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## Trigger Warnings and Mass Hysteria

Contrary to the tradition of free inquiry, many college students now demand the suppression of ideas they find offensive. As if to raise the stakes by transforming the issues in play into medical ones, many also claim that such ideas traumatize them. Implying as it does that offensive material doesn't just insult decency or pollute the public realm but wounds the very psyche of those exposed to it, the term "trauma" as deployed by the critics of free inquiry has indeed taken the argument to a new level. What are we to make of the contention that students are so vulnerable that the syllabus of a lit course should carry a "trigger warning" to the effect that their psyches might suffer damage merely as a result of the reading?

A medical argument calls for a medical reply.

Suppose rumors begin to circulate in a small town that the insulation stuffed into local walls and attics contains a toxic substance. Literally surrounded by toxicity, the residents begin to report symptoms like nausea, headache, dizziness and poor concentration, with each new case producing others in a cascade effect. The Emergency Room overflows. Upon investigation, however, no toxic source can be found. According to the medical literature, we have here a case of *mass psychogenic illness* (or *mass hysteria*): a social phenomenon in which people suddenly fall ill, and inspire others to do so as well, in the belief that they have been exposed to

a toxic agent, though in fact the belief itself is making them sick. Such an outbreak poses a spurious emergency. So too, I argue, does the trigger-warning movement. A mass reaction to an imaginary toxin and an over-reaction to the perceived dangers of toxic ideas represent parallel events (except that the threat allegedly posed by toxic ideas lacks the local and limited character of a classical psychogenic incident). Just as the former has the suddenness of a panic, the latter flares up instantly on the slightest provocation, as documented recently by Greg Lukianoff and Jonathan Haidt in their critique of the trigger-warning movement, *The Coddling of the American Mind*. In both cases an incident can become an immediate cause célèbre, with ambulances, fire trucks, investigators and reporters hastening to the scene of a psychogenic outbreak, and the news media, social networks, student populations and university authorities swept up in a comprehensive reaction to students' claims of injury.

Schools appear to be the most common venue for psychogenic outbreaks, perhaps because a population concentrated in a tight setting makes an ideal conductor. In a case that took place in 1998 and was analyzed in *the New England Journal of Medicine* in January 2000, a teacher in a Tennessee high school fell ill upon detecting a mysterious petroleum-like smell, whereupon the illness spread through the school like wildfire, with 100 people taken to the Emergency Room on the first day alone, some by ambulance. Despite diligent investigation, no toxic source was ever discovered. The authors the *NEJM* article classify the malady in question as psychogenic, distinguished as it was by clusters of symptoms "suggestive of organic illness but without an identified cause in a group of people with shared beliefs about the cause of the symptoms." A similar dynamic is at work in the trigger-warning movement, which also creates a

state of emergency, draws its power from shared beliefs, and blames injurious effects on phantom causes (such as words on the page).

It's because of the recognized fallacies of hunting for the deep-seated "cause" of our mental ills that the makers of the diagnostic system used to classify psychiatric disorders in the United States—a taxonomy introduced in the Diagnostic and Statistical Manual of Mental Disorders in 1980—specifically refrained from making causal attributions. For the diagnosis of Post-Traumatic Stress Disorder (also introduced in 1980) they made an exception, however. By definition, PTSD is caused by a trauma or "stressor." Over time, and contrary to the intent of the original designers of the diagnosis, the lowering of the diagnostic threshold made it possible to claim that events well within the scope of common experience set off PTSD. As the chair of the group that drew up the original criteria for PTSD, Nancy Andreasen, noted in 2010, the concept of PTSD following its instatement in the DSM was "steadily broadened by clinicians to include milder stressors that were not intended for inclusion. . . . The diagnosis, assumed to be relatively rare in peacetime, became much more common." Could those who crafted the diagnosis of PTSD with Vietnam veterans in mind have foreseen the day in 2014 when students at the University of California, Santa Barbara, passed a resolution calling on professors to alert them in advance to material "that may trigger the onset of symptoms of Post-Traumatic Stress Disorder"? A provocative synonym for "cause," the verb "trigger" as used here and elsewhere by the movement that adopted it exemplifies the beliefs about causality that drive a psychogenic outbreak.

Much as illness raced through the Tennessee high school not as a result of a toxic exposure but because those affected got swept up in a frenzy of imitation, demands for trigger warnings raced from coast to coast in recent years in a kind of epidemic manner. As noted by the New York Times in 2014, “Colleges across the country this spring have been wrestling with student requests for what are known as ‘trigger warnings,’ explicit alerts that the material they are about to read or see in a classroom might upset them or, as some students assert, cause symptoms of post-traumatic stress disorder.” As the spread of the phenomenon suggests, we have to do here with a movement that reproduces its own exaggerations virally. The Times itself illustrates the mechanism of exaggeration in the smooth shift from the statement that material “might upset” some students to the statement that it might clinically traumatize them.

While a trigger warning in theory guards against trauma, it has the actual effect of multiplying claims of trauma by students who are primed to expect it and have a ready-made lexicon to describe both its effects and the outrages that bring it on. Elsewhere I’ve discussed the process of “disease-mongering” by which normal experiences like transient depression come to be defined, diagnosed, treated, popularized and perhaps even suffered as disorders. (See, for example, *The Nocebo Effect: Overdiagnosis and Its Costs* [Palgrave Macmillan, 2015].) The trigger-warning movement brands and propagates “trauma” in the same way, making it possible to portray even a work as non-inflammatory as *The Great Gatsby* as dangerous to the psyche of the reader. While the distress of the aggrieved students is real, so was the distress of the Tennesseans who found themselves in the ER as a result of exposure to an agent that didn’t exist.

If words on the page have as little power to inflict deep and lasting wounds as an imaginary toxin, then how do they come to be magnified into an existential threat? Possibly the trigger-warning movement itself lends them a virulence they don't otherwise possess. As students across the land join the movement and mirror one another's behavior, the bandwagon as a whole gains power that in turn charges the rhetoric of those who ride it. In the sense that its power inflates its claims which in turn mobilize its members, the trigger-warning movement feeds on itself. And so does a psychogenic outbreak. In the school in question, both the sight and the report of so many people taken ill inspired others to fall ill in the same way. So much duplication of behavior took place that, in the words of the NEJM authors, symptoms seemed to spread by "contagion"—sociological contagion, that is. For what it's worth, the medical literature refers to the event inciting such an outbreak as a *trigger*.

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In contrast to the Tennessee episode whose confined nature seems to have made it all the more intense, the trigger-warning movement isn't limited to a single locale or moment, and yet it too is driven by mimesis. Like people producing similar complaints in response to the same imaginary toxin, participants in the movement chant the same grievances and the same formulas of distress, with all this identity serving to unify the troops and attract more believers. Just as the Tennessee episode took place among people "with shared beliefs about the cause of the symptoms," the members of the trigger-warning movement have strong beliefs about what constitutes a trauma in the first place. One of their beliefs is that belief-systems like racism

pose a mortal threat, which is why they want to police opinion, again in stark contrast to the tradition of free inquiry. While doctors on hand during psychogenic outbreaks tell “war stories” about them and count the costs of the “disruption to the community” (as the NEJM authors put it), the proponents of trigger warnings *seek* to disrupt the community, just as they aim to impose their own sort of martial law in which ordinary liberties like respect for the beliefs of others are suspended. In response to the psychogenic outbreak, the Tennessee school shut down temporarily. The study of a literary work can readily be shut down if all students need to do to shut it down is claim to be wounded by it.

Notwithstanding the over-reactions of those caught up in the psychogenic episode on the one hand and those traumatized by their reading on the other, the disturbances that set off their fears are not especially unusual. Among the Tennesseans who thought they had been exposed to toxic fumes the most common symptoms reported were headache, dizziness, nausea and drowsiness—the sort of nonspecific ills that show up in any number of disorders or in no disorder at all, being part of the human lot. The entire list of reported symptoms, including such generic ones as “nervousness,” reads like an anthology of human complaints. To be offended or even disgusted by something you read is also a common event.

In both cases, however, an inflammatory interpretation allows the person undergoing these experiences to construe them as a crisis. With people all around you falling ill after inhaling fumes (and who can avoid breathing?), ills like headache or nervousness suddenly take on ominous meaning and become emergencies. In the midst of the panic in the school in question, the fire alarm was actually sounded. The members of the trigger-warning movement specialize in the rhetoric of alarm, decrying not only “unsafe spaces” but the many who deny

their “right to exist.” In the atmosphere of exaggeration created by their own voices, the ordinary feeling of being disturbed or offended by words on the page can swell into the ominous sensation of being menaced. So it is that a movement intended to give students a sense of security has perversely inflamed their fears.

As the psychogenic incident played out in the Tennessee high school, at some point it became clear to doctors that no toxic source existed and that the complaints they were seeing—compounded of quite ordinary symptoms—had no cause beyond the anxieties of the sufferers, just as in other incidents of this kind. Neither air samples nor the school’s ventilation and plumbing systems nor an aerial survey of the region nor even an investigation of some caves in the vicinity of the school yielded any suspect finding. Blood tests of everyone evaluated in the ER proved normal. And yet the doctors thought it more expedient to let the incident run its course than to point out to those who had fallen ill that they generated their own illness. “Physicians and others are understandably reluctant to announce that an outbreak of illness is psychogenic, because of the shame and anger that the diagnosis tends to elicit,” write the NEJM authors. Students who claim to be traumatized by the written word might well respond not just with shame and anger but all-out fury to any counselor or therapist who so much as suggested that their suffering is of their own making. Professors for their part seem reluctant to dispute the students’ claimed authority to determine what can and can’t be said in the world around them.

Though a psychogenic outbreak tends to play itself out, its participants may not be able to resume normal life without reassurance from a doctor that their illness was transient and they are now well. And here we come upon yet another suggestive analogy to the trigger-

warning movement. If Lukianoff and Haidt are right, the sort of false emergencies the movement generates (and the curtailments of liberty such crises bring) will continue unless and until young people who have been brought up in the belief that they are very delicate beings are reassured about their ability to bear up under the stress and strain of intellectual conflict. Of course, the fact that students demanding the suppression of offending ideas have the best possible psychological alibi for their intolerance—that they are simply acting out their upbringing—excuses them not at all.

**Note:** The source of my information about the episode in a Tennessee high school is Timothy Jones, Allen Craig, Debbie Hoy et al., “Mass Psychogenic Illness Attributed to Toxic Exposure at a High School,” *New England Journal of Medicine* 342 (2000): 96-100.