the intention of becoming a teacher although she entered the School of Pedagogy. As a freshman she stood a little high above mediocrity in her school work, posing no serious problems in this regard as well as in interpersonal relationships. When she was a sophomore, however, she was at a loss in deciding on a major course to be taken. She became disgusted with herself while being told by the guidance teacher of Japanese literature course which she had a mind to take at the suggestion of one of her colleagues who was always making company with her. Then she felt inclined to take the mathematics course only to follow the example of one of her seniors at high school. This she gave up later, however, because the subject seemed difficult for her to learn. Subsequently she failed to attend lectures without being able to select from among different subjects after her fancy, such as household management, natural science, gymnastics and social science. In this while she devoted herself

to her side job as a tutor or part-timer at a supermarket, where she was esteemed highly as an honest and responsible young lady. She came to see us with a counsellor for a psychiatric interview for the reason of marked irresolution in deciding on a major course to be taken.

When interviewed for the first time, she was found rather childish and though looked cheerful she spoke incoherently. Although she said that she was quite at a loss, her embarrassment was apparently so superficial that it seemed as if she was enjoying it. Moreover, she spoke much of her embarrassment in such a way as if it was not her own affair. Despite repeated interviews in which no particular orientation or instruction was possible, she still complained of her irresolution. Being urged by her parents to take Japanese literature course, she came to idle her time away in her lodgings without attending any lecture. Then she was allowed to absent herself from school for some time. Now under our follow-up study, she has been reported as helping her mother tidying their home without any visible abnormalities.

Case 5: A 20-year-old female student

The father of the patient is a director of a mediumsized company in a local city. Her mother is stern and sharptongued. Being the only daughter, she was brought up with good care and there had been nothing pathological about her until her high school days. She was good at English, and for this reason alone she entered the School of Literature without pondering on her future. As a student she enjoyed her university life as much as other students did. She joined an English conversation club. It was not for money's sake but at the suggestion of a friend that she then came to work as a waitress at a coffee shop. For the initial months she worked there for 2 hours every day after attending lectures at school. Increasingly, however, she applied herself to her side job, working till about 11 p.m.. Since she usually came back to the dormitory a little past midnight, it was difficult for her to get up early in the morning and hence to attend lectures in the morning regularly. The net result as expected was an insufficient number of units taken. She came to see us with a counsellor for psychiatric advice in spring when she was a sophomore.

Being good at English, she was eager in attending lectures on English and related subjects. However, her interest in these and even the other subjects diminished as she became aware of the fact that many of her classmates were more versed in English than her. She failed to attend lectures, partly because of physical fatigue resultant from her labor at the coffee shop. Feeling reluctant to major in English literature,

she was quite at a loss what to do. When she sought the advice of her parents, her mother demanded with a rage that she must continue studying English literature whereas her father did nothing more than to say that she might do as she pleased. She was quite negligent as to the decision on a major course to be taken. As soon as the lectures at school became the subject of our talk, she immediately changed it to speak much of the experiences at the coffee shop. After several interviews that followed, she told us that she wanted to major in pedagogy for mentally subnormal children in place of English literature. I agreed with her. She quitted the coffee shop to give herself to studying in the new course. After a half year, however, she came to see us again saying that the new course didn't suit her character, that she had lost the objective of her life and that she could do nothing without feeling it fruitless. Again she served as a part-timer at the coffee shop, until she was allowed to absent herself from school to live at home for some time. I have been told of her wanting to leave school so as to run a coffee shop by herself.

In Cases 4 and 5, irresolution in selecting a major course to be taken precipitated symptomatic manifestation when the patient was a sophomore. The trouble in these cases, however, had somewhat different traits from a so-called "sophomore slump". Going by a roundabout way without facing a problem that demands a decision, namely, absenting oneself from school was helpful in improving the patient to a somewhat palliated state in these cases.

Case 6: A 22-year-old male student

The patient is the eldest son of a farmer. His sister also is a student of the School of Pedagogy. His father died long ago. By nature the patient is moody, irresolute, good-tempered and much dependent on others. He has many friends but none of them are really on intimate terms with him. As a high school pupil, he stood somewhat above mediocrity in his school work. He entered the School of Economics in accordance with his mother's wishes. There was nothing of particular note about him for the first 3 years of his university life: he stood a little below mediocrity in achievements. When he was a fourth-year student, his sister entered the School of Pedagogy. Character-wise she was just opposite to him: she was active and had the power of decision and execution. She lived with him in the same lodgings. He was at a loss where to start in preparing his graduation thesis, the theme of which was given by the senior professor. He went to the library to make a list of references concerned. No further progress could be made. Thinking that if he went on like that way, he could not be graduated from

the university nor can he find a good job, he often failed to attend lectures or seminars. He stayed in his bed till late in the morning and idled away his time in his lodgings until at night and then he sneaked into deserted seminar rooms to hunt for references or he got himself indulged in playing mah-jong almost overnight with his friends. Under such circumstances he was brought to us with his sister for a psychiatric interview.

The patient looked lifeless, being dressed untidily with unkempt hair. He spoke little, smiling timidly. In the course of several interviews that followed, it was found that since his childhood he hated to be compared one way or another with his sister who was both active and clear-headed and whom he could never equaled in anything. He felt it hard to bear to be made light of by his sister and her girl friends visiting her and to be treated by the senior professor at the seminar as if he were not comparable with his classmates. He thought that it might be after all better for him to leave the university halfway to become a farmer since he could presumably not get along with society where there is a keen competition for survival. On the other hand, he said that he had to write a superb thesis in order to live up to the expectations of the professor who was kind enough to give him a theme for his study and that otherwise he would be destined to be a wreck all his life.

As we continued to have interviews with him at an interval of one week, he said that he wanted to live separately from his sister. With our consent he gave effect to his wish. Then his stereotyped attitude of writing a thesis comparable with anybody's was superseded by that of trying to do as hardly as he can. Thus he could bring his graduation thesis to completion by the deadline date, and then he could take employment in a medium-sized company. Shortly before graduation he was on the edge of falling into pieces, saying that he couldn't sleep sound at night, saying he was afraid if he can get along well with his colleagues in the company he was to work for. Under our guidance and support he has been engaged in business uneventfully for these 2 years. He has served without any serious mistake although still somewhat vacillating in attitude.

Case 7: A 22-year-old male student

The patient is the only son of a company employee. He has no siblings. His parents are alive and well. His mother is a nervous type who takes things too seriously. His father, who is a low-grade technician with no impressive any academic background, would expect too

much from his son.

After graduation from high school with excellent performance, he entered the School of Engineering in line with his father's wishes. He has no sports to play now, although he played tennis when he was a junior high school boy. While unsociable and introvert in character, he is so obstinate that once he has declared his determination he will adhere to it to the last.

When he was a sophomore, he was often absent from school by complaining of feeling heavy in the head. However, he took such a number of units as was barely adequate for his being elevated to the higher grade. Because of "headache" he had himself examined at the Department of Neurosurgery, Yamaguchi University School of Medicine by means of electroencephalography, encephaloarteriography and pneumoencephalography. His EEG pattern was featured by dominant alpha component, while pneumoencephalography revealed no evidence of definite abnormalities although there was a suspicion of normal pressure hydrocephalus. He was then transferred from the department to our clinic. Upon seeing us he said that he had no headache while playing tennis, but felt reluctant to do anything while attending lectures or as the day of examination drew close. Every day he came out to the campus, but as soon as he reached the front of the classroom he would be depressed with a sad feeling of helplessness. Furthermore, he said that he wanted to quit teaching children as a tutor because of heavy responsibility and instead find a side job requiring no face-to-face contact with customers, such as delivery of newspapers, in order to strengthen his body.

While being interviewed, he was restless and appeared to be very much relying on others. He said that he was a useless fellow and that he was unwilling to attend lectures but such a heavily handicapped person as he must graduate from the School of Engineering to obtain some qualification so that he could get along well with society. Without showing any sign of changing his own attitude toward life or point of view, he repeatedly asked us to prescribe something useful for him on the ground that he might reasonably expect us physicians to relieve him of his ill-disposition. His dependent attitude that underlay his behaviors remained unaltered despite psychiatric interviews we had with him twice a month. He had little volition and considered it his duty to take lessons, which he found very tiresome and disgusting. As the day drew near when he was to present the outcome of his study for the graduation thesis before his classmates and teachers, he became somewhat insomnic,

feeling inclined to stay back in the class to write a superb thesis. Administration of anti-anxiety drugs in small doses enabled him to somehow tide over this difficulty of presenting the results of his study. It was what his university sources said was the poorest results that he could somehow graduate from the university and there came another crisis: that is, he was unable to decide by himself in which of two corporations recommended by the senior professor he should take employment. At last he asked the professor to make a decision for him in this respect. He obtained a position in the research department of an enterprise, but from time to time he expressed his wish to leave the company, where he was not in a position to do a job in which he could put to practical use what he had learned at the university.

In both Case 6 and Case 7 the patient, confronted reality involving his decision-making as his graduation was imminent, attempted to escape therefrom by making mistakes in advance so that he should not have to prove himself to fail. It is very interesting to note what experiences these patients will have in the world.

Case 8: A 24-year-old female student

The father of the patient is an old wood-worker who suffer from pulmonary tuberculosis in his early life. Her mother also is under medical care at home as a patient with the same illness.

Being the only daughter of the weak or invalid parents, she entered the School of Pedagogy with the intention of becoming a teacher so that she may stand on her own feet in due course of time. She lived an ordinary school life uneventfully until the first half of her fourth year at school. When she finished all courses essential for her graduation except educational training, she caught a cold and had a fever as high as nearly 39°C. This accident made it impossible for her to take the educational training course. Consequently she stayed back in her class for another year, during which time she practiced the piano or went to the library to read literary works one after another. Meanwhile she dreamt on consecutive nights that she was enjoying a pleasant self-supporting life as a school teacher. She became worried about the gap between herself in the dream and that in the actual world. She used to stay in her bed in the daytime and take a walk as long as a few kilometers with her dog in the evening. Then she had obstinate diarrhea, partly because she had a poor digestion constitutionally and partly because of her irregular life. She sought the advice of an internist, only to be told of the symptom being neurogenic in nature. Her diarrhea stubbornly remained uncontrolled. At the suggestion of her parents she then turned to the depart-

ment of psychosomatic medicine of a university for help, where she was told that her case was an unhappy one. As she got into a doing-nothing state later, with the task of keeping house left to her father, she was persuaded by the internist to see us at our clinic with her father. She was childish and passive with an obsessional attitude toward her health. During the first interview, she only spoke of her worries one-sidedly without answering our questions. As our interviews were continued on with a weeklong interval, she said that she wanted to escape from reality and that she never felt inclined to study despite her wishing to be graduated from school just as fast as she can in consideration of the circumstances of her family. She said so in such a nonchalant manner as if she had taken her position as a third party. The worries she complained of also appeared to be not serious but rather very superficial. Nondirective psychiatric interviews were made subsequently without success in inducing a change in her attitude toward life. She has remained passive in taking actions even though she has been living according to a program which we have instructed her to make in advance.

Prominent features of this patient are her poor ability to cope with reality and the optimistic way in which she recognizes situations. Differentiation from psychogenic reaction might be necessary in this instance in view of her flight into disease.

DISCUSSION

All of the cases illustrated above are characterized by a unique non-psychotic hypobulic state of the patient that has its onset in late adolescence and lies at the kernel of the picture. Many of these patients are male students, as made public in a number of reports so far. It is true that these patients have an obsessive-passive personality in common, as pointed out by Tsuchikawa⁸⁾. However, the hypobulic state formed on the basis of such a personality cannot be dealt with sheerly as neurosis. Even if it really represents neurosis, it is of a unique type that falls under none of the categories listed in conventional textbooks. Furthermore, it is neither simple type of schizophrenia nor psychopathy, being quite different from these in the course of disease, as stated by Kasahara^{5) 6)}.

In 1961 Walters¹⁾ made a summary of a group of such students under the name of "student apathy". His work was followed by a series of reports concerning "alienated students" (Halleck)⁹⁾, "ewige Studenten, Prüfungsangst" (Bräutigam)²⁾, "autochotone Antriebsstörung" (Schulte u. Tölle)³⁾ and "alienated, older, isolated male adolescents" (Teicher)¹⁰⁾.

In our country there are some reports in this respect by Marui (1968)⁴⁾ and then Kasahara⁶⁾⁷⁾ and Tsuchikawa⁸⁾. All these reports were made public later than 1960. Similar studies from many countries in the world have also been made available, suggesting that such a state of students may be a worldwide phenomenon.

Now, one of the characteristics of the patients reported above is that, as different from neurotics, they rarely came to see us of their own will, whether for psychiatric advice, interview or examination, with the result that subsequent counselling was often required but also often discontinued, with them not showing up later on.

Secondly, they lived in a hypobulic, somewhat depressed way but without any significant disturbance of their daily life itself: they showed indifference selectively to their school work which is their principal duty. They were more interested in side jobs or hobbies, which are something other than their main task, to devote themselves thereto. When they found themselves in a situation involving decision-making as to a major course or employment to be taken, for instance, or when faced with a barrier such as an examination or preparation of a graduation thesis, they escaped so as to protect themselves from being hurt by possible difficulties or failure. In other words, they tried to avoid competition with a deadly fear of being contempted or disregarded.

These patients may be described as being obsessive in character: an obsessive-passive personality as pointed out by Tsuchikawa⁸⁾. All of them took UPI (University Personality Inventory), CAS (Cattell Anxiety Scale), Yatabe-Guilford test and MMPI (Minnesota Multiphasic Personality Inventory), and some of them underwent Rorschach Ink Blot Test, Uchida-Kraepelin Psychodiagnostic Test, SCT (Sentence Completion Test) and TAT (Thematic Apperception Test). The results of these tests showed, contrary to our expectation, no traits common to these patients which made them distinct from other healthy students.

An attempt has been made to develop screening tests for such student apathy¹¹⁾, but no assessment seems to have been made of the usefulness of these tests.

The intellectual ability of these apathetic students is rather above par. However, they keep their purpose too high to attain, so that in many instances they fail at the stage of developing problems and their practical solution. Lack of creativity also is a feature worthy of special note.

They are lacking in group solidarity and often have no experience of love affairs nor any friend of the opposite sex.

The family of the patient is often laden with many troubles. In some cases the patient has either of his parents dying in his childhood. The parents, if alive and well, are often characterized by the extraordinary way in which they take care of or interfere with the patient. or sometimes they expect too much of the patient. Worthy of note is the fact that many of the patients have no siblings or are the eldest or the youngest child.

It may be in order to allude here to the relationship between student apathy and school refusal observed among pupils of lower schools. The latter phenomenon, which has been explained psychologically in terms of separation anxiety, has also been observed among college or university students. These two phenomena, however, are considered to be different in entity, being sharply demarcated, from one another. Students suffering from school refusal confine themselves to their lodgings, dormitory or home, refusing even to go to the campus, whereas patients with student apathy refuse only to attend lectures, going out to the campus every day.

Patients with student apathy also differ from those with neurasthenia or "asthenische Psychopathen" (K. Schneider). The difference lies in the fact that former is in possession of an above-average ability before falling in the state of apathy, and can give full play to their inherent ability as soon as they regain their health.

Now, what is the essence of student apathy? It must be pointed out that the vices of the current school system in Japan are somehow involved in the pathogenesis of student apathy. It is also likely that a mind built up in the complicated environment working against humanity has gone through the ordeal of examinations to become all the more distorted. In addition, it must be taken into consideration that the mental attitude peculiar to Japanese of presuming upon each other's favor, which was pointed out by Doi¹²⁾, plays a role in this regard.

Student apathy may be interpreted as an expression of the worry about uncertain identity of the patient, who is in late adolescence or in the period of "identity-seeking". Also, of probable significance in the pathogenesis of the condition is the diversity of philosophy of worth now pervading the younger generation, as well as unconscious or conscious fear of the human civilization in the 21st century which will necessarily make a drastic change owing to the shortage of food stuffs and underground resources represented by petroleum.

"Disturbance of adaptation to environment" constitutes an aspect of the essence of neurosis. It is only natural consequently that the concept

of neurosis itself undergoes a change accompanied by cultural or social variations or changes or the current of the times. At the present level of knowledge, it is reasonable to give the position of "paraneurosis" or a borderline field between neurosis and normal health, as advanced by Kasahara⁶⁾, to the apathetic state of students which falls within none of the conventional types of neurosis. Ample precautions should be exercised against construing too loosely the concept of student apathy which has not yet been established itself completely.

Recently Yanagihara¹³⁾ pointed out that school refusal is often associated with EEG abnormalities. Neurologic as well as psychological and psychiatric approaches should henceforth be made to the patient with student apathy.

There is no therapy as yet of established value. It is advisable, therefore, to have psychiatric interviews with a non-directive attitude with the patient. Forced orientation or encouragement with scolding rather aggravates the condition and hence should be avoided. Not a few patients fail to come to see the physician halfway, necessitating the discontinuation of treatment. It is often difficult to incorporate psychotropic regimens into the therapeutic program.

Of therapeutic benefit is to set up a certain period of so-called "psychosocial moratorium" as advocated by Erikson¹⁴⁾, during which time the patient is isolated from the "difficult situation" he is confronted with. Making a long-term journey or absence from school for an indefinite period of time may be useful at times.

The prognosis is sometimes good, but there are some refractory cases which resist to therapeutic efforts. It is said that suicide is not unlikely to occur in the course of student apathy. No transition to endogenous psychosis has so far been reported.

In conclusion, it is hoped that a progress will be made in the study of student apathy until the essence of the state will be elucidated.

SUMMARY

Eight cases of student apathy have been presented. Characteristically, the condition is more often found among male students in late adolescence. The patient rarely seeks the advice of a physician or psychologist of his own will. The mechanism of pathogenesis of the condition is considered to involve the patient's worries attributable to the uncertainty of his identity, which express themselves in the form of selective indifference to his principal task and which precipitate the patient into

escaping well in advance from his anticipated defeat and the resultant distasteful insults to be offered by those who are around him.

The previous history of the patient is marked with an abnormal relationship between him and his parents. The patient is obsessional-passive in character. As to the nosological position to be occupied by student apathy, it is reasonable to interpret the condition as something like "paraneurosis".

Treatment of student apathy is fraught with many problems. In view of the psychological trait of identity-seeking peculiar to late adolescence, it is recommendable to resort to psychological moratorium where necessary while helping the patient to relieve himself of his fruitless ailment and regain confidence in himself.

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