Chapter 1

Hysteria is dead, long live hysteria

Hysteria has gone the way of the dodo. Vanished from our society, the illness has been consigned to the landfill of Western history. It happened in the 1980s, when hysteria was deleted from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), the diagnostic and statistical manual of psychiatric disorders used by psychologists and doctors worldwide to diagnose psychiatric conditions. The entry 'hysterical personality', for example, has been replaced by 'histrionic personality'. In editions following the third (DSM-III, from 1980), hysteria appears only residually within smaller groups of everyday conditions such as psychosis, personality disorders, conversion and dissociation. It is difficult to determine with hindsight why hysteria was removed from the DSM, though it seems that there was no consensus in the medical world on how to define the condition. Should it be described as pain in certain parts of the body for which no clear cause can be found, or as an aetiological process, linked with the patient's subconscious? What we do know, is that the disappearance of hysteria has something to do with the – originally American – DSM's anti-psychoanalytical stance, and the strongly diminished popularity of Sigmund Freud's work, which revolved to an important degree around hysteria. This is reflected by the fact that Freud's work is no longer required reading at universities, and his theories are hardly ever applied in practice anymore. Many no longer even consider Freud a scientist, but see in him an exposed charlatan and fantasist.[1] A persistent rumour has it that the editors of the DSM at the University of Washington even put up a photograph of the maligned Freud above the urinals in the men's room. The only places Freud's psychoanalysis is still alive and kicking are popular culture and the literary world.

We also know that hysteria's fall from grace in the medical world coincided with the rise of evidence-based thinking. This school of thought, which emerged in the early 1980s, has strong reservations about psychoanalysis's non-testable axioms and the dubious validity of its diagnostic methods. Instead, it leans strongly towards applications with well-defined and limited objectives whose efficacy have been unequivocally proven. Scientific proof has replaced the expertise of physicians, based on the premise that if something cannot be

measured, it does not exist. In addition, psychoanalysis was surpassed in popularity by cognitive behavioural therapy in the 1980s, a method that concentrates not on where negative feelings like anger and frustration come from, but on how to deal with them. It is based on the idea that every situation is processed cognitively, and that this process determines our behaviour and emotions. This means that the way you perceive things has an important influence on your behavioural patterns. Learning to control your emotions and to interpret events differently gives you a more objective view of your own perceptions, which allows you to eliminate unpleasant feelings and change your behaviour for the better.

In line with the celebrated evidenced-based thinking, and in stark contrast with the negative image of psychoanalysis, cognitive behavioural therapy was thought to be firmly scientifically grounded in empirically verified procedures. What's more, cognitive behavioural therapy had the important advantage of being substantially cheaper and more efficient than psychoanalysis. While psychoanalysis relies on providing a patient with time and space to say everything that is on their mind during a lengthy course of therapy, cognitive behavioural therapy is a short-term treatment, consisting of between 10 and 20 sessions on average. By comparison, psychoanalysis requires weekly sessions on the therapist's couch, exploring the deeper layers of the patient's subconscious, for a period of between three and five years. The time and cost involved in this treatment make it the preserve of the upper classes, as an average course of psychoanalysis costs €12,500 annually – and that for a minimum of three years.

All this gives the impression that hysteria became extinct at the end of the 20th century. In his book *Histoire de l'hystérie* from 1986, the French medical historian Étienne Trillat writes that 'there can be no doubt that hysteria is dead […], and that it has taken its secrets to the grave with it'.[2] At least, so it seems – but looks can be deceiving. You only have to turn on the television or go online to recognise Western culture's most basic ingredient: hysteria is everywhere. Whether in the worldwide run on toilet paper amid the coronavirus crisis, the discussion about Black Pete reaching its annual fever pitch in the Netherlands, the madness of the wildly fluctuating housing market, or the heated debates about climate change, hysteria dominates the world stage. It pops up so frequently that hardly a day goes by on which it does not make an appearance. Be it in the papers, on television, in everyday conversations or in politics, the image of citizens and politicians displaying over-the-top emotional reactions is sure to grab the public's attention. The striking thing about this is that hysteria is not limited to a small group of people, on the contrary; large groups in particular seem increasingly to fall prey to it. We become hysterical because so many others are hysterical. This is not so much the result of time and place, but of a collective contamination through social networks – an observation that goes back to the work of the 19th-century French sociologist Gabriel Tarde on how the invention of the printing press and the telegraph brought people closer together.[3] Facebook and Twitter, platforms on which

hysteria spreads like an infectious disease, clearly show how this collective contagion works. It is even arguable that hysteria is an inherent part of Twitter. In the often overheated discussions on the platform, Twitter hooligans foist themselves on each other, bandying about tweets full of the necessary capital letters, exclamation marks and moving GIFs, supplemented with the famous crying smileys and laughing turds.

Hysteria may have been scrapped from the DSM, but it is more widespread than ever in daily life. The frenzied tenor of our society becomes especially noticeable in our handling of such subjects as security, health, identity, immigration and wealth. Despite their apparent differences, these subjects have in common that they all display hysterical traits. Not because they are hysterical in themselves, but in the sense that they are in some strange way permeated with hysterical characteristics. At the risk of generalising, security policies can be seen as an example of our habitually overwrought reaction to the levels of crime and disorder around us. Despite living in the safest society in history, many people believe it is less safe than ever before. Opening a random newspaper, you will find the daily headlines are dominated by crime and disorder, creating an atmosphere of constant panic. Alternately, ask any minister for their opinion on their country's safety, and they will tell you all about how unsafe it is and that unless heavier sentences and more stringent measures are implemented, criminals will be given 'free rein'. Western countries are thought to be plagued by crime, with robberies and burglaries being the order of the day. As a result of this, we have been flooded by a veritable tsunami of new laws and measures to fight crime and disorder in recent years. This liquid policy – to paraphrase Zygmunt Bauman – is in fact nothing short of a Sisyphean task. Not a week goes by without the Ministry of Justice coming up with yet another measure to tackle the country's security issues; it is hard to keep track.

All of this stands in stark contrast to the fact that crime rates in Western countries have fallen spectacularly for years. In the Netherlands, for instance, registered and victim-reported crime has dropped by about 30% since 2002, and the number of registered offences is at its lowest point in almost forty years. This applies to almost all types of offences, ranging from car theft to burglary and from robberies to vandalism, while the number of homicides has more than halved in the past decade. This is not only true for the Netherlands, the same pattern can be discerned in other European countries and the United States. In other words, the punitive populism that is pushing ever more stringent security policies is completely out of kilter with the actual improvements in safety and security. This raises the question why more and more money is spent on surveillance measures based on the presumption that people cannot be trusted, such as CCTV cameras and zero tolerance, which are not only expensive but actually very ineffective. There is no debate about this.

To put the same problem another way: objectively speaking, life has never been better, but that is not how we perceive it. In a country that has never been wealthier, many people worry excessively about the future. This is

remarkable, given that Western countries are among the richest in the world. Nor is it a recent development – Norway, Luxembourg, Ireland and the Netherlands have been close to the top of the world's wealthiest countries for a long time, and not only in terms of hard finances and narrow prosperity; as the economy expands and people's spending power increases, prosperity grows wider. Almost all social indicators such as our life expectancy, level of education, employment rate, and trust in other people are positive, but the average citizen's gut feeling ignores these reassuring statistics. Put bluntly, people simply don't buy it. They do not believe things are getting any better at all, and view good news with suspicion. Statistics are just figures, and hysteria has no respect whatsoever for facts. Fake news, or, as David Byrne puts it in the song 'Crosseyed and Painless': 'Facts just twist the truth around.' Citizens distrust government statistics, which they believe show biased results. An often-heard mantra is 'They can't fool me.' A large part of the population have serious concerns about society going downhill, talking about the hooliganisation of society and the decline of community spirit. They project their worries onto groups and institutions coming from 'abroad' that don't 'belong' into our habitat: immigrants, Muslims and the European Union have all come under fire.

In many respects, humanity is doing better all the time, yet this is not our perception. There is a gaping chasm between the figures and statistics on the population's happiness and well-being on the one hand, and the alarmist tone in which the Apocalypse is announced on the other. This raises the question how today's hysteria should be understood. In daily life, the term hysteria generally has negative connotations. It refers to a state of mind of someone who has lost their senses, is displaying extreme behaviour and refuses to see reason. You could also say that hysteria and reason do not go well together. The term has pejorative connotations and is usually used to refer to a person's overwrought personality. This theatrical trait of hysteria is the first thing most people will answer if asked to describe a hysterical person. A hysteric is someone with high spirits, frequent mood swings and a very quick temper – the kind of people who are always told not to 'be hysterical'. Women often bear the brunt of this, being far more likely than men to be accused of hysteria: while a silent man is considered deep, an outspoken woman is hysterical. The history of the disease teaches that young or unstable women, widows and women with an overly strong and insufficiently satisfied sex drive are thought to be especially prone to hysteria.

Like no other philosopher before him, Michel Foucault has shown that Western history has its own unique diseases. In *History of Madness*, published in 1961 as *Folie et déraison*, he distinguishes between three historical periods, each marked by its own inner logic and standards of truth-seeking: the Renaissance, the Classical age, and modernity. In *Histoire de la folie à l'âge classique*, Foucault describes how madness was perceived in the Renaissance and in the 17th and 18th centuries, which he calls *l'âge classique*, interpreting this perception as the effect of a discourse which gives coherence and meaning to the way of

thinking and acting in such a historical period. The French word *folie* can mean 'madness' as well as 'foolishness'. In the Renaissance, when the two meanings were closely related, madness was considered simply a part of life, an inherent part of society, which was connected to the metaphysical, magical world. The tragic aspect of madness was based on its ever-presence in the guise of countless frightening and fascinating creatures, as Hieronymus Bosch depicted magnificently in his apocalyptic drawings and paintings, culminating in *The Garden of Earthly Delights* from 1480–1490. Another representation of *folie* can be found in *Dulle Griet* by Peter Bruegel the Elder, in which it is depicted as madness. The Rijksmuseum in Amsterdam and the National Gallery in London are full of mid-17th-century engravings that show people suffering from some form of madness.

In the Classical age, the period following the Renaissance, a completely different view on madness gained ground. Madness evolved from something intangible into a *maladie mentale*, a medical syndrome. Foucault calls this an analytical or more critical approach, in which madness is viewed as a purely medical phenomenon that refers to nothing but itself. One important explanation for the emergence of this analytical approach is that it was the first time in history that humans formulated a rational discourse of themselves as a subject of knowledge. People came to view themselves as rational, calculating citizens. An example of this is Descartes' insight that as long as we think rationally, we cannot be insane, which prompted Foucault to write that the Cartesian step towards doubt is an attempt to ward off insanity. Madness turned into the denial of reason and assumed the value of irrationality. You could also say that madness and reason were no longer engaging in a meaningful dialogue. Isolated and kept at a safe distance, it was placed outside of the prevailing morals of the day, where it no longer posed a threat to reason. Madness was silenced by what Foucault called 'the big lock-up', in which anyone who was strange or different was locked away in workhouses, hospitals, detention centres, prisons, mental institutions and halfway houses – the so-called *hôpitaux généraux*. In this way, both crime and madness were banished from society by treating them behind closed doors.

In a development closely associated with the banishment of madness, a medical outlook emerged which differentiated between various forms of insanity, including melancholy, hypochondria and hysteria. This new perspective, in which hysteria was entered in a moral-medical model and increasingly referred to in medical terms, was characterised by a rejection of classificatory knowledge. The relationships within this classic form of knowledge are structured like the family tree of a large family: a symptom is assigned to an illness, an illness to a species group and a species group to the greater pathological framework. Each classification comes with its specific treatment that gave the physician precise instructions on what to do. This universal method of treatment was thought to solve all of the patients' problems. In *The Birth of the Clinic*, Foucault writes about a hysterical woman being treated for ten months with daily baths that lasted between ten and twelve hours. In the course of the 18th century, classificatory

rule, which dominated medical theory and practice, was gradually replaced by the more positive, empirical knowledge of anatomical medicine. During this revolution in medical thinking, which according to Foucault took place between 1780 and 1820, hysteria broke away from the metaphysics of evil as well as from Satan and the demons with which it had been associated until that time.

This new medical approach made structural deviations in individual cases of hysteria possible for the first time. Naturally, patients suffering from the condition still showed countless similarities, but the essence of the illness now lay in its localisability, in the possibility of pinpointing its exact location in the body. But while the seat of the illness could now be determined in every patient individually, this required looking at the bigger picture: the patient's own history, his or her personality, information about their life, environment, family, and much more. This was part of a wider trend in medical thinking, which no longer aimed to fit all conditions into one table in an unambiguous system listing the conditions' characteristics as well as possible interventions. Physicians now saw their patients, in the literal sense, as people with individual pathological histories which needed to be unravelled before their hysteria could be treated effectively. The closed structures of classificatory knowledge were replaced by series of boundless, endless tables. Foucault writes:

> What now constituted the unity of the medical gaze was not the circle of knowledge in which it was achieved but that open, infinite, moving totality, ceaselessly displaced and enriched by time, whose course it began but would never be able to stop.[4]

The reversal of the medical discourse was rounded off by the way in which patients were allowed to express themselves in the psychiatrist's office of Sigmund Freud. Using free association, the technique that succeeded hypnosis, Freud encouraged his patients to speak freely and spontaneously about anything that came into their heads, and to indicate which of their past experiences had had an emotional impact, however hard they may have found it.

While Freud, a self-declared admirer of author and physician Sir Arthur Conan Doyle and his *Adventures of Sherlock Holmes*, searched for his patients' deepest secrets like a private detective so as to let them relive their repressed memories, I will consider the problem of hysteria from a different angle. Instead of searching for the secret of hysteria, I want to find out why it continues to operate in our society. General practitioners are increasingly raising the alarm about the growing number of patients with complaints that are very similar to hysteria symptoms, often in combination with depression, ADHD, burnout and stress. All of these illnesses have of course always existed, but the number of adults who suffer from them has risen since the turn of the century. In fact, besides being one of the happiest countries on earth, the Netherlands is also in the top 10 of countries with the highest number of inhabitants suffering from depression. As many as one in five Dutch adults is affected by depressive

episodes every year, in many cases as a result of stress, and takes antidepressants. That makes roughly 550,000 Dutch people who suffer from unhappiness, while according to the World Health Organisation, depression affects over 300 million people worldwide.

Hysterical people can be irritating or fascinating, but leave hardly anyone indifferent. Despite our deep fascination with all aspects of hysteria, however, it is not so well known as not to need an introduction. In fact, its meaning is still unclear and controversial today. Hysteria has been an exceptionally vague concept throughout history, which has caused plenty of confusion, and even doubt about whether it has ever existed. The Belgian psychologist Paul Verhaeghe writes that 'no other phenomenon has triggered such a wide-ranging variety of theories'.[5] Medical and historical researchers, psychoanalyst and philosophers, religious and gender studies as well as painters, writers and film producers have all engaged with hysteria and tried to unravel its mysteries. From a historical perspective, we know hysteria from stories about cursed women possessed by the devil who were burnt at the stake as witches. From ancient Egyptian times until deep into the 18th century, hysteria was diagnosed as a convulsive disorder, and the womb cast as the villain of the piece. The thinking behind this was that hysteria was caused by the womb, which was believed to move freely throughout the body all the way into the head, emitting toxic fumes that led to hysteria. The condition has also been examined through a psychoanalytic lens, Freud's work being the most famous example. While many of his ideas have become irrelevant, such as his fixation on the Oedipus complex which is no longer taken seriously today, a theory of his that still resonates with us is that hysteria is caused by traumatic events that cannot be put into words and are expressed instead through bodily complaints. Feminist thinkers such as Hélène Cixous, Catherine Clément and Luce Irigaray, for example, have regarded hysteria as a female system of meaning outside official languages and cultural conventions. They consider hysterical symptoms to be a rebellion against the social and institutional order of our society, which restricts women especially in their freedom. 'What woman is not Dora?', Cixous asks in *The Newly-Born Woman* from 1986, referring to Freud's famous case history of the 18-year-old Dora, a persistent hysteria sufferer.

That is not to say, however, that it is absolutely necessary to read Freud's work to study hysteria. Hysterics come in all shapes and sizes. You get them in politics and in the sciences, and the arts and literature are also swarming with hysterical people. You find hysteria in the dysmorphic screaming figures of the Irish painter Francis Bacon, such as his portrait of Pope Innocent X. Gilles Deleuze describes the paintings as hysterical for the numerous characteristics of hysteria they depict, such as violent muscle spasms and cramps, and even claims there is a special relationship between hysteria and painting. In his 1981 study *Francis Bacon*, he writes about the 'hysterical essence of painting', by which he means the presence of sensations in painting that cannot be reduced to a representation, as this would automatically sideline them.[6] It almost goes

without saying that hysteria exerts an irresistible pull on literature as well. In his novella *Fanny* from 1879, the Dutch author Marcellus Emants portrays his wife as an extremely irritable and nervous woman suffering from frequent mood swings, while other literary examples featuring hysteria include Flaubert's *Madame Bovary* (1856), Tolstoy's *Anna Karenina* (1877) and Couperus's *Eline Vere* (1889). Hysteria has leading roles in Hollywood, too. We love movies that feature hysteria or characters with hysterical disorders, such as *A Dangerous Method* (2011), which examines the relationship between the psychiatrist Carl Jung and his mentally ill patient Sabina Spielrein. 'Do I really look like a guy with a plan?' cries the perpetually grinning Joker, played by Heath Ledger, in *The Dark Knight* (2008) by Christopher Nolan. His unique talent for disrupting the status quo ('You know, I just … do things') and his favourite weapon of a poison from which people die while laughing hysterically and are left with a Joker-like grin on their faces give the Joker an enduring appeal to our imaginations. In her eponymous book, Elaine Showalter calls these cultural narratives of hysteria 'hystories'.[7]

Plenty of reasons, it seems, to focus our attention on hysteria. So why has hysteria as a medical diagnosis been removed from the DSM? Does hysteria only affect women, or can men be hysterical too? What is the role of hysteria in such issues as security and immigration? How can people fall into such a delirium? What does hysteria tell us about our way of life? In short, what can hysteria mean to modern thought? In this book, I will try to answer the above questions and more. The answers can be found by searching for the psychological factors connected to hysteria. This is the classical approach, which considers hysteria a purely 'stand-alone' phenomenon that can be clinically and diagnostically analysed. A more modern approach focuses on biological factors such as genetic variations which make some people more prone to hysteria than others. While not wishing to detract from either approach, I have no intention of examining them in detail, as that would only heighten the mystery of hysteria; so many studies have already been published on both sides of the story that it would be impossible to do them justice. Besides, the psychological and biological factors displayed are different for every hysteric, and both factors can change in the course of a life. But even more importantly, I believe that a different approach can explain more about hysteria than explanations focused on a single factor or a combination of psychological and biological factors. For hysteria is also and above all a sociological issue. The problem of hysteria is sociologically relevant because it raises the question of why our lives, which seem to run so smoothly for many people, are nevertheless so hysterical.

I will therefore attempt to make a sociological analysis of hysteria in order to understand why this illness crops up so often and in such diverging fields, ranging from the issue of safety and security to the arrival of immigrants and asylum seekers. I will base my analysis on the broader meaning of the word 'hysteria', which emphasises the extraordinarily overwrought tone in which people express themselves on the one hand, and the conflicts about political and moral issues

that gave rise to it, such as security and immigration, on the other. In this view, hysteria serves as an organising concept that can help us understand our world and ourselves. In his main work *Difference and Repetition*, Deleuze describes this method as a combination of 'a very particular species of detective novel, in part a kind of science fiction'.[8] A private detective works in a strictly empirical fashion, by searching for clues to fathom the mysteries of hysteria. Just like a philosopher, the detective makes all kinds of connections during his search, trying to piece together an understanding of the illness before all the details have become clear. He consults experts in his quest to shed light on the disappearance of hysteria from the DSM, peruses witness reports on widespread outbreaks of hysteria in the media, subjects the medical murder weapon with which hysteria was killed to fresh scrutiny, and finally conducts an extensive crime scene investigation to find out whether the conflicts that cause hysteria have really disappeared. It is important to note that this method does not focus exclusively on reconstructing the past, in the way that Sherlock Holmes uncovers the absolute truth by scientifically tracking down and piecing together missing clues in Sir Arthur Conan Doyle's classic detective stories. The aim is, rather, to bring to light previously hidden relationships in our society. As a result, reality is reordered in a way that leads to the emergence of new connections, and to a redefinition of hysteria and the way it affects our society today more than ever.

This perspective, which allows us to view society and ourselves in a different light, is also the link with the science fiction genre. William Gibson, the author of the 1984 novel *Neuromancer*, which inspired the Matrix trilogy directed by Lana and Lilly Wachowski, describes science fiction as a way of pre-programming the present. Despite appearing to be ahead of the times, the genre primarily deals with the present, projecting issues that occupy us now onto the near future. This opens a window on another world, as it were, allowing us a much closer look at today's world and preparing us for times that are still to come. Thinking from a future perspective, we are able to shape our own future instead of constantly trying to keep up, which highlights just how relevant the future is to the present.[9] If we want to understand what hysteria is, we need to recognise that it constitutes an inherent part of our culture – not the sudden movements and speech impediments, the typical paralysis, nervous coughs and ticks of the hysterical person, but an analysis of wider developments in our society which enable hysteria to continue to function, and to do so in ever-changing fields and ever-changing guises. After all, if hysteria is an informative part of our society, society itself needs to be examined: why is it appearing at this moment, after these events, in this period?

A 'whodunit', in other words, laced with science fiction disguised as sociology. Not wanting to limit myself to an abstract quest for hysteria, however, I have tried also to delve deeper into the subject through other methods, and would like to conclude this introduction with a brief summary of them. One thing I have always found dissatisfying in the works of such philosophers as Michel Foucault and Gilles Deleuze is that they contain hardly any people of

flesh and blood. In his books on madness and the modern prison, Foucault refers to people, their emotions and feelings exclusively in abstract terms like 'the insane', 'psychiatric experts' and 'delinquents'. As a result, his analysis no longer bears any relation to the very people Foucault claims to be making a stand for: the detained and the insane. His interest in madness, for example, focuses mainly on its meaning as represented in texts on insanity of a certain period, such as medical writings or the works of philosophers, poets, writers and painters from the 17th and 18th centuries. As a result of this archaeological method, insanity becomes completely detached from the insane themselves, the people who actually live with hysteria and experience it on a daily basis. Foucault makes an artificial distinction between the living environment of the insane on the one hand and the way in which these people are represented in texts and writings on the other. This distinction does not do justice to the fact that in reality, the two worlds cannot be separated from one another – each world determines the form, content and meaning of the other. What is more, the lives of the 'insane' do not come to life merely from descriptions categorised under such lifeless terms as 'mentally ill' and 'imbecilic'. This means that while Foucault's analysis of hysteria may be correct from an ideal-typical perspective, it can be wide of the mark empirically.

For this reason, I have decided not to approach hysteria as an abstract social phenomenon, but to examine what makes the condition pop up in different locations time and again, and why people are gripped so quickly by the sudden excitement and excessive emotions it causes. A practice-based sociological research like this one does not start at the library, but on the street. One of the methods I have used is ethnographic research. Reasoning from hysteria also means experiencing first hand why emotions run so high among citizens when it comes to government policies and interventions in such concrete situations as improving the liveability of big cities, which is why I have spent two years doing research in the socially deprived Rotterdam neighbourhood Hillesluis, to observe up close where the residents' agitation comes from. In Hillesluis, I was a member of *Buurt Bestuurt* (Neighbourhood Takes Charge), a new initiative which gives residents a say in the development of council and police policies, and involves them in their implementation. It is based on the presumption that no one is better qualified to know what a neighbourhood needs to become 'clean, intact and safe' than its residents. During my two years as a member of this initiative, I interviewed the participants in the hope of gaining a better understanding of their anger and main frustrations about the liveability in their neighbourhood. But I also spoke with people on the street, I sat on benches in public squares, held surveys and visited social activities in Hillesluis in an effort to penetrate to the heart of this Rotterdam problem neighbourhood. This has allowed me to experience first-hand why the residents think that the liveability in their neighbourhood is so bad and why they believe the actions of council and police are seriously flawed and failing in their duty to the public.

In addition to chapters devoted to themes like liveability and security, I will also discuss the arrival of asylum seekers and immigrants, and examine the language of hysteria. Two subjects that stir up public opinion like no others, immigration and security, are often mentioned in the same breath, as if immigration implied a threat to security. August 1972 marked a significant date in the debate on immigration in the Netherlands, when the country's first race riots took place in the South Rotterdam Afrikaander neighbourhood. As a result of the riots, Rotterdam was one of the first Dutch municipalities to address the question of how we should handle the arrival of foreigners to our country. This presents a perfect opportunity for reflection, and for comparing the debate on the race riots with today's overwrought discussion on the admission and naturalisation of newcomers to Western countries. For the language used in such debates is anything but an innocent phenomenon. Apart from being a beautiful and powerful medium for describing reality, language is also a tool for shaping that reality, in that it can determine the view we take of a subject and lead our actions. While the immortal words of the French poet and critic Stéphane Mallarmé, 'to change language is to change the world', may be a slight exaggeration, they do contain a kernel of truth.

This book is organised as follows. Chapter 2 is a largely descriptive account of the thinking on the causes of hysteria throughout the ages by physicians, psychologists, philosophers and other scientists, ranging from Plato to Freud and everything in between. I have not attempted to give a comprehensive view of all philosophical, psychological and medical theories that exist on this subject. Instead, I will discuss a number of interpretations in the history of hysteria that have been at the forefront of our thinking about this disease, including a somatic, a paranormal and a psychological explanation. In Chapter 3, I will focus on hysterical attitudes to security, and show that it is closely linked to our inherent tendency to think of security in terms of war. If security is a story, it is one told in the language of warfare: 'war on drugs', 'war on terror', 'war on crime', 'war on corona'. In an analysis of Thomas Hobbes's work, I will show how his notion of a constant 'war of all against all' laid the foundation for our hysterical attitude towards the last remnants of danger left in our society today.

In my criticism of Hobbes's negative, almost animalistic view of humanity, I will subsequently discuss the scientific debate on such positive emotions as empathy and altruism. The internationally known Dutch primatologist and ethologist Frans De Waal, one of the fiercest critics of Hobbes's school of thought and its followers, rejects that humans are animalistic savages who are constantly out to bash each other's brains in, arguing that such capacities as empathy and altruism are over one hundred million years old and deeply anchored in human nature. In Chapter 4, I will substantiate that De Waal's work points the way to a different, less hysterical image of the relationship between safety and life. I call this positive security.

In Chapter 5, on the communications revolution of social media, I argue that our relationship with social media borders on the hysterical. Many people

seem to have completely lost control of the amount of time they spend on them. We check our phones first thing in the morning and take it to bed at night. A quick look on Twitter, a quick post on Instagram, check Facebook to see what is going on: we constantly feel under pressure not to miss anything and to respond to each and every message. But seeing is being seen – messages and conversations on Facebook and Twitter also provide useful information for tracking down potential criminals. Our hysterical online life allows investigation authorities to predict crimes. My quest to understand how hysteria works continues in Chapter 6, an empirical chapter about the two years I spent as a member of Neighbourhood Takes Charge, in which Hillesluis residents give an extensive account of the actual influence that Neighbourhood Takes Charge gives them on the approach to tackling the neighbourhood's greatest problems. They talk about the city council's reluctance to cooperate and the red tape they encountered on every step of the way, and in the picture that emerges from the interviews, frustration and anger heap up and lead to a deeply entrenched resentment against the government.

Chapter 7 discusses hysterical hyperboles in the debate about immigration. To give language its proper place in the thinking about hysteria, I delved into the archives of the Rotterdam city council to sift through the discussions that took place in the press and politics after fighting had broken out between Dutch and Turkish residents of the Afrikaander neighbourhood. In August 1972, the Rotterdam Afrikaander neighbourhood made international headlines when riots erupted that lasted almost a week. A conflict over unpaid rent between a Turkish landlord and his Dutch tenant got completely out of hand and descended into a sudden and unprecedented explosion of public anger against the neighbourhood's Turkish inhabitants and the local police. The race riots, as the newspapers and television called them, and the political discussion they sparked in the city council, shed an interesting light on the current discussion about immigration and integration and the subject of moral panic. Finally, the book concludes in Chapter 8 with a reflection on the most important insight that my quest in the preceding chapters has yielded, showing that hysteria has become a business model. While, medically speaking, hysteria no longer exists, politics, the economy and social media still profit from the occasional panic. I introduce the success paradox and show the difference between destructive and constructive hysteria, and how the latter rouses people to take action and can lead to wide-reaching social changes. In this way, hysteria can be both terrible and useful.

The DSM, the bible of psychiatry, advises not to fear hysteria, since it does not exist. But while psychologists and physicians claim that hysteria is a thing of the past, an outdated diagnosis that has disappeared for good, this book argues that it is in fact alive and well. Hyperventilating, we rush from one incident into the next – there is hardly time for a breather. The debate on crime or immigration comes to a head at the slightest provocation. Irritating though this may be, hysteria needs to be taken seriously, for what it tells us about our society and way of life.

Notes

1 Webster (1995).
2 Trillat (1986, p. 274).
3 Tarde (1969).
4 Foucault (1989, p. 33).
5 Verhaeghe (1996, p. 83).
6 Deleuze (2005, p. 46).
7 Showalter (1997).
8 Deleuze (2004, p. xix).
9 In this context, Sadie Plant of the British Cybernetic Culture Research Unit uses the term *hyperstitions*, a blend of the words *hype* and *superstition*. *Hyperstitions* are fictions that retroactively create the conditions that allow them to become reality.