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A political behavior postmortem

THE SHAH'S ILLNESS AND THE FALL OF IRAN



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The failure of the U.S. intelligence community to predict the fall of the Shah of Iran has led to a major retrospective examination of the intelligence process and an increased emphasis on improving the quality of political analysis. Certainly a significant contribution to the difficulties in estimating the Shah's inability to stem the tide of revolution in his country was an insufficient appreciation of the political power of the revivalist Shiite movement. Yet many believed that had the Shah exerted more forceful leadership the outcome might have been different, and Shah-watchers have been puzzled by some of the uncharacteristic behavior demonstrated by the Shah in recent years. The belated revelation that the Shah has been suffering from a potentially fatal malignant disease of the lymphatic system since 1973 suggests making use of the retrospectroscope* to consider the impact of grave illness on the Shah's political behavior.

Individuals facing death often experience an increasing urgency to accomplish their goals. This psychological reaction is vividly described by Montaigne:

Especially at this moment, when I perceive that my life is so brief in time, I try to increase it in weight; I try to arrest the speed of its flight by the speed with which I grasp it, and to compensate for the haste of its ebb by my vigor in using it. The shorter my possession of life, the deeper and fuller I must make it.

For world leaders, this may translate into an increased urgency to ensure their place in history. We have observed in an earlier issue of this journal that Mao Tse-tung's perception that his time was short may have contributed to the precipitous pace of the Cultural Revolution in China.

With the wisdom of hindsight, it is suggested that the rapid pace of the Shah's modernization may have been influenced by the specter of death. Indeed, on a number of occasions in recent years, he would share with interviewers his dream of completing his mission and turning a stable Iran over to his son in the near future, and he devoted increasing attention to preparing his son to succeed him. We now know that by 1973 he knew his time was short. According to the definitive medical report [redacted] his illness was first diagnosed in 1973. That year was notable in terms of both Iran and the international economy, for it was in 1973 that the Shah and Qadhafi broke ranks with the other oil-producing nations, initiating the spiraling increase in oil prices.

Although the Shah was engaged in an expensive and longstanding modernization program for his country, the markedly increased influx of funds from these boosted oil

* The retrospectroscope is a medical diagnostic instrument of unerring accuracy, which, unfortunately, can only be aimed backwards.

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prices provided a quantum leap in revenues for which the Iranian economy was scarcely prepared. Indeed, a major criticism of the Shah has revolved around the pace of modernization-that in his zeal to bring Iran into the 20th century he had not paid sufficient attention to developing a sound infrastructure, with resultant major dislocations in the societal structure and runaway inflation.

It is ironic that in trying to improve the lot of his people rapidly, the Shah magnified their discontent, for he created a rising tide of expectations, especially in the urban lower and middle classes, which could not be met and ultimately contributed to his downfall. Moreover, previously the Shah had carefully monitored entrance into the elite, but with the massive influx of funds he lost control of this process. The conspicuous consumption of the newly affluent elite magnified the frustrations of the traditionally conservative bourgeoisie and lower classes. This widespread frustration, in combination with massive social dislocation, provided the ideal climate for a revivalist movement, with the Shiite clergy as the rallying point.

During these years, the Shah's grandiosity expanded exponentially: his demands for advanced weapons systems were insatiable, and his dreams for the future power and magnificence of Iran reached heroic proportions. Grandiosity was surely a strong personality feature before 1973. One need only recollect and contemplate the lavish celebration of the 25th centenary of the Persian Empire at Persepolis in 1971. But in considering the heady days from 1973 on and the Shah's expansiveness, it is important to observe that one of the ways of dealing with impending death is to deny depression, overcompensating with euphoric grandiosity.

The course of this lymphatic disease is highly variable. There may be continuing problems, requiring continuing chemotherapy, or significant periods of remission. Both the disease itself and the powerful cancer chemotherapy agents can be extremely debilitating, sapping physical and emotional reserves. And, of course, the psychological problems of dealing with such a disease and its potentially fatal outcome are profound.

As the troubles in Iran mounted, most Shah-watchers felt, as in the past, that he would "tough it out," that he would choose "the iron fist" option if he needed to, as he had in the past. But there was progressive concern over his moodiness and dispirited reactions, and the observation was shared widely that he was suffering from a "failure of will." Certainly the massive protests against his government were reason enough to be depressed. But as he was forcibly confronted with the power of the revolutionary forces he had unleashed, the mortally ill Shah was brought up hard against the reality that in the short time left, he would not be able to accomplish his "mission for (his) people." Having sown the seeds of a too rapid modernization, he had reaped the whirlwind of revolution. If part of the function of grandiosity was to defend against depression, then this defense was

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dysfunctional in his decisionmaking. Thus, it may well be that the different quality in the leadership he displayed during Iran's final crisis stemmed from his being able to give only part of his energy to fighting for Iran's life, since he was fighting for his own.

Without overstating the case, it seems clear that had we known the Shah was suffering from cancer of the lymph nodes since 1973, our government's judgments as to his ability to deal with the revolutionary forces that swept through Iran would probably have been quite different. Serious doubts would likely have replaced the guarded optimism concerning the Shah's ability to weather the storm.

What would the policy consequences of such revised intelligence estimates have been? It is hard to say, but it does not seem unreasonable to suggest that some would have more forcefully advocated an earlier accommodation with the Shah's opponents, perhaps forestalling the events which brought about the eventual seizure of the U.S. Embassy.



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