PERSONAL VIEWS

Aspects of Adolescent Rebellion In Egyptian Society : a Psycho-Political Perspective

By M. Shaalan.

ABSTRACT

In the past decade Egyptian society manifested varying patterns of tolerance and intolerance with adolescent and youth rebellion. This had its repercussions on the nature and degree of problems associated with rebellion as seen in psychotherapeutic practice as well as in other settings. Thus social tolerance of religious fundamentalism was associated with a shift of religious forms of psychopathology away from clinical practice and vice versa. This does not preclude the possibility of a reverse phenomenon; that a shift of religiosity towards psychopathology provoked social intolerance.

In the early seventies the Egyptian President, Sadat, stated the view that the religious youth movement in Egypt was an appropriate and understandable expression of rebellion. Egyptian youth, he said, was religious; and this was its legitimate equivalent of hippie-type rebellion—a rather, astute observation for a politician. Following the so-called food riots of January 1977, there was a noticeable change in his attitude. While clamping down on the left primarily, he did not absolve religious movements from accusation. After all, they had already had their share of condemnation as a result of the kidnap and murder of an ex-minister for the religious sector—the late Sheikh Al-Dahabi.

The first position might be reviewed as an expression of a liberal approach ; the second position would therefore invite a judgement of conservatism, if not outright reaction.

The clinical relevance of this problem arises from two hypotheses which will form the framework for this analysis. The first is derived from the psychoanalytic theories on group psychology particularly as expounded

by Bion. This is that a group creates its leader. What transpires in the psyche of the leader is as much a reflection of the group's psychology as it is of the leader's individual personality. The second, is again derived from psychoanalytic theories on the intergenerational transfer of culture, particularly as exponded by Erikson. Here what transpires in the individual's psyche has its origins in the influences transmitted via parental upbringing, which in turn is influenced "vertically" by still further parental upbringing and "horizontally" by current social influences — a sum total of cultural influence.

On the basis of those hypotheses it is possible to examine clinical cases with a social political perspective; and likewise to examine socio-political phenomena with a clinical perspective. Thus cases observed in clinical practice may be seen to reflect, as well as influence a group leader's position.

The clinical observations used in this analysis are based in part on private psycho-therapeutic practice particularly with respect to the depth analysis; they are supplemented by observations from non-therapeutic group interaction such as occur in encounter groups, discussion groups, management training groups and other formats. This covers a range encompassing parents and youngsters.

The first observation here is that in the early seventies, hardly any cases of religious preoccupation as such in youth came for private psychotherapy. On the other hand their prevalence in non-therapeutic group formats was rampant. These groups were most often self-righteous, and in some ways independent and self-sustaining. While they maintained their distance from society, they also sometimes came into conflict with it, occasionally violently. A rebellious youth would therefore find a social subgroup wherein his rebellion would find expression while gaining group support. At best what could be a nucleus for revolution, would, if decompensated, become a form of dyssocial reaction; and within this dyssocial reaction the group might have many roles for varying forms of paranoia and aggressive sociopathy in leadership positions and perhaps other patho-

logical conditions, such as depressive and schizoid equivalent, in followership positions. With the avail of such social havens, it is understandable that pathological conditions would gravitate in that direction rather than towards a psychiatrist's clinic. Whatever is said and done recourse to psychiatric treatment tends, certainly in our society, and to a lesser extent in Western society to be associated with an admission of defeat. Let alone that, as an economic endeavour, it is in itself a feat. Consequently, the psychotherapist's access to clinical cases would be minimal within such a socio-political phase of history. This is the phase referred to in the opening statement, where a leader was expressing the tolerant, liberal attitude that permitted such groups to flourish. In practice, this was indeed the case. With the next phase, where such movements were condemned, one would expect the reverse; and this also was the case. In the later seventies such cases did indeed present for psychiatric treatment, in contrast with the early seventies. However, one would expect the forms that would start to present themselves to be closest in their psychopathology to those described above, namely within the dyssocial group. They would less likely be outright disease presentations within the medical model where the patient suffers and seeks treatment; but neither would they be outright forensic cases, where conflict possibly violent — with society would bring them to the psychiatrist. Two cases will be described here to illustrate this. They are in fact two therapeutic failures (where the failure is ameliorated as in the Sufi tradition, by using it as a learning experience).

The first case is of a 20-year old college student who was sent by his father for treatment. His complaint revolved around inability to study which he ascribed to his allocation to a subspeciality in which he was not interested. Moreover, he thought that if his father could solve his emotional erotic problem, by facilitating his marriage, this would liberate him for sutdying.

However, the father who was not interviewed, was, as it turned out from the patient's statements, probably more annoyed by his son's religious fundamentalism than anything else. The youth let his hair grow, facially and cephalically, apparently in imitation of the prophet Muham-

med. He was clad in a Jallabiya and sandals and covered his head with a loin. He spent much of his time preparing for his five daily prayers which he had performed in a mosque. Since he was the only son, he was aware that his leverage over his father was greater than the reverse. It soon transpired that his acquiescence to his father's wish that he come to therapy, was only a passive-aggressive attempt to collude with the therapist in wasting the father's money; though it must be added that while he had no strong motivation for change, he could not find sufficient support in a social sub-group to maintain a satisfactorily self-righteous position. He was on the borderline.

The second case was referred by a relative who took upon himself the role of an amateur therapist. The initiation of therapy came with his success in convincing the parents to come for treatment, or rather counselling, themselves; they absolutely refused the medical approach wherein any form of treatment, electrical, chemical or mechanical, might be imposed on their son; but they accepted to try some form of therapy by proxy wherein they would seek insight and alteration of their own behaviour with the aim of influencing their son, if at least towards seeking treatment. He too was on anly son, aged 21. He had been in training for hotel work. His condition came to their attention when he started to refrain from working in or near bars (alcohol is strictly forbidden in Islam but not in Moslem societies). The avoidance pattern soon came to include anything that could be related to sexual liberty, bribery or other form of corruption. This culminated in total withdrawal where he landed up in a barren room at home, with minimal food and clothes maximal hair; and, of course, all this was associated with a morbidly increasing preoccupation with religion to the point where he regarded existing mosques and their clients as untrue to the spirit of what he regarded as Islam.

These cases do not by any means represent the spectrum of religious phenomena, whether in society or in the psychiatric clinic. However, they do cast light on the question whether the current pattern of youth rebellion is a pathologic one or a legitimate expression of healthy rebellion.

Furthermore, there is the question whether the change in society's attitude towards such patterns, as expressed in the national leader's positions is an indication of society's regression away from tolerance and liberalism, towards conservatism and reaction, or an indication of a change in the pattern of rebellion itself, away from revolutionary preparation for action towards dyssocial and pathological reactions. Let alone, of course, the possibility that it could be a change of the individual psychodynamics of the leader.

While science aspires towards objectivity and transcendence of good and evil, scientists as human, social beings cannot achieve such a state absolutely. Value positions are unavoidable, no matter how much we might try to disguise our statements in objective terms. To state that either youth or society (as represented in leadership) is regressive or progressive is already tinted with a value judgement. Yet in our observations on the dynamics of change, whether on the clinical or social levels, we cannot help observing opposing directions. It is only natural that we should perceive one direction as forward or progressive and the other as backward or regressive. On the other hand such waves in the movement of history, individual or social, are again only natural. Further we have a need, based in healthy optimism,to see nature as a process of overall evolution and progress.

At this point psycho-analytic theory provides an outlet of salvation by presenting the concept of a progressive regression or what is described as regression in the service of the ego. The existentialists have carried this to its almost absurd extremes in their paradoxical position that indeed regresion is progression. Witness the glorification of madness that marked the late sixties in England, Europe and later the U.S.A.

In our case we may, depending on our political position vis-à-vis the power structure, view this change as either a regression on the part of society's position, or its leader, or as a regression on the part of the opposition which has failed to present a viable alternative to the present power distribution. At best we may choose to be mild in our judgement

by describing it as a regression of the type that is in the service of the ego. What is important is that, as scientists, we should attempt to approach objectivity by describing as wide a range of the spectrum as possible, minimizing value judgements, and if possible, value-laden terms. After all a therapist succeeds in his endeavour when he is able to refrain from condemnation and provide an atmosphere of understanding and acceptance that allows for change to occur naturally. The paradox is that if he so succeeds and conduces his patient to become a member of society, an equal citizen to himself, he will land up at a point where he would find himself in an opposing position to his "ex-patient", and in conflict with him.

Such a paradox is unavoidable at the social level also. Accepting and understanding the changes occurring, whether in its leadership or its followership, will not absolve the scientist from taking up a position, at a given point in history and geography, which places him in conflict with one or other party in a conflict situation.

Are such changes in patterns of youth rebellion in Egyptian society at this given point in time and place, a phenomenon to be condemned or approved ?

Before answering this question let us refer to some more case material, at least cursorily, that could cast light on the other side of rebellion; and such cases are indeed more common as far as private psychotherapeutic practice is concerned. These cases present a pattern of rebellion that may be described as expressing it tendencies as opposed to the previous patterns that may be described as representing superego tendencies. These generally take the form of distorted imitations of Western culture, including delayed hippie-type rebellion. They are distorted in their form as well as their timing and place. Thus they could be regarded as an inappropriate transplantation of Western-type youth libertinism in a society where such liberties serve only to enhance even cruder superego repressions as witnessed in the religious forms described above. Moreover, there is a growing tendency among children and

subescents that is only starting to present itself at the clinical level to show signs of this aspect of rebellion. This is particularly prominent among children with fathers, and sometimes mothers, who are absent because of out-of-country employment. Egyptian society is currently suffering from a drain of brains and hands that is exchanged for pockets full of bank notes, but devoid of a human body to cover. The result is a hollow and perforated superego model where the lacune are patched with bank-notes, that, on the contrary serve to provoke further id impulsivity.

Freedom of choice means freedom to choose between given alternatives; and these are given in a temporal and spatial context. In this day the choices seem to be between two patterns of adolescent rebellion: a pseudo-Islamic and a pseudo-Western. Hopefully one should change the alternatives so as to be between rebellion and revolution, or better still, been risky revolution and sane, slow and sure change.

With the present risk of being drowned by pseudo-Western culture, a certain degree of pseudo-Islamism is a not too undesirable stabilizing force. On the other hand the current disarray provided by the Iranian model makes the preference for change as a rational and conscious act in lieu of improperly prepared revolution seem more preferable.

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الملـــــوجز

جوانب الرفض عند المراهقين فى المجتمع المصرى

فى العقد الماضى ظهر فى المجتمع المصرى أنماطا مختلفة لاســـــتيعاب أو لفظ ظواهر الرفض عند الشباب والمراهقين · وقد كان لذلك آثاره ومظاهره على مدى المشاكل المصاحبة للرفض كما تظهر فى مجال ممارســـــة العلاج النفسى وغيره من المواقف الأخرى ، وعلى ذلك فان تحمل (وتقبل) المبالغات التدينية قد صاحبها بعض المظاهر الدينية السيكوباثولوجية التى قد ابتعدت عن المجال الكلينيكى (وبالعكس) ، وهذا لا يستبعد احتمال حدوث ظاهرة عكسية أى أن تنتقل الظاهرة الدينية الى مجال السيكوباثولوجيا نتيجة للفظها (عدم تحملها) اجتماعيا ·

ABSTRAIT

Les aspects de la rébellion de l'adolescence dans la société égyptienne

Pendant la dernière décade il s'est maniftesté dans la société égyptienne de différents types de tolétance et d'intolérance vis-à-vis de la rébellion de la jeunesse. Ceci a eu ses répercussions sur la nature et l'intensité des problèmes qui y sont associés, comme on le reconnait dans la pratique psychothérapeutique aussi bien que dans d'autres situations. Ainsi la tolérance sociale du fondamentalisme religieux a été associée avec une mutation des formes pschopathologiques de religion hors de la pratique clinique le vice versa. Cela n'exclut pas la possibilité de la production d'un phénomène contraire; cette mutation dans la religiosité vers une forme psychopathologique a provoqué une intolérance sociale.