

# Iranian Conditions: Metaphors of Illness in Iranian Fiction and Film

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## Introduction

In *Cultural Schizophrenia*, an anti-colonial diagnosis of Islamic cultures, Darius Shāyegān argues that Michel Foucault's concept of the *episteme* is monolithic, and, thus, inadequate in explaining the wounds of colonial modernity. Quoting from *The Order of Things*, where Foucault states that in "a given culture at a given moment, there is never more than one episteme defining the possible conditions for all knowledge," Shāyegān argues that the "painful experience" of Islamic cultures shows that competing epistemes are not "monolithic, mutually exclusive blocs each of which monopolizes a given period."<sup>1</sup> On the contrary, competing epistemes "coexist, at the cost of reciprocal deformation." Shāyegān concludes that it is

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<sup>1</sup>Daryush Shāyegān, *Cultural Schizophrenia: Islamic Societies Confronting the West*, trans. John Howe (Syracuse, NY: Syracuse University Press, 1992), 71.

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“possible to live through a period of *epistemic delay* during which adherents of an archaic *episteme* confront the forerunners of the world’s next conceptual matrix.”<sup>2</sup> However, the isolated quote from Foucault misses the broader motive of his work, the exploration of how marginalized and excluded ways of knowing continue to harry the dominant episteme.

How do we square Shāyegān’s critique with Foucault’s commitment to championing the transgressive voice? I would argue that, in fact, Foucault sought to uncover embedded metaphors that discipline and govern. He explored historical phenomena as schematizing tropes to be dismantled. The clinic: the cordoning of the sick as a mechanism of broader self-governance. The prison: the fantasy of universal surveillance. Sexuality: an invention for naming and classifying relations between bodies. By unveiling the figurative schemas by which we live, Foucault aimed to emancipate agency.

Madan Sarup offers a counter-reading to that of Shāyegān. According to Sarup, “Foucault was interested in that which reason excludes: madness, chance, discontinuity. He believed that the literary text allows ‘otherness’ to speak. ... Foucault valued the literature of transgression – it attempts to subvert the constraints of all other forms of discourse by its difference.”<sup>3</sup> Applying Sarup’s reading of Foucault to modern and post-modern Iranian literature can help us identify how Iranians challenged the episteme of modernity in the period of Pahlavi modernization, and into the epistemic schemas of the Islamic Republic. Discourses of hygiene, various *cordons sanitaires*, and metaphors of Iran as an ailing mother in need of her sons’ care<sup>4</sup> developed to separate spaces, classes, bodies, and tissues. According to Cyrus Schāyegh, modernity in Iran was characterized by a colonial transfer of science, and much of that transfer focused on questions

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<sup>2</sup>Shāyegān, *Cultural Schizophrenia*, 72.

<sup>3</sup>Madan Sarup, “Foucault and the Social Sciences,” in *An Introductory Guide to Post-Structuralism and Postmodernism*, 2<sup>nd</sup> ed., (Athens: University of Georgia, 1993), 60.

<sup>4</sup>Afsaneh Najmabadi, *Women with Mustaches and Men without Beards: Gender and Sexual Anxieties of Iranian Modernity* (Berkeley: University of California Press, 2005), 127-129.

of hygiene, race, and medicine.<sup>5</sup> More specifically, Mohamad Tavakoli-Targhi has argued that this process of modernization was specifically medicalized. It is in the face of this episteme of medicalizing modernity that much of the literary deconstruction of the illness metaphor can be understood.

Political debates that led to and were further deepened by the Constitutional Revolution centered around the question of modernizing Iran's public health. As Tavakoli-Targhi has shown, a debate developed between two models of medicine and public health. On one side of the debate were those reformers who saw traditional Islamic practices of health and medicine as debilitating superstitions standing in the way of the development and strength of the nation. However, the other side of this debate argued that the Prophet's, the Quran's, and the Hadiths' guidance against *jinn* and other miasmatic forms of filth (*nijasat*) anticipated modern science, and such teachings could be incorporated into public health campaigns as a sort of Pasteurian Islam. Like Foucault's notion that the clinic predated its own old age back to an antediluvian origin, the Pasteurization of Islam suggested that modern concepts of clinical reform of the nation were not merely amenable to Islam, but have their purest origins in Islam. Both Schāyegh and Tavakoli-Targhi show how these clinical concerns about purity and filth, about public health and hygiene become easily transferred, in the interwar years and beyond, to diagnoses of and remedies for social ills: "In the Islamist discourse that emerged, rapid urbanization and the development of an urban public culture around theaters, cinemas, cafes, and cabarets, as well as the mixing of men and women in public, were diagnosed as 'social ills' (*bimari-ha-yi ijtimā'i*), 'social pains' (*dard hā-ye ijtimā'i*), and 'social corruption' (*fisad-i ijtimā'i*)."<sup>6</sup> As the anticlerical modernizers who saw Islamic

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<sup>5</sup>Cyrus Schāyegh, *Who Is Knowledgeable Is Strong: Science, Class, and the Formation of Modern Iranian Society, 1900-1950* (Berkeley: University of California Press, 2009); see especially chapter 5.

<sup>6</sup>Mohamad Tavakoli-Targhi, "From Jinns to Germs: A Genealogy of Pasteurian Islam," *Iran Nameh*, 30, no. 3 (Fall 2015): XIX.

superstition as debilitating were displaced by “spiritual physicians,” these latter Shi’a clerics defined “irreligiosity as a Western-inflicted disease that pervaded the rapidly changing body social.”<sup>7</sup> What’s more, these spiritual physicians “targeted the cinema, theater, and dancing halls as the cesspools of moral and spiritual infections.”<sup>8</sup> As prose literature developed in tandem with debates over the social and spiritual health of the body social, writers engaged in the national, colonial, and cultural struggles over representation and national identity.

Thus, Iranian intellectual history has suffered from a kind of political hypochondria, trapped within metaphors of illness. Clinical diagnoses of society turn into disciplinary mental schemas, fears of infection, and prescriptions for remedies. As the English novelist George Eliot put it in *Middlemarch*, “we all of us, grave or light, get our thoughts entangled in metaphors, and act fatally on the strength of them.”<sup>9</sup> However, metaphor—which has long been a key form of creative misdirection in Iran’s modern regimes of censorship<sup>10</sup>—can be redeployed self-consciously as a means of discursive transgression. In order to understand the range of this trope and its Foucauldian deconstruction of medicalizing schemas, I have developed three categories for these metaphors of illness in Iranian literary discourse.

(1) Colonial disease and its nationalist cures. Some writers deploy the metaphor as an (anti-) colonial critique of Western imperialism, or an Islamic remedy to “Western” corruption—the microbial metaphor of foreign infection. This category includes political commentators like Jalāl Āl-i Ahmad, and Islamic ideologues like Ayatollah Khamenei, but also novelists like Sīmīn Dāneshvar. At the same time, one of the earliest expressions of this approach—Murtiza Mushfiq Kāzimi *Tehrān-i Makhuf*—is not “anti”-colonial, but expresses the internal

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<sup>7</sup>Tavakoli-Targhi, “From Jinns to Germs,” XIX.

<sup>8</sup>Tavakoli-Targhi, “From Jinns to Germs,” XIX.

<sup>9</sup>George Eliot, *Middlemarch* (New York: Bantam, 1985), 76.

<sup>10</sup>See Kamran Talatoff, *The Politics of Writing in Iran: A History of Modern Persian Literature* (Syracuse: Syracuse University, Press 2000).

colonialism that is historically part of nationalist modernity, particularly important in this case because of Kāzimi's call for a "clerical modernity," or *tajadud-i ākhund* in contrasting European life from Iranian life.<sup>11</sup> (2) Existential sickness. The existential approach codes illness as an expression of absurd melancholy. This trope doesn't attempt to dismantle the metaphor, but moves it into an ostensibly mystical valance, but one still informed by a political sense of dislocation or marginalization. Sādegh Hidāyat's *Blind Owl* is probably the earliest and most notable instance of this existential approach, and also includes a remedy to which others also gesture: writing, an ambiguous cure because like Plato's *pharmakon*, it is both poison and medicine. More recent examples abound, ranging from Goli Taraghi's novella *Jā-ye Dīgar* to Bahman Farmānārā's film, *A Little Kiss*. I describe these writers as diagnosing Iran's existential (and exilic) conditions. (3) Dismantling the metaphor. Unlike the other two approaches, the third use of the illness trope attempts to use it self-consciously, and thus deconstruct or dismantle it. This is a sort of Foucauldian procedure as it attempts to reveal the cultural and political work the metaphor performs. These writers use the metaphor self-consciously, aware of the ways it has for decades constituted an Iranian political hypochondria. These writers and artists point to the metaphor's artificiality, its limits, and its absurdity.

### Colonial Diseases and Nationalist Cures

As early as the 1920s, Kāzimi explored Iran's social conditions as problems of pathology and prescription. His novel, *Tehrān-i Makhuf* is a social-realist exploration of Tehran depicted as social vectors of disease.<sup>12</sup> Kāzimi's book is one of the earliest examples of how literary discourse contributed to the wider medicalization of modernity. Iranian modernizers often saw reform as both literally and figuratively a medical question. In a sense, Kāzimi is an example of the form of Foucauldian biopower that Schāyegh describes in his

<sup>11</sup>Tavakoli-Targhi, "From Jinn to Germs," XIV. Tavakoli-Targhi cites Kāzimi's article, "Zindigani-i Urupa'i va Zindigani-i Irani," *Iranshahr*, 2, no. 8 (January/February 1924): 462.

<sup>12</sup>Murtiza Mushfiq Kāzimi, *Tehrān-i Makhuf*, 1922 (Tehran: Ibn Sina, 1340/1961).

*Who is Knowledgeable is Strong*. In discussing the emergence of eugenics and hygiene as forms of medicalized modernity, Schāyegh shows how illness was spatialized in the early 20<sup>th</sup> century in Iran. Quoting Ali Khān’s *Choléra en Perse*, Schāyegh argues that hygiene was mapped onto an emerging urban landscape: “In addition to the barriers erected against cholera between nations, it is necessary to add others, between cities, houses, and individuals.”<sup>13</sup> For Kāzimi it is the absence of such boundaries that leads to infection. The novel’s central characters, Farrokh and Mahin, come from opposite sides of the “tracks” (or vectors) despite being cousins. They are in love, and plan to be married, but Mahin’s father, as a member of Tehran’s nouveaux riche, wants to use his daughter as a bargaining chip in his attempt to reach the upper echelons of society by marrying her to the son of a government official. The novel denounces the corrupting influence of money for this newly emerging class. Mahin’s father’s wealth without “class” is corrupting—in the sense of infection and disease. This link between urban epidemiology and political economy was part of Iranian modernity: “[H]ygiene did not involve only medicine. It was an ‘economic technique/science’ (*fenn-i eqtesādi*) too. The physician/hygienist (*behdār*) needed social and natural scientific as well as medical knowledge.”<sup>14</sup>

At the same time, the novel also champions the lives of the virtuous poor characterized by humble simplicity, but whose families might be corrupt, unkind, or ignorant. In one of the most important episodes of the novel, spanning several chapters, Kāzimi describes a *mahal-i marīz*, the sick quarter. Set in a brothel, the sequence follows four female characters representing women at different stages of dissolution. At one point in the narrative, each woman sits in one of the cardinal directions: east, west, south, north. In fact, the novel is deeply concerned with urban geography. It draws attention to the shapes of homes and gardens and describes characters not just by their physical appearance or emotional motivation, but by the cardinal directions in

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<sup>13</sup>Khān, quoted in Schāyegh, *Who Is Knowledgeable Is Strong*, 148.

<sup>14</sup>Schāyegh, *Who Is Knowledgeable Is Strong*, 119.

which they face, or move. The *mahal-i marīz* episode of the novel maps out a set of vectors and spaces that must be cordoned.

In a sense, Jalāl Āl-i Ahmad's much more famous *Gharbzadegi* is an anti-colonialist extension of Kāzimi's critique, but one that attacks a colonialist corruption of a pure Islamic culture rather than European remedies to a debilitating Islamic decay. Ostensibly a study of education in Iran, the extended essay offers a pessimistic view of Iranian society. It combines sociology with speculative history and strident politics. In this social critique, Āl-i Ahmad renders a political diagnosis of Iran as suffering from various social and political ills ranging from metaphorical tuberculosis to figurative cancer to allegorical crop infestations. This last plague provides Āl-i Ahmad with one of his most vivid images: Iran as an empty husk, infected from without by a weevil, and then eaten away from the inside. Ironically, *Gharbzadegi* was informed directly by Āl-i Ahmad's reading from Western existentialist sources, including Albert Camus, Jean-Paul Sartre, and Eugène Ionesco. *Gharbzadegi* draws precisely on Western diagnoses of industrial and bureaucratic modernity to diagnose Iran's own existential malaise:

I say that Weststruckness is like cholera. If this seems distasteful, I could say it's like heatstroke or frostbite. But no. It's at least as bad as sawflies in the wheat fields. Have you seen how they infest wheat? From within. There's a healthy skin in place, but it's only a skin, just like the shell of a cicada on a tree. In any case, we're talking about a disease. A disease that comes from without, fostered in an environment made for breeding diseases. Let's look for the characteristics of this disease, its cause or causes, and if possible, a cure.<sup>15</sup>

This diagnosis merely sets the stage for a deeper analysis of Iran's social ills, and the traditional remedies that can be applied to improve Iran's social and political health.

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<sup>15</sup>Jalāl Āl-i Ahmad, *Occidentosis: A Plague from the West*, trans. R. Campbell (Berkeley: Mizan, 1984), 1.

Perhaps the most ambitious nationalist use of the illness trope appears in the work of Āl-i Ahmad's wife, partner, and interlocutor, Sīmīn Dāneshvar. Set during the Allied Occupation of Iran during World War II, Dāneshvar's *Savūshūn* (also translated as *A Persian Requiem*) offers deep insight into Iranian intellectuals' engagements with the West and with Iran's own troubled modernization. Dāneshvar's novel fictionalizes the actual outbreak of typhus during the Occupation, underscoring its impact on peasant villages and the emerging bourgeoisie. The novel moves well beyond this historical documentation of disease to relate the epidemic to mental illness, pregnancy as a medical condition, cancer both metaphorical and real, and ultimately what the protagonist's doctor calls the disease of fear.

The novel centers on a female protagonist, Zarī, the matriarch of a landowning family. Zarī's motivations are divided between protecting her husband and her children from the repercussions of her husband's dangerous opposition to the occupying forces, especially the British, and standing up with him against the occupiers and their native toadies in the name of Iranian national sovereignty. The husband, Yūsef, refuses to give or even sell his crops to the English army. Instead, as a landowner, Yūsef distributes these resources to the Qashqā'i tribal leaders on his land. Thus, the novel is told from a specific political and social point of view—that of the landowning class who claimed a primordial connection to the Iranian soil and to both an Islamic and pre-Islamic cultural heritage. When Zarī finds out that she is pregnant with her fourth child, she begins to feel more pressure to stop Yūsef from putting himself in harm's way. When he is killed, Zarī suffers a breakdown, but she is saved by those around her, and by her own will to mourn her husband's death. Zarī's interactions with the sick and dying depict her as a figure directly engaged with actual sickness and as a character who, in the climax of the novel, must overcome her own disease of paranoia, her fear of mental illness. In this sense, she functions as a critique of Iranian intellectuals' sociopolitical hypochondria.

The British are clearly depicted as outsiders incapable of compre-

hending the Iranian condition, let alone remedy its social ills, resulting only in the worsening of that condition. For example, the female British midwife and surgeon, Khānom Hakīm seems to diagnose social ills, but treats both real and metaphorical conditions more like a butcher than a doctor. In her broken Persian—butchering the language as she does her patients—she mouths one of the key metaphors of illness: Nazism as Europe’s cancer. In a speech to Shirazi landowners invited to dine with British military leaders, she describes Hitler as “a virus, a cancer, which [must] be torn out.”<sup>16</sup> This reference to Hitler as Europe’s cancer resonates later when we learn that Zarī’s mother died of cancer with Khānom Hakīm as her only doctor. Zarī recalls Hakīm saying “Now the cancer be overtaking the whole body, and there be nothing more the knife can do.”<sup>17</sup> Described as “keen on using the knife,” Khānom Hakīm is responsible for Zarī’s Caesarian births. Finally, when Zarī brings Kolū, a typhoid-stricken peasant boy from a nearby village to the Missionary Hospital, Khānom Hakīm says, “Unfortunately the beds of the Missionary Hospital be for foreign officers and soldiers only and all the beds be full and even there be no place in the corridors.”<sup>18</sup> Zarī later tells her sister-in-law, “Obviously the hospital was built for their own needs, not for the townspeople.”<sup>19</sup> Thus, Khānom Hakīm’s insensitivity to real disease, and her butchering of Iranian childbirths along with the Persian language, render her pronouncements about Hitler as Europe’s cancer deeply ironic.

However, Dāneshvar’s satire is not aimed solely at the occupying forces of European imperialism. She also attacks Iran’s comprador class. For example, Zarī’s brother-in-law, Abol-Ghāsim, is a member of the comprador class, par excellence. This middle manager—suffering, as Āl-i Ahmad might observe, from Occidentosis—views foreign influence as necessary, and sees domestic backwardness as

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<sup>16</sup>Simin Dāneshvar, *A Persian Requiem*, trans. Roxane Zand (New York: George Braziller), 31.

<sup>17</sup>Dāneshvar, *A Persian Requiem*, 90.

<sup>18</sup>Dāneshvar, *A Persian Requiem*, 136

<sup>19</sup>Dāneshvar, *A Persian Requiem*, 136

the real Iran's true illness to be remedied by the political medicine of the West. As a collaborator advancing his career in Iran's parliament, Abol-Ghāsim has no hope that Iranians can be cured of their cultural backwardness with merely indigenous remedies. In response to Yusef's attempts to distribute food and medicine to the peasants, Abol-Ghāsim says, "Whenever he goes to his village he takes medicine for the peasants. God alone knows that all the medicine in the world won't cure our peasants."<sup>20</sup> Yūsef and Zarī are the only characters focused on real rather than figurative ailments—famine, typhus, and mental illness. But these Occidentotic figures appear on both the left and the right. For example, when Zarī confronts Fotawhi about his family's neglect of Fotawhi's sister, this leftist agitator resorts to the metaphor of societal illness and, in this case, the cure of communist reform: "We must build our society in such a way that no-one's sister ends up having a mental breakdown. My sister's condition is the symptom of a social disease. When we eventually organize the masses and come into power, we will see to it that justice is carried out."<sup>21</sup> Fotawhi's socialist ideology robs him of his sense of familial, and by extension, national loyalty.

The historically real toll that typhus took on Iranian villages is represented in the novel through one character in particular—Kolū. On a visit to the nearby village, Yūsef finds that the shepherd has stolen two sheep—Yūsef's property. Yūsef is willing to forgive this man, but the village chief forces the shepherd to confess to the crime. Curiously, this man dies from shame and guilt: after taking an oath to not having stolen the sheep, the man confesses, falls ill, and dies. Feeling responsible, Yūsef adopts this man's son—Kolū. When Yusef first expresses remorse for having caused Kolū's father's death, Zarī says to him that Kolū might be better off now. He will be given an education, and he has been saved from typhus. Later, Kolū does, in fact, come down with a fever and is diagnosed with typhus. At first it seems, ironically, that Kolū has contracted typhus because he has

<sup>20</sup>Dāneshvar, *A Persian Requiem*, 17.

<sup>21</sup>Dāneshvar, *A Persian Requiem*, 197.

come into the city. His condition becomes a threat to Zarī's own household. However, it turns out eventually that Kolū's illness is part of an epidemic overtaking the village: "You were right, Zarī. Our shepherd had typhus. It's spread through all the villages in that area. Imagine it—in this heat ... The messenger said our village looks abandoned. But the people haven't gone away. They're just lying sick at home. As well as all the other things I have to do, I must get a doctor and medicine to them."<sup>22</sup> Thus, Kolū's illness is metonymic of the wider epidemic.

Zarī emerges as the care-giver. Symbolically, she gives birth to an insurgency, and, throughout the novel, gives comfort to the sick. One of the Qashqā'i leaders, for example, reminds her of the time that she cared for him when he contracted malaria, telling her, "A friend of the Qashqā'i was an enemy of the Shah. Yet you nursed me like a sister."<sup>23</sup> In her visits to the asylum, the hospital, and the prison, she cares for the physically and mentally ill—victims of imperialist trauma. At the end of the novel, Zarī is pregnant while she mourns her martyred husband in a ceremony that blends the pre-Islamic ritual of the *savūshūn*, and the Islamic observance of Ashura. But what of Zarī's own ailments? When Zarī falls into delirium after her husband is killed, she begins to think that she is going insane. When she seeks a diagnosis from Dr. Abdullah Khān, he tells her, "[Y]ou have a malignant disease that cannot be cured by my hand. You must get rid of it before it becomes chronic. Sometimes it's hereditary." When she assumes it must be cancer, he says, "No, my dear; don't you understand? It's the disease of fear. Many people have it—I told you it's contagious."<sup>24</sup>

These fictional accounts of social ills, physical ailments, and national epidemics draw on and extend national allegories of an ailing nation that date back to date back to the late nineteenth and early twentieth centuries, particularly the ill mother in need of care from her strong

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<sup>22</sup>Dāneshvar, *A Persian Requiem*, 173.

<sup>23</sup>Dāneshvar, *A Persian Requiem*, 39.

<sup>24</sup>Dāneshvar, *A Persian Requiem*, 259.

sons. As modernist innovations on those tropes, these novels enter into debates over the source of Iran's pathogenic condition. On the one hand—as with Kāzimi—the source of the sickness is Iran's own backwardness, and the remedy is modernity, which in this case draws on colonial science. On the other hand, in the case of Dāneshvar, the source of social ills is from the outside, colonial infection, Western diseases—from cholera to mental illness. Moreover, her novel rejects the image of the ailing mother, replacing it with the mother as both the midwife and the caregiver for the nation. The remedy in these instances is native Iranian traditions and rituals, like the mourning of Siavash, or the extension of that ritual into Moharram observances of Hussain's martyrdom at Karbala. With Āl-i Ahmad, however, we begin to see the possibility of an existential diagnosis, as he later refers to Western philosophers, novelists, and playwrights like Jean-Paul Sartre, Albert Camus, and Eugène Ionesco to show how modernizing along Western lines will lead to Western social diseases. But this existentialist diagnosis of Iran did not begin with Āl-i Ahmad, but a few decades earlier.

### **Existentialists**

To provide a framework for how Iranian intellectuals deployed existentialism in understanding the Iranian condition, I offer the following genealogy of what I call pathological rationalism. I would argue that Foucault's critique of modernity extends this basic existentialist concept. I begin with Camus and move back to Dostoyevsky, and through Dostoyevsky move forward to Hidāyat. Towards the end of Camus' *The Plague*, Jean Tarrou has a heart-to-heart discussion with Rieux—the doctor who commits himself to the task of helping the French-occupied North African town of Oran overcome the pestilence. Tarrou argues that any rationalist worldview in which ideals about justice, truth, and right outweigh the dignity of human life and agency is like a plague. As evidence, Tarrou recalls the moment when he witnessed his father condemn a criminal to death, leading Tarrou to become a revolutionary with the aim of doing everything in his power to oppose capital punishment. Tarrou tells Rieux: “To

my mind the social order around me was based on the death sentence, and by fighting the established order I'd be fighting against murder."<sup>25</sup> Like plague, any established order spreads death through this "microbe" of rationalism—justifying our actions on abstract ideals about humanity at the expense of human life itself. Paradoxically, once he joins the revolutionary movement against such rationalizing of murder he finds that the revolutionaries do the same thing through summary executions. He says: "I came to understand that I, anyhow, had had plague through all those long years in which, paradoxically enough, I'd believed with all my soul that I was fighting it. I learned that I had had an indirect hand in the deaths of thousands of people."<sup>26</sup> From here on, Tarrou decides that he won't fight for any ideals, but that he'll try to fight against plague itself by focusing on real, actual human suffering.

We can trace Tarrou's pathological rationalism back to Fyodor Dostoyevsky's *Crime and Punishment* in which Raskolnikov complains of suffering from pathological *irrationalism*. At the end of the novel, the narrator offers this conclusion about a moral disease that is reminiscent of Tarrou's diagnosis:

In [Raskolnikov's] illness he had dreamt that the entire world had fallen victim to some strange, unheard of and unprecedented plague that was spreading from the depths of Asia into Europe. [...] Some new kind of trichinae had appeared, microscopic creatures that lodged themselves in people's bodies. But these creatures were spirits, gifted with will and intelligence. People who absorbed them into their system instantly became rabid and insane. But never, never had people considered themselves so intelligent and in unswerving possession of the truth as did those who became infected. Never had they believed so unswervingly in the correctness of their judgments, their scientific deductions, their moral convictions and beliefs.<sup>27</sup>

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<sup>25</sup>Albert Camus, *The Plague*, trans. Stuart Gilbert (New York: Modern Library) 226.

<sup>26</sup>Camus, *The Plague*, 227.

<sup>27</sup>Fyodor Dostoyevsky, *Crime and Punishment*, trans. David McDuff (New York: Penguin 1992), 626.

Here we have, perhaps, the precursor of Camus's description of what I've called pathological rationalism. It is not clear whether Camus took his "plague" directly from Dostoyevsky's description of the plague of trichinae that produces rabid insanity under the guise of rationalism and science. But the similarities are striking.

Equally striking are the echoes of Dostoyevsky in Sādegh Hidāyat's *The Blind Owl*, and we might even speculate, the echoes of Hidāyat in Camus. Even a quick comparison of the opening pages of Hidāyat's novel and Dostoyevsky's *Notes from Underground* reveal a likeness if not an influence. Both works begin with the narrator's self-diagnosis as sick. As for Camus, there is a tantalizing use of the phrase "blind owl" in Camus's *The Plague*. In describing his political opposition to capital punishment, Tarrou describes for Rieux how he witnessed the sentencing of a prisoner to death: "But my real interest in life was the death penalty; I wanted to square accounts with that poor *blind owl* in the dock."<sup>28</sup> Hidāyat's novel was translated into French before it was translated into English, and although the French translation did not appear until 1953—after the publication of *The Plague*—the French translator, Roger Lescot, was working on his rendering during World War II, before *The Plague* was published. One cannot help wonder if Camus might have come across Lescot's manuscript translation during the war, or at least heard of the title. Rather than making a claim for Hidāyat influencing Camus, I would argue that *The Blind Owl*, like the "blind owl" in Tarrou's narrative of existentialist awakening, should be considered part of the broader archive of a global existentialist philosophy and literature, not a secondary version of Western existentialism. Hidāyat was responding to similar circumstances faced by Dostoyevsky in the nineteenth century, and by Camus in the twentieth, that Hidāyat himself faced in a modernizing Iran in the 1930s. He, in a technocratic dictatorship that was working to replace Iran's religious and cultural heritage (as quickly as the previous dynasty had sold off its oil and farming) with a partly medicalized modernity, faced similar social pressures

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<sup>28</sup>Camus, *The Plague*, 226, emphasis added.

as those faced by Russians caught between tyranny and rationalism, and by French citizens after the horrors of war and the persistence of colonialism. Finally, in societies that touted the social health of the nation and the robust strength of its citizen, illness offered a particularly ironic theme in conveying the alienation of their anti-heroes. Thus, throughout the twentieth century, Iranian writers who turned to the metaphor and image of illness often deployed it existentially.

In *Cultural Schizophrenia*, Shāyegān identifies what he calls an epistemic delay between the modernity imported from the West and the tradition that lingers in nations like Iran. In a chapter comparing Jungian psychology to Foucauldian hermeneutics, Shāyegān makes the following claim: Western paradigms of modernity are “crudely superimposed on a historically incompatible background [of Islamic culture] which is quite unprepared to receive them, let alone incorporate them. This is the irremediable of the yawning gulf which constitutes a sort of sore in our consciousness.”<sup>29</sup> While at some level this image of the yawning gulf, wound, or sore is political—a critique of colonialism and its comprador enablers—it is, ultimately, existentialist in that it *diagnoses* a condition, a cultural disorder. Later in the chapter, after offering a precis of *The Order of Things*, Shāyegān repeats this image of the yawning gulf by quoting, this time, Octavio Paz who claims that in the Mexican context of epistemic delay, “the ideas are today’s; the attitudes yesterday’s.”<sup>30</sup> He takes this idea further: “Between them [yesterday’s attitudes and today’s ideas] lies the *caesural fault*: a split which is especially crippling because it divides the being into two unequal segments which cannot communicate except on the most elementary level, as there is no bridge to facilitate harmonious internal dialogue.”<sup>31</sup> Out of this pathology, this *crippling* condition, “distortions arise, as the two *epistemes*, like reflecting screens facing one another, become disfigured by the mutual

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<sup>29</sup>Shāyegān, *Cultural Schizophrenia*, 62.

<sup>30</sup>Paz, quoted in Shāyegān, 72.

<sup>31</sup>Shāyegān, *Cultural Schizophrenia*, 72

scrambling of their images.”<sup>32</sup> The discourse of diagnosis is clear in Shāyegān’s emphasis on a sore, a crippled state, distortions, and the schizophrenic split.

In Shāyegān’s depiction of cultural schizophrenia, Iran’s “public space still contains faded images from ancestral memory; we have not finalized their eviction, nor reached the point of privatizing belief. Trapped between historicity and the hermeneutics of symbols, we are reduced to every imaginable sort of bricolage.”<sup>33</sup> This type of bricolage—in which lingering ancestral images interpenetrate contemporary reality—is precisely the magical realist picture Hushang Golshīrī paints in *Shāzde Ehtejāb*, a bricolage novel in its own right, where characters move between the diegetic space of the narration and the intra-diegetic space of photographs that serve as portals to the past in the form of the Qajar decline of Iranian civilization. The Prince’s condition is one of being haunted, or infected, by the past. In fact, the novel’s *leitmotif* is the Prince’s tubercular cough, a sound that both opens and closes the novel. He also suffers from hemorrhoids, and an unexplained fever. Moreover, in its depiction of the decline of the Qajar dynasty, it refers to the “family’s hereditary fever,” and the “consumption” that brought on sweats, coughing, and morbidity. In this novel, Iran’s past is an inheritance of disease, while the present moment is feverish and diseased, and the future promises an untimely death.

More recently, Bahman Farmānārā’s *Yek Būs-e Kūchūlū* explores the relationship between illness and exile. The film is structured around a set of thresholds or liminal zones.<sup>34</sup> The film opens with fictional fiction writer Esmā’il Shebly sitting at his desk writing a short story about two men, Kamāl and Javād, who exhume Kamāl’s father-in-law’s corpse in order to place the dead man’s thumbprint on a last will and testament leaving his fortune to Kamāl. Struggling to

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<sup>32</sup>Shāyegān, *Cultural Schizophrenia*, 72.

<sup>33</sup>Shāyegān, *Cultural Schizophrenia*, 73.

<sup>34</sup>*Yek Bus-e Kuchulu (A Little Kiss)*, directed by Bahman Farmānārā (2005; Tehran: Sourehcinema), Film.



come up with an ending to his story, and aware of his own impending death from cancer, he plots his own end by placing an overdose of opium in his tea. His attempted suicide is, however, interrupted thrice. First, his downstairs neighbor knocks on his door asking to leave her dead parakeet (named Omid, or Hope) in Shebly's apartment because she's afraid to sleep in the same room with a dead thing (the bird, Hope, later comes miraculously back to life). Then, an ethereal young woman in a white *chādor* asks to borrow some sugar. We learn only later that she is the angel of death arrived to deliver *yek būs-e kūchūlū*, or a "little kiss." Finally, Shebly's longtime friend Mohammad Rezā Sa'di arrives unannounced, returned from a 38-year self-imposed exile in Europe. This final interruption delays Shebly's story and suicide, and initiates the rest of the film's narrative, something of an existential buddy road trip through an Iranian cultural landscape that includes the tomb of Firdawsī and the Nakhsh-e Jahān in Isfahan.

Most importantly, both men suffer from life-threatening illnesses—Shebly's lung cancer, and Sa'di early-stage Alzheimer's. Sa'di's ailment symbolizing the cultural amnesia of exile, and Shebly's cancer symbolizing the suffocating repressions of censorship. In one scene, Sa'adi explains to Shebly that he wanted to return to Iran before he completely forgot his homeland. Shebly clearly feels stifled and breathless as a result of repressed freedom of speech free speech. Paradoxically, despite censorship codes, Shebly has been a prolific writer, becoming a national literary hero. Shebly's desire to give others hope leaves little hope for himself. Finally, Sa'di compares exile to skin cancer: "Exile is like skin cancer. At first it is only skin deep, you can ignore it while you amuse yourself with other things. But then it penetrates into the marrow of your bones, and then nests in the corner of your heart." The film represents exile and internal marginalization as existential conditions.

Similarly, in her novella *Jā-ye Dīgar*, Goli Taraghi explores something perhaps even more mysterious and existential. Taraghi's pro-

tagonist, Amīr Ali, suffers from “bīmārī-e marmūz”<sup>35</sup> or “a mysterious disease.”<sup>36</sup> He is tormented by “[s]omething like a wild beast, like a horrifying monster ... in his belly ... struggling to break loose and leap out.”<sup>37</sup> During an important business meeting, this malady erupts in a “dreadful noise” emitted from Amīr-Ali’s body. At the end of this episode, Amīr-Ali “threw up on the papers in front of him.”<sup>38</sup> The narrator tells us that Amīr-Ali suffers from “an old virus that had nestled in his heart and soul.”<sup>39</sup> Amir-Ali’s marriage, his work, his sense of identity, the bureaucratic workings of capitalism embodied in the soiled papers become subjects of comment for the narrator. Goli Taraghi seems to be concerned with feelings of alienation in modern Iranian society, particularly those working in tightly controlled mechanisms of trade.

These existential uses of the illness metaphor begin to shift away from the normative schemas of the nationalist allegory. Rather than using illness as a way of diagnosing social ills, these writers use illness as a way of critiquing the systems that cause certain kinds of emotional, social, and psychological morbidity. Although these writers move away from a didactic use of the illness metaphor that divides the world between nationalist health and its corruption from external infection or internal mutative growth or negligent decay, they still rely on a certain kind of political hypochondria that doesn’t challenge the metaphor itself. The metaphor—the schema—continues to frame these writers’ views of the Iranian condition. In the final section of this essay, I offer readings of film and fiction that move beyond both the existential and nationalist uses of the illness metaphor. It is only with these self-conscious uses of the metaphor that

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<sup>35</sup>Goli Taraghi, *Jā-ye Digar* (Tehran: Niloufar 1379/2001), 171. Citations that follow refer to the Emami and Khalili translation below.

<sup>36</sup>Goli Taraghi, “In Another Place,” trans. Karim Emami and Sara Khalili, in Nahid Mozaffari and Ahmad Karimi Hakkak, eds., *Strange Times, My Dear: The Pen Anthology of Contemporary Iranian Literature* (New York: Arcade), 216.

<sup>37</sup>Taraghi, “In Another Place,” 252-253.

<sup>38</sup>Taraghi, “In Another Place,” 253.

<sup>39</sup>Taraghi, “In Another Place,” 253.

Iranian intellectuals begin to break free from the discursive limits of metaphor itself.

### **The Foucauldian Procedure: Dismantling Metaphor**

One of the earliest examples of the deconstruction of the illness metaphor comes not in fiction but in film. In the same year that Āl-i Ahmad penned his polemic, the poet Forough Farrokhzād directed an impressionistic, poetic, and essayistic short film set in a leper colony in Tabriz, *Khāneh Siāh Ast/The House is Black*. Using her own poetry in dialogue with a clinical description of leprosy to demystify the condition while still sanctifying it, Farrokhzād presented something at once lyrical and rational. Using live sound and music along with voiceovers, the film borrows from neo-realism and *cinéma vérité* to depict the lifeworld of the leper colony. Moreover, even though it might be read allegorically—a snapshot of life under the authoritarian rule of the Pahlavi regime in the 1960s—the film simply cannot be reduced to allegory. In a sense, it does what Susan Sontag insists that we must do with metaphors of illness: resist them in order to see both actual illness and the historical phenomenon it allegorizes on their own terms.<sup>40</sup>

There is some kinship between Farrokhzād’s representation of leprosy and Foucault’s reflections on the leper’s disappearance from view in European society, and her re-inscription as a sacred Other: “Leprosy withdrew, leaving derelict these low places and these rites which were intended, not to suppress it, but to keep it at a sacred distance, to fix it in an inverse exaltation.”<sup>41</sup> While removing the leper, the European social imagination retained “the values and images attached to the figure of the leper as well as the meaning of his exclusion,” and the figure of the leper was thus “inscribed within a sacred circle.”<sup>42</sup> What resulted was a “rigorous division” that performed a “social

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<sup>40</sup>Susan Sontag, *Illness as Metaphor and AIDS and its Metaphors* (New York: Picador, 1989), 3.

<sup>41</sup>Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York: Vintage, 1988), 6.

<sup>42</sup>Foucault, *Madness and Civilization*, 6.

exclusion but spiritual reintegration.”<sup>43</sup> Farrokhzād’s visual ode to leprosy anticipates Foucault’s reflections on madness. Like Foucault, she attempts a critique of both the traditional sanctification of illness and its modern classification and disciplining. She acknowledges the dueling epistemes of Shāyegān’s critique of Foucault, but she holds both in place simultaneously, refusing to reduce them to agony.

In Foucauldian terms, *The House is Black* oscillates between a clinical and a preclinical view of leprosy, resulting in a revelation of both. She presents leprosy both in terms of the post-enlightenment question, “Where does it hurt?” and the pre-modern question, “What is the matter with you?”<sup>44</sup> She even turns the latter question around, presenting leprosy not as a condition to be corrected, but as an integrated ontology, a re-inscription of the sacred into the social.

Farrokhzād was writing at a time when the mechanisms of state power were classifying, categorizing, separating, and cordoning different parts of Iran’s land, people, and cities. By visually exploring windows, doorways, and thresholds in her film, Farrokhzād focuses her viewers’ attention on threshold states. As Foucault describes it, the process of clinicalizing illness was a process of spatializing disease at every level—separating tissues from the body, one illness from another, the individual patient from the epidemic, institutions of health from institutions of governance. In fact, in the clinical context, the “first task of the doctor ... is political: the struggle against disease must begin with a war against bad government.”<sup>45</sup> Farrokhzād explores all these spaces by framing them through the aural threshold, a dialectic in the soundscape of her film between a poetic voice sanctifying the human, and a clinical voice treating the body and reforming medicine. Thus, Farrokhzād’s placement of her filmic subjects in doorways, at gates, in windows, and at dispensary portals lays bare the clinical mechanisms of governance that aimed to transform

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<sup>43</sup>Foucault, *Madness and Civilization*, 7.

<sup>44</sup>Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith (New York: Vintage, 1994), xviii.

<sup>45</sup>Foucault, *The Birth of the Clinic*, 33.



human complexity into classifiable and governable citizens. Her film refuses to resolve this dilemma, presenting a leper colony at the threshold between the sanctification and the treatment of the body.

Similarly, in a short story, “Zohr Ke Shud,” (“At Noon”) published in 1969, Gholām-Hossein Sa’di describes the ulcer-induced nausea of a teacher in an Iranian school.<sup>46</sup> Sa’di’s stories from this period focus on the alienated bureaucrat or professional, a class that began to grow with Reza Sha’s rapid modernization in the 1930s through his son Mohammad Reza’s reforms in the 1950s and 60s. The figure of the teacher was particularly important in Iranian literature as a figure caught between the task of public service and the ideals of enlightened progress. But both service and progress were governmentally controlled through the centralized administration of all sectors of Iranian society by an autocratic leader and his state apparatus. No surprise then that this teacher, Mr. Erfāni, suffers from a nervous condition. He has a stomach ulcer, a physical condition presented realistically in the story, including a disquisition on how ailments of the stomach are so much worse, in terms of the patient’s pain and discomfort, than any other illness.<sup>47</sup> It is something even more troubling than cancer or heart disease, according to the narrator. The story follows a morning in Erfāni’s life, whose name implies mystical gnosis. Almost plotless, the story climaxes with a purging conclusion: Erfāni, like Amīr Ali in Taraghi’s story, vomits a pool of congealed blood in the story’s final paragraph.<sup>48</sup> Though not much detail is offered as to Erfāni’s life outside the classroom, his day is filled with tension, and, especially, a contrast with a nameless character whom he witnesses devouring his lunch—a commentary perhaps on Iran’s class stratification, between those who feast and those who cannot even digest, cannot stomach the nation’s status quo.

Over forty years later, Shiva Arastuyī’s novel *Afyūn* (*Opium*) enters

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<sup>46</sup>Gholām-Hossein Sa’di, “Zohr ke Shod,” in *Shabneshīnī Bāshekoh* (Tehran: Negah, 1386/2007), 62-71.

<sup>47</sup>Sa’di, “Zohr ke Shod,” 65.

<sup>48</sup>Sa’di, “Zohr ke Shod,” 70-71.

the clinical space of the asylum drawing as much, perhaps, on Ken Kesey as on M.A. Jamalzadeh's *Dār-ul Majānīn*. Most importantly, Arastuyī echoes Farrokhzad's representation of institutionalized inmates, suggesting that all Iranians live under a form of governmentality that not only diagnoses them, but provides various kinds of treatment that are worse than the disease.<sup>49</sup> Arastuyī tragi-comically satirizes the whole notion of existential sickness, and thereby disentangles the metaphor from its most familiar discursive political meanings in Iran. For example, the title of her short story "Tīfusī" refers to the short haircut the protagonist asks for upon her return to Tehran from vacationing in Spain. Calling her short haircut a "typhoid" hairstyle taps into a national cultural memory of epidemic.<sup>50</sup> At the same time, it reduces that traumatic memory typhoid infection into its sign. In a sense, Arastuyī points to the metaphoricity of illness, alerting her readers to the ways in which we get entangled in metaphors. Arastuyī draws attention to the metaphor *as* metaphor and critiques it as misleading rather than unselfconsciously using it to signify infection, mutation, or impurity.

Even more recently, this deconstructive use of the illness metaphor appears in one of Iran's most interesting, though short-lived, web magazines—*TehranAvenue.com*. In response to the protests June 2009, one member of the team of writers at *TehranAvenue* offered a "Prescription for an Incurable Disease." This was mere days after the election results were announced and people had just started demonstrating in the streets. The author of this piece, Bahman Marandi, offered what I would call a tongue-in-cheek diagnosis and prescription:

If you are a Tehran resident, blighted by insomnia and lack of appetite; if you suffer from chronic headaches; if you lose control of your nerves at the slightest suggestion or if you have any other symptoms of an incurable disease; I will tell you about an effective cure. It is neither a pain reliever nor a mind-altering chemical

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<sup>49</sup>Shiva Arastuyī, *Afīyun* (Frankfurt: Alborz, 2006).

<sup>50</sup>Shiva Arastuyī. "Tīfusī," in *Man Dokhtar Nistam* (Tehran: Ghatreh, 2005), 29-40.

nor a natural drug. It is not Yoga, Zen, or an escape into wilderness. Your cure is found on the streets of Tehran. Healing sessions start in the afternoon and end at sundown. I have no idea how long the healing process will take. It could be several weeks or years. What's important is to keep with [the] discipline and not give up until all signs of pain have gone. You should know that this remedy depends on the number of participants in the sessions. In other words, the more people participate, the faster healing will takeplace.<sup>51</sup>

By using the metaphor of illness, Marandi enters into a struggle over the meaning of metaphor. This clearly self-conscious use of the trope pays homage to the recurrence of the image in Iranian literature, but also plainly uses the figure ironically, sarcastically reducing a political crisis to a nervous condition.

Not surprisingly, Iran's leaders used this metaphor, too. In a classically (anti-)colonial valence, Ayatollah Khamenei likened the 2009 election protests to a microbial infection. In a speech delivered at Qom on 19 October 2010, Khamenei argued that the events functioned, in fact, as a kind of inoculation against sedition. On Khamenei's official website, the transcript of his speech appeared in English translation, and was quoted extensively in the American press, including the following line: "The fitna of the year 1388 [2009] vaccinated the country. It equipped the people with the means to fight against the political and social microbes that could have been effective. It increased the insight of the people."<sup>52</sup> Clearly, this metaphor has had some staying power in Iranian political discourse, and it has been central to discursive struggles over representation.

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<sup>51</sup>Behnam Marandi, "Prescription for an Incurable Disease," *Tehran Avenue*, <http://tehranavenue.com/article.php?id=883>, 18 June 2009.

<sup>52</sup>Sayyid Ali Hosseini Khamenei, "Leader's Speech on His Arrival in Qom," <http://english.khamenei.ir/news/1369/Leader-s-Speech-on-His-Arrival-in-Qom>, 19 October, 2010.

## Conclusion

Artists and writers continue to deconstruct the illness metaphor, challenge it, and re-visioning it through transgressive forms of expression. By way of conclusion, I point to one last example: Babak Anvari's genre-bending "horror" film, *Under the Shadow*.<sup>53</sup> In this movie, a young girl is infected by *jinn*—by a morbid wind, a miasma. Her fever coincides with both a familial crisis—the husband's absence as a doctor at the front and the mother's resentment that she could not become a doctor because of her political activism and gender—and a national crisis: the war itself. Much like Bahram Beyzai's war film, *Bāshu*, *Under the Shadow* suggests that one of the consequences of war was the breakdown of social spaces that separated different classes and ethnic groups within Iran.<sup>54</sup> While in *Bāshu* this took the form of an ethnically Arab boy displaced by bombing from the Buhshehr Province to the Northern Gilan Province, in *Under the Shadow* this crossing of ethnic and class boundaries takes the form of the Southern and ethnically Arab family moving into the Tehran apartment building where our young protagonist's middle-class family lives. The young boy from the displaced family brings the pre-modern diagnosis of possession to the attention of the protagonist's mother, and it is around this traditional diagnosis that much of the conflict in the film occurs. This is precisely the kind of competing epistemes that Shāyegān outlines in his critique of Foucault. However, it is clear that Sarup's interpretation of Foucault as identifying literary (and in this case, filmic) discourse as transgressive, heterotopic, and potentially critical of the dominant episteme can be applied to good effect. Ultimately, the film challenges a medicalizing metaphor by depicting competing metaphors—traditional and modern—and by showing the ways in which the bodies, careers, lives, and families of men and women are affected differently by processes of professionalization, family roles, and social thresholds. The horror in this film is both the war, as well as the war within, the battles over identity, representation, and agency.

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<sup>53</sup>*Under the Shadow*, directed by Babak Anvari (2016; UK: Wigwam Films), Film.

<sup>54</sup>*Bashu: The Little Stranger*, directed by Bahram Beizayi (1989; Tehran: Sourehcinema), Film.