

Behrouzan, Orkideh, *Prozak Diaries: Psychiatry and Generational Memory in Iran*, Stanford, CA: Stanford University Press, 2016, 328 pages.

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Anthropology has a long history of critically engaging with questions of mental disorder in its socio-cultural contextualisation. In spite of the fertile debates stimulated by anthropological contributions to psychiatric theory and practice, communication between social anthropologists and their more biomedically oriented counterparts within psychiatry is still all-too-frequently inhibited by diverging perspectives on the precise role that culture plays in everyday clinical realities. In-depth ethnographic accounts continue to add crucial pieces of knowledge to a more transdisciplinary framework investigating the “extraordinary conditions” (Jenkins 2015) that, in their manifold cultural contexts, become associated with mental illness by providing sound qualitative analyses of the interplay between psychiatric institutions, social lifeworlds and narratives of distress.

This is what Orkideh Behrouzan accomplishes in her ethnography *Prozak Diaries: Psychiatry and Generational Memory in Iran*. Writing as a medical anthropologist, physician and blogger, her investigation transcends the realms of psychiatric classification, personal experience and social discourse in contemporary Iran with remarkable ease. Focusing in on the far-reaching transformations of psychiatric representations, as well as social discourses on depression, attention deficit hyperactivity disorder (ADHD) and post-traumatic stress disorder (PTSD) since the 1990s, Behrouzan outlines the historic formation of psychiatry in her Persian setting and its impact on everyday narratives of emotional distress, generational memory and the medicalisation of the troubled mind. She traces the Iranian “psychiatric turn” back to tangible socio-historical processes and events, emphasising the continued importance of the Iran-Iraq war (1980–88) in the collective memory of the *daheh-ye shasti-hā* – the 1980s generation. Her rich ethnographic material includes data gathered in clinical as well as non-clinical interview settings derived from discourse analyses and social media blogs and observed in a wide range of physical and virtual field sites between 2005 and 2010. It provides a sound base for her argument that analyses the medicalisation of mood disorders in Iran, not primarily in terms of national and/or global mechanisms of health politics or pharmaceutical commodification. Rather, she contends, psychiatric language, its semantic potential and its associated therapeutic approaches (such as pharmacotherapy) supply her Iranian counterparts with ways of making sense of their own situations – and of the state of society as a whole – which are, in fact, experienced as more empowering than victimising, more humanising than desocialising.

Accordingly, her analysis focuses on Iranian discourses of shared memories and their role in the interpretation of personal, as well as collective, distress. From the perspective of one of her interlocutors in Tehran, “Everyone is *depress*. It’s as if someone had splashed *gard-e marg* [i.e., the ‘dust of death’] on the city” (92). Using psychiatric language as an idiom that historicises distress by referencing specific moments in the past, the Iranian concept of *depresshen* that emerges from these

narratives shows important divergences from the universalising frameworks of psychiatric classification and makes space for the politically charged articulation of social ruptures – the concept Behrouzan prefers over the more universalistically connoted term *trauma*. Accordingly, the Iranian narratives on depression, PTSD and ADHD that she delineates end up being remarkably distinct from the North American discourses and their strongly individualistic reflection of the “weary self” (Ehrenberg 2010). Having established this specific social contextualisation of distress in Iran, Behrouzan easily demonstrates how medicalisation and over-prescription present themselves in a different light than Canadian ethnographies, for example, might suggest, leading one of Behrouzan’s interviewees to argue that “*Prozāk* [the generic term used for antidepressants] helped me with my *depresshen* ... Don’t you take antibiotics for an infection? It’s the same thing; *depresshen* has its own medication” (91).

Drawing inspiration from Veena Das’s work on language and subjectivity, Behrouzan’s analysis traces the social lives of local concepts such as *depresshen* in order to disentangle the various levels of meaning associated with psychiatric terminologies and their situated transformative existence. From the beginning, her work impresses through a style of writing that deliberately eschews an authoritative voice for the benefit of the many narratives shared by her interlocutors. While significant parts of her ethnographic data stem from interviews with young, urban and educated Tehrani counterparts, Behrouzan offers clear illustrations for the mainstreaming of Iranian discourses on psychiatry and medicalisation across social strata by giving particular attention to its representation in print media, TV and radio shows, and *Weblogestān* – the Iranian blogosphere.

Throughout Behrouzan’s well-theorised and multi-faceted argument, her book maintains a compellingly consistent and logical internal structure. Each chapter is prefaced with a short ethnographic vignette illustrating the issue under investigation. The two initial chapters outline the contemporary transformations in the medicalisation of distress against the backdrop of a detailed overview of the history of psychiatry in Iran. Highlighting the continued interaction of local psychiatry with its broader cultural context – such as Zoroastrian, Shi’ite and mystic traditions – these chapters follow the changing theoretical and practical trajectories of psychiatric institutions, using Ruzbeh Hospital in Tehran as an ethnographic anchor. After that, the focus of the book moves on to present a number of different settings – public education, TV and radio media, statistical data, health policy and medication marketing – in order to exemplify the specific discourses of psychiatry they engender. Chapter 4 returns to the issue of language and “*depresshen* talk” for the sake of providing a deeper analysis of psychiatric subjectivities – and of the patient as an active and creative participant in the medicalisation process, who appropriates *depresshen* as a “cultural resource” rather than enduring it as a stigmatising label.

The subsequent chapter examines generational blogs, the aforementioned *Weblogestān*, visual art and narratives of dream experiences as culturally relevant spaces for remembering and sense making before moving on, in Chapter 6, to local discourses on ADHD. Here, the analysis focuses on issues such as *kudak-e bish-fa’āl*, “the ADHD child” (163), PTSD, and changing conceptions of morality in the context of emotional distress and personal functioning within predefined social roles and conceptualisations of self. Juxtaposing Tanya Luhrmann’s (2000)

phrase of the “two minds” and the ambivalence in the practices and perceptions of psychiatry in the United States, in her final chapter, Behrouzan addresses the “many minds” of psychiatry evident in her own case, again highlighting the Iranian psychiatric discourse’s potential for providing an authoritative rationale for cultural critique that allows for the renegotiation of social moralities and personal responsibilities. An introduction as well as a conclusion bookend the chapters outlined here, while an extensive body of endnotes offers additional contributions to the discussions raised. Many of these notes indeed make for very instructive further reading, which might have warranted inclusion in the main body of the text.

A book review typically includes some mention of the shortcomings of the book in question, yet in this case, such an exercise would be forced. It seems much more constructive to acknowledge the book’s accomplishment in providing a theoretically nuanced and ethnographically dense account that brings out the ambiguities, convergences and departures between psychiatry as an allegedly uniform authoritative system of knowledge and psychiatry as a set of concepts, practices and modes that are subject to local evaluation, negotiation and re-contextualisation. Behrouzan’s subtle and sophisticated critique of the opposing trends within Iranian psychiatry redirects the discussion into the already existing channels of communication between neuropsychiatric, psychodynamic and anthropological approaches. Her book should prove very suitable reading for academic teaching across a wide range of university disciplines – not least of all social anthropology – and will make for fascinating and inspiring literature for any interested reader with a moderate degree of specialist knowledge in navigating the borderlands between psychiatry and social anthropology.

References

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Ghannam, Farha, *Live and Die Like a Man: Gender Dynamics in Urban Egypt*, Palo Alto, CA: Stanford University Press, 2013, 240 pages.

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Farha Ghannam’s *Live and Die Like a Man: Gender Dynamics in Urban Egypt* gives a nuanced analysis of the different phases of the constitution of masculinity (or *rugwula* in Arabic) in Al-Zawiya, a working-class neighbourhood of Cairo. The five chapters follow several men at different stages of their lives from 1993 to 2012. The book covers childhood, youth and adolescence before marriage; maturity through marriage and the founding of a family; retirement and old age; and death. The focus is on

masculinity in these contexts through mobility in public spaces, maintenance of hierarchies, forms of violence and gender relations in a broader and dynamic sense, as well as the male body in a labour market without social security.

The motivation for this book is to fill a gap: most studies on masculinity in the Middle East are not focused on gender but on relationships of domination. Ghannam notes that “hardly any studies tell us about how Middle Eastern men ... negotiate different social expectations that have to define their bodies and masculine selves” (11). The author criticises unidimensional and stigmatising aspects of previous studies on masculinity. Masculinity is not a static category but rather a process of being that is always in progress, framed, solicited and monitored by both men and women, always according to local culture, meanings and values. The book reads masculinity as a process and as a constant materialisation of important values, according to the system of informal meanings in specific contexts during the life course of a man. Theoretically, the book draws Williams James’s theory of meaning. At the same time, masculinity is always related to women, which thus underlines the complexity of masculinity (*rugwula*) in the Middle East. Ghannam argues that *rugwula* is a profoundly multi-dimensional, contextual and contingent process, rather than merely something linked to sexual performance.

The book draws a rich portrait of real people who grow up, evolve, deal with adversity, fall in love, get sick and die after having, somehow, achieved their masculinity. There is Ahmed, a child raised by his mother after the early death of his father in Saudi Arabia. Ahmed’s mother does everything to make him act and behave like a good boy – a boy who does not cry, who controls his whims and who does not let himself be dominated by others. Her goal is that Ahmed not receive the humiliating title of “raised by a woman.” Samer is a 40-year-old man who married later than his peers, and who is perceived as a “*gad’a*,” one who uses physical strength for a good cause. This is the typical model of a man who counts on his physical strength to earn a living, assert himself and realise his masculinity. Zaki is a young man of about 20 years of age, closely supervised by his mother, his sisters and his fiancée to attain an important stage in the achievement of masculinity: marriage and the founding of a family.

The book highlights a number of key themes under this system of masculinity, including violence and its modes of articulation, which Ghannam approaches in two distinct ways. The first aspect of violence is *gad’ana*, which is considered positive and is supposed to be performed to assert one’s masculine identity and establish hierarchies among peers and between women and men, as in between brothers and sisters or husbands and wives. The second aspect of masculinity is *baltaga*, which refers to gratuitous violence performed outside the structures of meaning and is perceived as useless. The author highlights the presence of both aspects of violence during the 2011 revolution in Egypt: the protection of women, neighbourhoods and relatives during the chaos caused by the absence of police (*gad’ana*) versus the harassment of women and the brutality of police (and others) against protesters (*baltaga*).

The last chapter deals with the perception of disease and death, and the making of memories of the deceased. Ghannam discusses death and its significance according to this system of local meanings by evoking two deaths in Al-Zawiy. The first is that of a young father who died in Saudi Arabia, whose death