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# **Disease and Unrest:**

The Demise of the Iranian Monarchy

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Muhammad Reza Pahlavi (1941-1979) came to be known as the last Shah of Iran due to the success of an unprecedented religious revolution that dismantled the traditional Iranian monarchy. The curious nature of the Iranian Revolution has drawn many scholars to explore its origins and the factors contributing to its unanticipated conclusion. There exists, in the field, extensive analysis of the Shah's accelerated modernization scheme and weakened administrative system,<sup>1</sup> but little scrutiny of his cancer, hidden from the public for five years, as contributory to his fall. Only a very few people were aware of the fact that the Shah was fighting a chronic illness as he was faced with a crisis in his country. Certainly, serious diagnosis does not come without physical and psychological effects, which are likely to impact political decision-making in a national leader as they often manifest in behavioral changes in average patients. It has been suggested that serious health conditions in heads of state can acutely disable a government from effectively confronting a crisis such as increasing opposition to the established system.<sup>2</sup> If analyzed in the context of the Shah's illness, previously examined factors contributing to the growth and culmination of the opposition can provide even further insight into the unforeseen dissolution of the Iranian monarchy. A medical and psychological analysis suggests the Shah's cancer may very well have influenced his policy choice to accelerate his modernization program, which resulted in a strained society conducive to successful revolution.

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<sup>1</sup> Ali M. Ansari, "The Myth of the White Revolution: Mohammad Reza Shah, 'Modernization' and the Consolidation of Power," *Middle Eastern Studies* 37 (July, 2001): 1-24.  
Khosrow Fatemi, "Leadership by Distrust: The Shah's Modus Operandi," *Middle East Journal* 36 (Winter, 1982): 48-61.

<sup>2</sup> Jerrold M. Post and Robert S. Robins. "The Captive King and His Captive Court: The Psychopolitical Dynamics of the Disabled Leader and His Inner Circle." *Political Psychology* 11 (June 1990): 331-351.  
Jerrold M. Post and Robert S. Robins. *When Illness Strikes the Leader: The Dilemma of the Captive King*. New Haven: Yale University Press, 1993.

On May 1, 1974, Dr. Georges Flandrin along with his mentor, renowned French hematologist Dr. Jean Bernard, arrived in Tehran unaware of the purpose of their visit and that it would be the first of many. It wasn't until the Minister of the Court, Asadollah Alam, had received them that they were told they had been called to assess the health of the Shah. The Shah himself explained he had noticed a curve on his upper left abdominal a few months prior, which he had concluded to be the result of an enlarged spleen. Upon examination, the doctors determined the Shah's self-diagnosis to be accurate. They then analyzed blood and marrow samples in a makeshift laboratory that had been set up in an office near the bedroom and came to the consensus that the Shah was suffering from a form of chronic lymphocytic leukemia. General Abdol Karim Ayadi, the Shah's personal Iranian physician, was one of the few people informed of the illness from the beginning and it was he who convinced the French doctors that the words "leukemia" or "cancer" must not be used in any communication with the Shah.<sup>3</sup> In order to satisfy this request, the Shah was officially diagnosed with Waldenström's disease, referred to as a "blood complaint," but in fact a mild form of lymphoma of leukemia carrying a more palatable title.<sup>4</sup>

Accounts of the Shah's illness tend to be somewhat contradictory, due to the fact that very few records exist prior to disclosure of his situation during his exile. The most reliable information concerning the Shah's affliction comes from letters written by Georges Flandrin to Dr. Bernard, although there is some evidence indicating that the Shah was aware of the severity of his illness before he became a patient of the French

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<sup>3</sup> Georges Flandrin, *Letter to Jean Bernard*, in *An Enduring Love: My Life with the Shah: A Memoir* au. Farah Pahlavi (New York: Hyperion, 2004), 243-247.

<sup>4</sup> William Shawcross. *The Shah's Last Ride: The Fate of an Ally* (New York: Simon and Schuster, 1988), 232.

hematologists. The Shah annually visited a physician in Vienna, a Dr. Karl Fellingner, who, early in 1974, is reported to have discovered abnormalities in his patient's spleen. The realization of potentially serious ill health reportedly made the Shah nervous, tense, and unable to sleep, to which Dr. Ayadi responded with regular doses of valium that were dispensed to him until the end of his life.<sup>5</sup> Some accounts claim the Shah personally discovered his enlarged spleen in late 1973, while others claim it was in March of 1974; disparities can be attributed to a lack of documentation kept in time with developments due to the high priority placed on secrecy.

Drs. Flandrin and Bernard had their second meeting with the Shah in September of 1974 at which point they prescribed 6mg of Chlorambucil and a monthly hemogram check. Unfortunately, the French doctors did not regularly communicate with their Iranian counterparts and it wasn't until their third visit in January of 1975 that they discovered the medication had been administered for no more than a week of treatment. At this point, the Chlorambucil was restarted and it was decided that Dr. Flandrin would make monthly trips to Tehran that continued until December 1978, the Shah's last month in Iran. Flandrin was dedicated to his patient and attempted to provide the best care possible under the circumstances, but throughout the course of his illness the Shah received medical care that was nowhere near the standard for any normal patient. The doctor was constantly and, more importantly, initially prevented from thorough assessment of the Shah's condition as the monarch and his inner circle refused any procedures that could not be concealed.<sup>6</sup> After the Shah left Iran and while residing in Mexico, Dr. Benjamin Kean, an American, took over the Shah's case. He remembers

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<sup>5</sup> Amir Taheri, *The Unknown Life of the Shah* (London: Hutchinson, 1991), 278.

<sup>6</sup> Shawcross, 232.

that, upon receiving the summary of the Shah's five-year treatment, "Dr. Flandrin was almost apologetic about the care the Shah had received. The Shah had never permitted Drs. Bernard and Flandrin to make a definitive diagnosis. He had a deathly fear not of his illness but of public exposure."<sup>7</sup> Some experts claim the Shah may have been cured had he immediately received intensive treatment in 1974.<sup>8</sup> Unfortunately, Mohammad Reza Pahlavi's position as the Shah of Iran seriously diminished the quality of his medical care and whether or not it shortened his life will never be definitively known.

The facts surrounding the Shah's condition and his reaction to it may afford a new means of understanding the relationship between otherwise inexplicable policy choices. Jerrold Post has produced extensive work on the psychology of political behavior and, more specifically, the psychological effect of illness in heads of state in which he often employs the case of the Shah of Iran as an illustration of his theories. Post asserts that people in positions of power feel the need to maintain an image of strength and control, which encourages the nondisclosure of a medical condition. The importance placed on secrecy will often result in inadequate treatment, or none at all, and incomplete diagnostic assessments.<sup>9</sup> Leaders confronted with serious illness tend to develop a sense of urgency to accomplish their goals, which can significantly affect political behavior.<sup>10</sup> Post's work provides a valid general framework with which to examine the unique circumstances of the Shah's case in order to determine the extent to which his illness may have affected his political decision-making and the efficacy of the governing system overall. In "The Captive King and his Captive Court," Post and co-author Robert Robins offer four

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<sup>7</sup> Dennis L. Breo, *Extraordinary Care* (Chicago: Chicago Review Press, 1986), 84.

<sup>8</sup> Breo, 78.

<sup>9</sup> Jerrold M. Post, *Leaders and Their Followers in a Dangerous World: The Psychology of Political Behavior* (Ithaca: Cornell University Press, 2004), 50.

<sup>10</sup> Post, 68.

categories of factors as tools for analysis: the nature of the illness, the leader's reaction to his diagnosis, the structure of the political and social system, and the quality of medical care.<sup>11</sup> It will be useful to examine the Shah's cancer in this framework in order to understand its role in the revolution and his demise.

The Shah's illness was gradual in its onset, facilitating concealment for an extended period of time, and the disease itself only had physiological effects, allowing the Shah to participate in decision-making regarding treatment and disclosure, to continue to make political choices, and to make arrangements for his succession.<sup>12</sup> Although the Shah's leukemia did not have psychological symptoms, it is a rare case that one will not experience certain changes to his or her emotional state and cognition when affected with a physical disorder. At the very least, the decreased energy characteristic of cancer patients would have had significant effects on the efficacy of the Shah's governance.<sup>13</sup> The Shah was not completely disabled by his disease; he most likely experienced a loss of stamina, although it was attributed to the demands of office. As early as 1973 he was observed to be tense, thin, and fatigued.<sup>14</sup> It is probable that observed psychological changes were the results of prescribed medications. For example, side effects of Chlorambucil, which the Shah took for nearly the entire course of his disease, include confusion and agitation.<sup>15</sup>

As is natural with any person facing a serious illness, the Shah's day-to-day behavior did not go unaffected by the psychological responses to a severe diagnosis.

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<sup>11</sup> Post and Robins, "The Captive King and his Captive Court," 333.

<sup>12</sup> Post and Robins, "The Captive King and his Captive Court," 333.

<sup>13</sup> Post and Robins, "The Captive King and his Captive Court," 335-336.

<sup>14</sup> Post, 69.

<sup>15</sup> Rose McDermott, "The Use and Abuse of Medical Intelligence," *Intelligence and National Security* 22 (2007): 497.

Alam's journal entry from the day after the second visit of the French doctors states that the Shah "seemed fretful and preoccupied, paying little attention to my report." The doctors had discovered his spleen once again enlarged and Alam realized, "it was precisely this that made him anxious."<sup>16</sup> He was observed to be irritable and dismissive at times. When Henry Kissinger, then American Secretary of State, announced he would not be visiting Iran in 1974, the Shah told Alam, "to hell with Kissinger. Pay him no attention and tell Ardeshir Zehedi that he's to avoid offering any sort of invitation."<sup>17</sup> Events such as this one indicate the Shah experienced mood fluctuations that aligned with the onset of his illness and the introduction of his cancer medications. Considering the fact that the Shah uncharacteristically dismissed his closest ally on a whim, it seems clear that these changes affected his political behavior. Domestic policy felt the effects of somewhat anxious behavior; government officials report the Shah hurrying along their projects even when they did not have the full resources to be effective. When the president of Aryamehr University met with the Shah to make a major budgetary request he expected the Shah would refuse him outright, but instead the Shah replied, "you may have it all...but spend it as quickly as you can."<sup>18</sup> The Shah's policy decisions subsequent to his diagnosis reflected personality changes that could be easily attributed to the circumstances of his illness.

The extent to which the Shah was aware of the nature and severity of his illness is still debated. Specific information, most importantly his true diagnosis, was kept from him as was in line with customary practices of the court and, to a certain extent, Islamic

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<sup>16</sup> Asadollah Alam, *The Shah and I: The Confidential Diary of Iran's Royal Court, 1969-1977* (New York: St. Martin's Press, 1991), 389.

<sup>17</sup> Andrew Scott Cooper, *The Oil Kings: How the U.S., Iran, and Saudi Arabia Changed the Balance of Power in the Middle East* (New York: Simon and Schuster, 2011), 111.

<sup>18</sup> Post, 273-274.

culture. Prime Minister Hoveyda once explained, “His Majesty is our captain, we must not undermine his resolve by bombarding him with bad news.”<sup>19</sup> Although those surrounding the Shah attempted to maintain as positive an atmosphere as possible, his wife posits that he was much more aware of his condition than he let on. In retrospect, she can identify several instances that very well may have indicated he was aware of his limited time. She recalls a remark he made in a meeting in the winter of 1975 to the French president:

My Problem is I haven't enough time. I won't be remaining in power for long. I intend leaving in seven or eight years...I would prefer to leave earlier, but my son is still too young. I will wait until he is ready, but I want the essentials to be in place before he takes over. He will have a lot of difficulties in the beginning. It's up to me to bring about the transformation of Iran. I am determined to do it.<sup>20</sup>

Although it is possible the Shah may have been communicating a plan to abdicate simply due to his age, it is unlikely that it was the only motivating factor for such a decision. Early in his rule, the Shah openly expressed extensive goals for the development of Iran that would require several decades to be fully realized. Leaving power by 1982 would cut his timeline short and in no way allow him to see his plans through to completion. His expressed determination to “transform” Iran, presumably meaning to complete his previously stated goals, before relinquishing the throne to his son demonstrates a sense of urgency. In this context, it is not unreasonable to suggest that such a statement may have been motivated by an awareness that his ill health would soon catch up with him.

Understanding the extent to which the Shah was aware of the nature of his illness is essential to analyzing his psychological response. Unfortunately, gaining an accurate picture can be quite difficult in light of Iranian cultural practices surrounding illness and

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<sup>19</sup> Taheri, 285.

<sup>20</sup> Pahlavi, F., 266-267.

medical care. The work of Juliene G. Lipson and Afaf I. Meleis on the “Issues in Health Care of Middle Eastern Patients” suggests that the court practice of concealing bad news from the Shah may have stemmed from a greater cultural element common to Middle Eastern societies, which governs hope and respect for one’s dignity. The authors observe that among the families of Middle Eastern patients it is generally regarded as imprudent to fully divulge information in times of crisis and it is for this reason that patients are not completely informed in the case of serious illness. Refusal to openly accept terminal diagnosis is common to most Islamic cultures due to the belief that only God may truly know if a disease will prove to be fatal; therefore hope must never be abandoned because to accept death would be to relinquish the assistance of God. It is a regular practice for family members to intercept communication concerning grave illness for fear that the patient will give up once informed of its terminal nature. It may be that some nonverbal correspondence occurs, but death is not to be spoken of as it is thought to ensure one’s fate.<sup>21</sup> In the context of the culture surrounding health care, it is understandable that the Shah was not fully informed of his condition and that knowledge of it was kept to a very small circle. Verbal communication was limited, but it is not unlikely that the Shah educated himself and personally discovered the true nature of his diagnosis, as he certainly did not lack the resources. If this were the case, cultural practices suggest he never would have communicated his discovery.

The decision to conceal the state of the Shah’s health from the Iranian public may be attributed to political motivations. Historically in Iran, a smooth succession was never guaranteed and any sign of weakness in a ruler would put not only himself, but the

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<sup>21</sup> Juliene G. Lipson and Afaf I. Meleis, “Issues in Health Care of Middle Eastern Patients,” *The Western Journal of Medicine* 139 (December, 1983): 859.

dynasty as a whole, at the risk of overthrow. If a regime was perceived as incapable of maintaining stability of the state it was no longer seen as legitimate.<sup>22</sup> Of course, all regimes have a significant interest in sustaining an image of strength so that their positions of power is not threatened, but this has proven to be particularly important among Iranian monarchs in light of the country's historical instability and concept of legitimate state power. Such patterns are exemplified in the case of the assassination of Naser ad-Din Shah in 1896. Although he was shot and died immediately, Naser ad-Din's body was quickly concealed and positioned in a carriage with an advisor to give the appearance that nothing was wrong. Concealing his death was seen as necessary in order to prevent rebellions long enough to secure his successor's place.<sup>23</sup> It is likely Mohammad Reza Shah and his inner circle determined it was in their best interest to hide his cancer from the public because of the traditional nature of Iranian society to reject weakness and use it as an opportunity for rebellion. If the Shah did not portray strength it is quite possible he could not have ensured his son's right to succeed him. In his final published work, *Answer to History*, the Shah claims his illness was hidden in the best interest of the public, but within the framework devised by Post and Robins, claims such as this are purely rationalizations, the primary motivation being the need to maintain power.<sup>24</sup> This psychological interpretation is in line with historical pressure to avoid the perception of weakness in Iranian society. Because open acknowledgement was not acceptable, written accounts of the Shah's illness can be distorted by selective disclosure, genuine lack of knowledge, and retrospective interpretations of ambiguous events.

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<sup>22</sup> Homa Katouzian, *The Persians: Ancient, Mediaeval, and Modern Iran* (New Haven: Yale University Press, 2009), 6-7.

<sup>23</sup> Nikki Keddie, *Modern Iran: Roots and Results of Revolution* (New Haven: Yale University Press, 2003), 63.

<sup>24</sup> Post and Robins, "The Captive King and his Captive Court," 341.

At the very least, the Shah was aware of the fact that he was ill and it is highly plausible that he came to understand the gravity of his condition absent of any direct communication. The psychological theory of Post and Robins suggests that the Shah entered a race against time with the onset of his illness and there is extensive evidence to suggest that his political behavior indeed took on an air of urgency. On November 22, 1973, Alam writes in his diary that the Shah delivered a speech to his top government officials that resembled a political last will and testament. In this address the Shah acknowledged his mortality, clarified the nature of his succession, expressed his adamant desire for the success of his “White Revolution,” and shared hope that he might witness it bring about the “Great Civilization.” This breed of communication was completely unprecedented and unexpected. Alam describes the room as absolutely silent when the Shah concluded, pointing out that “everyone [was] too electrified to utter a sound.”<sup>25</sup> This was a definite break in behavior and demonstrates a need to ensure the continuation of the Shah’s plans for his country in the case of his death, something entirely unanticipated especially at such a relatively young age. The queen recounts in her memoir that in the month following the fiftieth anniversary of the dynasty in 1976 the Shah began to instruct her, along with their eldest son, in the affairs of the country several times a week.<sup>26</sup> It was well understood that the Shah’s oldest son Reza would succeed him, but he would not reach legal age until the end of 1980. The fact that in 1973 the Shah named his wife as his temporary successor<sup>27</sup> and in 1976 included her in political lessons suggests that he saw his death before his son could succeed or effectively rule as a serious possibility.

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<sup>25</sup> Alam, 334-336.

<sup>26</sup> Pahlavi, F., 262.

<sup>27</sup> Alam, 334.

In April of 1974, Asadollah Alam remarked on the Shah's successes to which the Shah surprisingly commented, "I have so many more aspirations. To be first in the Middle East is not enough. We must raise ourselves to the level of a great world power. Such a goal is by no means attainable."<sup>28</sup> It seems the Shah had begun to foresee his imminent death and to consider the serious possibility that he would not have sufficient time to attain all that he hoped. This communication certainly did not mark the end of the Shah's effort to foster the nation he envisioned; in fact his behavior suggests that he continued to do as much as possible to see his goals realized in his shortened amount of time. The Shah's drive to place Iran among the great nations can be observed in the treatment of his nuclear program, which he came to consider a symbol of power and progress.<sup>29</sup> He established the Atomic Energy Organization of Iran in 1973. The organization's employees became some of the highest paid in the government and by 1976 it was Iran's second largest economic institution, after the National Iranian Oil Company, with a budget of \$1.3 billion. For the sake of prudence, the Shah actively denied any intent to develop a nuclear bomb, but Alam suggested in his diary that the Shah really did hope to attain it.<sup>30</sup> This can perhaps be attributed to the Shah's desire to join the group of great nations although it suggests somewhat skewed priorities. It seems the bomb would be a kind of shortcut, something achievable in a relatively short amount of time with the right resources, to making Iran not only a prominent power in the Middle East, but one of the dominant powers of the world. The Shah invested so much in a program that had little effect on the welfare of his people, but instead might ensure he

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<sup>28</sup> Alam, 360.

<sup>29</sup> Abbas Milani, "The Shah's Atomic Dreams." *Foreign Policy* (December, 2010): 3.

<sup>30</sup> Milani, "The Shah's Atomic Dreams," 4.

would be remembered by history as the man that gave Iran the ability to really compete on the world stage.

A leader's role in the political system as well as his personal reaction to his illness are important in identifying psychological responses that manifest in political actions. The Shah retained the full decision-making power of his government; his administration was centralized and entirely reliant on his judgment.<sup>31</sup> Post and Robins claim it is political systems like that of monarchical Iran, characterized by high dependence on a central figure, which are most prone to collapse in the event of debilitated leadership. The system's extreme centralization made it a delicate one that could function effectively only if all the actors could maintain balance in their various branches. Any changes in government officials or duties could make the administration immediately unstable. Khosrow Fatemi in his article "Leadership by Distrust," posits that the reorganization of the government in late 1977 created a systemic imbalance that rendered it unable to properly respond to the coinciding challenges to its power. In August the Shah named a new Prime Minister and relinquished much of his power in economic affairs, in which he had previously been directly involved. A third of the government's primary officials were changed as well, seriously affecting the oil, economic, foreign, and domestic affairs departments. During the reorganization, the Shah gave much more authority to his officials, decreasing reliance on himself; a system to which his bureaucrats were entirely unaccustomed. Fatemi suggest they were unable to make the adjustment and could not effectively execute their duties.<sup>32</sup> The Shah may have been compensating for his anticipated death and hoping to create an administration that might be self-sufficient,

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<sup>31</sup> Fatemi, 49.

<sup>32</sup> Fatemi, 55-56.

albeit loyal, for a limited amount of time during a transition period before his son succeeded him. Unfortunately, he destabilized his administration at the worst possible time. The weakened system gave the opposition the window of opportunity that was necessary to successfully overthrow the monarchy.

The Shah had great plans of modernization for Iran that culminated in the “White Revolution,” a policy scheme he implemented in 1963. In his published works the Shah displays an intense love for his country and a desire to see Iran rise to its fullest potential in the modern world. In his autobiography he describes his rationalization for his bloodless revolution from above:

If our nation wished to remain in the circle of dynamic, progressive and free nations of the world, it had no alternative but to completely alter the archaic order of society, and to structure its future on a new order compatible with the vision and needs of the day. This required a deep and fundamental revolution which would put an end to injustice, tyranny, exploitation, and reactionary forces which impeded progress.<sup>33</sup>

The program was presented as a plan to improve the lives of the Iranian people and to build a solid foundation upon which Iran could flourish in the modern world, but some scholars suggest that the centralized promotion of revolutionary nationalism was a calculated scheme to legitimize and institutionalize the Pahlavi dynasty.<sup>34</sup> Motivations aside, the “White Revolution” was certainly not a revolution in the normal sense; it was intended to be a slow, strategic development over several decades. The Shah intended his son to succeed him only once he had created the ideal environment. The construction of the “White Revolution” had assumed that the Shah would be capable of overseeing its development long enough for its goals to be realized, but the Shah’s diagnosis indicated it was no longer likely. In response, the Shah sped up the progress of the program in the

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<sup>33</sup> Mohammad Reza Pahlavi, *Answer to History* (New York: Stein and Day, 1980), 101.

<sup>34</sup> Ansari, 2-3.

hope that he might achieve his goals before his death.<sup>35</sup> This change is demonstrated by the fact that the first twelve points of the program were implemented between 1963 and 1967, prior to the discovery of the Shah's illness, and the last seven points were all implemented in the last four months of 1975, the year following his diagnosis.<sup>36</sup> In the words of Post, "the Shah superimposed his personal timetable on the nation's timetable, and in doing so had destabilized Iran" and created an environment in which his opponents could instill revolution.<sup>37</sup>

The rapid modernization of Iran played an important role in creating revolutionary sentiment. Modernization in the context of the Shah's efforts in Iran has nearly become synonymous with Westernization. The overbearing presence of the West in modern Iranian history made it impossible for the nation to modernize without reflecting key aspects of the modern Western world even if unintentional, although the Shah, holding a degree of respect for the dominant Western nations, probably intended to emulate the West to a certain extent. It can be argued that Westernization took precedence over traditional Iranian culture and disoriented the people; the public experienced a loss of identity as standards of living rapidly rose and people struggled to conform to the modern ideals imposed by the Shah. In this light, opposition to the Shah can be seen as a response to Westernization in an attempt to regain cultural integrity and national identity.<sup>38</sup> Interestingly, the Shah understood the consequences of development that occurred too quickly. He was often urged by his American allies to modernize more

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<sup>35</sup> Post, 70-71.

<sup>36</sup> Pahlavi, M.R., Appendix 1, 193.

<sup>37</sup> Post, 71.

<sup>38</sup> Francine Timothy-Mahak, "Iran's Anomic Reaction to Modernization as a Prelude to the 1979 Revolution with Particular Reference to the Novel 'Winter Sleep' by Goli Tarqqi," *Civilisations* 38 (1988): 64, 67, 72, 78.

rapidly. In response to this kind of pressure he reportedly told an American diplomat in 1958, "I can start a revolution for you but you won't like the end result."<sup>39</sup> The Shah lost sight of this in the final years of his reign, compromising his understanding of the possibly disastrous outcomes with his desire to complete his vision for his Iran while he was in a position to do so.

Several Iranian intellectual reformists wrote of the infatuation with the West and its poisonous effect on the native culture during the prerevolutionary period. In his work, "The 'Westoxication' of Iran," Brad Hanson analyzes the works of three prominent reformists providing distinct perspectives that may be loosely interpreted as representative of the major oppositional positions that developed in Iran during the modernization period. Samad Behrangi (1939-1968) denounced the middle class infected by Western influence that began to emerge in the 1960s. He claimed their only interest was in material comfort and they spent their time in idleness and diversion, resulting in superficial and conservative men.<sup>40</sup> He refers to the effects of Westernization on the Iranian people as a kind of cultural disease that must be remedied to establish social equality and a distinct Iranian culture. Jalal Al-e Ahmad (1923-1969) also saw the influence of Western material culture in Iran and largely attributed it to economic dependency on the West. He did not want Iran to allow itself to be dominated by Western culture and suggested that a lessening of economic relations and development of independent industry as a possible solution. Ali Shariati (1933-1977) represented the religious ideology that eventually drove the Islamic revolution against the Shah. He wrote of the effects on the Iranian people of the Western imperialist system that had

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<sup>39</sup> Andrew Roth, "The Shah Sleeps Restlessly," *The Speculator*, October 3, 1958.

<sup>40</sup> Brad Hanson, "The 'Westoxication' of Iran: Depictions and Reactions of Behrangi, Al-e Ahmad, and Shariati," *International Journal of Middle East Studies* 15 (February, 1983): 5.

“converted us into empty pots which accommodate whatever is poured inside them.”<sup>41</sup>

He claimed the solution to “westoxication” was a revitalization of the unique Iranian Shiism. The perspectives of these men are a sample of the sentiments existing among the people of Iran with respect to the Westernization that was inherent in the Shah’s modernization. Although there existed countless opinions as to the proper response to the problem, a large portion of the public felt Western materialism was invading Iran. Traditional culture was at stake and the country was at risk of losing its national identity to Western conformity.

The Shah’s liberalization program beginning in 1976 was a reflection of his efforts to legitimize and institutionalize his dynasty. The legitimacy of the Pahlavi dynasty had always been in question due to the circumstances of its rise to power; the Shah’s father, Reza Shah, had established the dynasty by deposing the last Qajar ruler, the member of a family that had controlled Iran for over a hundred years.<sup>42</sup> Pressure from newly elected United States President Jimmy Carter contributed to acceleration of the liberalization scheme, but did not serve as the impetus.<sup>43</sup> In order to liberalize his country, the Shah began to tolerate dissidents, release political prisoners, promise free elections, and lift restrictions on the press. Unfortunately, these changes came too late to satisfy the rising tide of discontent among the public. The Shah believed he could ensure his son’s right to the throne by making concessions to his opposition in the hope that it would secure their appreciation of the crown, but the government underestimated the public discontent. It was too late when the Shah’s administration realized the revolutionary issues could not be easily remedied. Amir Abbas Hoveida, Minister of the

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<sup>41</sup> Hanson, 14.

<sup>42</sup> Abbas Milani, *The Shah* (New York: Palgrave Macmillan, 2011), 375.

<sup>43</sup> Milani, *The Shah*, 26-27.

Court in 1978, said of the public disturbances, “these are the inevitable problems of a rapidly developing economy. If we had been able to slow down our growth, these weak points would have been less visible. But we were condemned to forge ahead faster and faster.”<sup>44</sup> The Shah’s liberalization was begun within a weakened economic system and, to much of his opposition, his concessions seemed a weak attempt to downplay the failures of his economic development. The Shah made the mistake of simplifying the problem, attributing all of the opposition to the religious leaders when, in fact, discontent had been developing for various reasons across a broader spectrum of interest groups. The government under the Shah was unable to effectively respond to the opposition movement, revolutionary demonstrations escalated beyond control, and on January 16, 1979, the Shah left Iran.

Analysis of the Shah’s political behavior under a psychological framework suggests that certain decisions and events in the last years of the monarchy may have been more related to the reality of his terminal illness than has been previously considered. In the early years of his regime the Shah had developed an elaborate plan for the development of Iran that would bring that nation on par with the dominant nations of the world and secure his place in history as the monarch responsible for Iran’s success. He was also determined to ensure the continuation of his dynasty and solidify the place of the monarchy in the Iranian political system. From the beginning, the Shah was well aware of the fact that his plans would require incremental changes and patient development. When he became conscious of the severity of his illness he had to face the

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<sup>44</sup> Thierry-A. Brun, “The Failures of Western-Style Development Add the Regime’s Problems,” *Le Monde Diplomatique* (July 1978): 17-18. In *Iran Erupts: Independence: News and Analysis of the Iranian Revolution*, ed. Ali-Reza Nobari. Stanford: Iran-America Documentation Group, 1978, 36.

possibility that he would not have sufficient time to see his dreams come to fruition. Psychological interpretation of accounts of the Shah from 1973 onward reveal behavioral and communicated signs of disappointment with his lack of time due to his diagnosis. Through the perspective of the framework provided by Post and Robins for the analysis of terminally ill heads of state, the Shah's political decisions made after he became ill can be understood as attempts to do what was necessary, without regard to the possibly negative effects of accelerated programs, to achieve as much as possible in the time that he had left. The Shah significantly added to the facets of his "White Revolution," reorganized his administrative system, and attempted to establish legitimacy and secure the allegiance of the masses through his dramatic liberalization program all in a very short period of time. Rapid Westernization destabilized Iranian society and contributed to growing opposition to the Shah and his policies to which the temporarily weakened government was unable to respond effectively. It can be reasonably suggested that the Shah's struggle with cancer was a significant factor in his fall from power and it should not be disregarded in attempts to understand the Iranian Revolution.

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