

## DISSOCIATIVE IDENTITY DISORDER: BETWEEN HISTORY AND CULTURE

Sandrine Launay, Romain Geelhand de Merxem & Catherine Hanak

Psychiatry Department, Centre Hospitalier Universitaire Brugmann, Bruxelles, Belgium

### SUMMARY

*The Dissociative Identity Disorder has undergone significant transformations over the years. Once regarded as a rare condition, it gained popularity in the 1980s in the United States following the publication of a book on the subject, only to subsequently wane due to extensive controversies. Presently, we are witnessing a resurgence of adolescents who believe they may be afflicted by this disorder. This article delves into the changes that have occurred since the initial surge in 1980, with a particular focus on the role of social media in the dissemination of Dissociative Identity Disorder. The concepts of Mass Social Media-Induced Illness and Munchausen's by Internet are explored to elucidate this phenomenon. Additionally, we examine the criteria essential for distinguishing imitative Dissociative Identity Disorder from genuine cases, with the aim of aiding accurate diagnosis by psychiatrists. Mental health professionals may encounter new challenges when assessing young adults whose presentations are influenced by social media, necessitating awareness of the impact of social media on the dissemination of certain disorders.*

**Key words:** Dissociative Identity Disorder - Social Media – Internet - Munchausen's by internet - Mass Social Media-Induced Illness

\* \* \* \* \*

### HISTORY OF A DISORDER

It's in the beginning of the 19<sup>th</sup> century that the first descriptions of Multiple Personality Disorder emerged, often involving individuals exhibiting two distinct personalities. Although historians remain uncertain about the original attribution, this period witnessed an increasing number of descriptions. In 1924, Janet provided the first description of dissociation, referring to a mental state where aspects of one's personality become separated into inaccessible compartments (Janet 1924). A few years later, in 1954, psychiatrists Thigpen and Cleckley wrote a book about their patient named Eve, who exhibited three personalities (Thigpen & Cleckley 1954). 'The Three Faces of Eve' achieved success, and Eve herself authored three books chronicling her three lives. The story garnered public interest, leading Hollywood to produce a film adaptation. However, it wasn't until 1974 that a significant breakthrough occurred with the publication of Schreiber's book, 'Sybil' (Schreiber 1973). The book was named after a patient of psychiatrist Cornelia Wilson, who developed 16 personalities following childhood abuse. Schreiber, a literature professor, joined forces with Dr. Wilson to craft this narrative, garnering substantial success and acclaim as a result of the book's triumph. Dr. Wilson employed hypnotic techniques along with a range of sedative medications to aid her patient in retrieving memories of the traumatic experiences suffered during her formative years.

However, it is now known that this story was partly fabricated, and 'Sybil' was likely suggested by her therapist, a fact acknowledged by the patient during conversations with another therapist (Rieber 2006). Despite this, during that period, there was significant media and therapeutic enthusiasm, resulting in numerous papers on this topic and a surge in self-diagnoses

from women who identified their symptoms with those depicted in the book (Muhlern 1992).

The number of papers published on this topic increased from 39 between 1970 and 1979 to 212 between 1980 and 1989, with a peak of 176 papers published in a single year in 1996 (Paris 2012). The number of reported cases also rose, from only 76 cases described over a span of 128 years to over 1,000 cases in 1984, and 4,000 cases five years later in the USA (Borch-Jacobsen & Shamdasani 2011). According to Ross, the prevalence rate could be around 1%, similar to that of schizophrenia (Ross 1991). The disorder was predominantly observed in the USA and much less common in Europe, where only a few descriptions were made, primarily in Holland. Borch-Jacobsen & Shamdasani used the term 'epidemic' to describe the media and therapeutic fervor during this brief period, while Pope et al. referred to it as a 'bubble', signifying the rapid rise and subsequent decline in the number of papers published (Pope et al. 2006, Borch-Jacobsen & Shamdasani 2011). In their study examining the publication trends, Pope et al. found that by 2003, only 34 papers were published on this topic, with 10 (36%) expressing skepticism regarding the validity of dissociative amnesia and/or recovered memory therapy (Pope et al. 2006).

During this 'epidemic' period, not only did the number of articles and reported cases increase, but the number of personalities presented by individuals also grew. Initially, when the disorder was first described, most individuals presented with only two personalities. By 1989, the average number of personalities had risen to thirteen, and the following year, it reached twenty-five. Individuals often described and assigned names to the different 'alters,' including protective, child-like, and persecutory personalities, among others (Borch-Jacobsen 2013).

In the DSM-III, it was postulated that the disorder was associated with adverse childhood experiences. However, in the DSM-III-R, a direct link to childhood sexual abuse was assumed. This shift in understanding led to a phenomenon commonly referred to as a "witch hunt", wherein individuals suspected of child abuse, often based on victim recovered memories through hypnosis, were accused, prosecuted, and incarcerated.

Therapists employed techniques aimed at recovering repressed memories to help individuals recall past instances of abuse. However, these methods came under heavy criticism, particularly due to their high susceptibility to suggestion and the potential creation of false memories (McNally 2003). Despite the subsequent scrutiny, horrific stories had appeared. During this period, widespread beliefs emerged, even among caregivers, regarding satanic rituals involving child abuse, murder, and blood consumption. In fact, in California, it was reported that approximately half of the caregivers believed in such hypotheses (Ofshe & Watters 1994).

Numerous individuals were wrongfully convicted, and there are accounts of a case where alleged victims convinced a policeman to plead guilty to abuses he did not commit (Ofshe & Watters 1994). As a result, the False Memory Foundation was established, leading to increasing doubts within the general population regarding the formation of memories (McHugh 2008). Psychiatrists who specialized in treating Dissociative Identity Disorder faced legal actions and subsequently refrained from diagnosing the condition. Instead, psychiatrist began attributing the symptoms to Post-Traumatic Stress Disorder, which carried less stigma in society and was more acceptable for insurance coverage. In 1988, the International Study of Personality Disorder ceased to exist, and Dissociative Identity Disorder gradually faded from the landscape of North American psychiatry.

## History of a diagnosis

The diagnosis of Dissociative Identity Disorder has undergone changes over the years, reflecting evolving perceptions of mental illness within the population. In the DSM-II, the disorder was not individualized but rather described as a subtype of hysterical neurosis. However, in 1980 the DSM-III separated it as a distinct entity named Multiple Personality Disorder and provided legitimacy to the condition by categorizing it as a subtype of dissociative disorder. According to the DSM-III, Multiple Personality Disorder was considered rare and attributed to childhood trauma or adverse experiences. In the subsequent version, the DSM-III-R, the etiology of Multiple Personality Disorder was further emphasized, specifically linking it to childhood sexual abuse. Criticisms of this definition include its unequivocal assumption about etiology, which fueled a widespread social uproar, as well as the vague criteria that led to excessive diagnoses. Consequently, in the DSM-IV,

the disorder was renamed Dissociative Identity Disorder to mitigate the dramatic connotations associated with childhood sexual abuse (American Psychiatric Association 1994). The prevailing assumption was that Dissociative Identity Disorder stemmed from a fragility of personality, where dissociation served as a coping mechanism. The ICD-10 starts the description of the trouble with the following warning: "This disorder is rare and controversy exist about the extent to which it is iatrogenic or culture-specific", thus sidestepping any potential disputes (WHO 1993).

## Evolution and criticism

Many researchers have taken an interest in what has been referred to as the epidemic of Dissociative Identity Disorder. Some, like philosopher Ian Hacking, have characterized it as a "transitory mental disease," akin to Charcot hysteria or neurasthenia (Hacking 1995). Transitory mental diseases are described as conditions that manifest, evolve, and eventually fade away due to highly specific local circumstances. Dissociative Identity Disorder has been contested by those who argue that it is not a genuine illness but rather an "iatrogenic fiction", resulting from a combination of gullibility, suggestion, and varying degrees of consciousness. Paris concludes his article on the rise and fall of Dissociative Identity Disorder by asserting that, based on the dwindling literature, the epidemic of Dissociative Identity Disorder is now a thing of the past. He further criticizes the DSM-5 for failing to recognize that the disorder no longer meets the criteria for a valid diagnosis (Paris 2012).

## TODAY

However, over the past few years there has been a resurgence of interest in Dissociative Identity Disorder, with numerous papers and media interviews featuring individuals who claim to suffer from this condition. Consequently, Dissociative Identity Disorder has once again become a prominent topic. This resurgence is not limited to media coverage alone, as psychiatric clinics have also observed an increase in individuals who believe they may be affected by the disorder. These individuals may either have been previously under clinical care for other reasons and now consider Dissociative Identity Disorder as a possibility, or they may be new patients seeking treatment specifically for this condition (Giedinghagen 2023). The current presentation of Dissociative Identity Disorder bears similarities to the situation observed in the United States during the 1980s, such as its higher prevalence in women, but the context has changed significantly due to the emergence of social media platforms. Social media enables individuals from around the world to easily connect and exchange information, leading to the global dissemination of the diagnosis of Dissociative Identity Disorder beyond the confines of the United States.

## Impact of social media

One of the most widely used social media platforms is TikTok, which gained increased popularity during the pandemic and periods of lockdown. In the United States, individuals between the ages of ten and nineteen account for 25% of TikTok users (Statista 2023). Given its widespread use, social media platforms like TikTok facilitate the rapid and unrestricted dissemination of ideas, overcoming traditional geographic barriers.

The impact of social media was first observed in the "Leroy" cases in New York in October 2011, where eighteen high school girls developed functional symptoms such as tics, slurred speech, and ataxia. This story received extensive coverage in newspapers, and the affected girls posted videos of their "tics" on social media platforms such as Facebook, YouTube, and Twitter, enabling everyone to stay updated on their condition (Bartholomew et al. 2012). Consequently, the story generated widespread concern, leading to various hypotheses about its origin, including the "toxin dump" theory. This situation caused anxiety in the population and incurred additional costs to rule out every possible cause. David Lichter, the neurologist who followed a few of the Leroy girls, remarked, "This mimicry goes on with Facebook or YouTube exposure. This is the modern way that symptomatology could spread" (Bates 2012). Once media coverage ceased, the girls all began to experience rapid improvement.

The usual advice given to address such epidemics is to provide reassurance and maintain confidentiality, while also separating the affected individuals until their symptoms completely disappear. However, as Bartholomew et al. noted, the rise of social media means that all of these goals are far more difficult to achieve (Bartholomew et al. 2012).

Bartholomew et al. defines this type of outbreak as "Mass Psychogenic Illness" (also known as Mass Sociogenic Illness), which is a form of conversion disorder that spreads rapidly within cohesive social groups and has existed for centuries. In the same article, Bartholomew et al. ponders whether social media could substitute the need for direct contact with other victims and whether Mass Psychogenic Illness could solely propagate through social media among individuals without any pre-existing connections (Bartholomew et al. 2012).

## La Tourette Syndrome as an example of Mass Psychogenic Illness

Recently, neurologist have observed an increase in young adults seeking clinical help for Tourette-like tics. Experts quickly concluded that these teenagers exhibit similar functional behaviors resembling Tourette syndrome, but that can be clearly distinguished from it (Müller-Vahl et al. 2022). What has been observed is that a few months prior to this outbreak, a young and famous German YouTuber suffering from Tourette

syndrome started posting videos of his tics. Patients that later presented Tourette-like tics reported admiring him for his success despite his condition, which evoked strong emotions, and a lot of patients seen at the clinic of Müller-Vahl admitted to have seen this video beforehand.

Similar to Mass Psychogenic Illness, a first case is necessary for contagion and in the case of social media, it could be a "virtual case", such as this German YouTuber who benefits from a large audience of 2 million subscribers (YouTube 2023). Coviello et al. studied emotion contagion on social media and concluded that the stronger the emotion one feels, the more likely it triggers contagion (Coviello et al. 2014). This may explain why Tourette-like symptoms spread so rapidly after the video of this YouTuber.

According to Müller-Vahl, the Tourette tic outbreak represents the first occurrence of a new type of Mass Psychogenic Illness that spreads solely through social media (Müller-Vahl et al. 2022). He suggested the term Mass Social Media-Induced Illness to describe it. Olvera et al. also studied Tourette syndrome and observed differences between the typical tics in Tourette syndrome and those depicted in most videos (Olvera et al. 2021). Moreover, they found that the symptoms on TikTok are highly similar across different users, with 67.9% of content creators admitting to developing at least one symptom after observing another TikTok user. They also tend to use the same words, as 53.6% of them had the vocal tic of saying "beans."

## Dissociative Identity Disorder

The exposure of Tourette syndrome and its presence on TikTok has been extensively studied, leading researchers to discuss the concept of Mass Social Media-Induced Illness. Dissociative Identity Disorder has received less attention in research due to its smaller scale on social media and its emergence following the Tourette syndrome phenomenon. However, there is clearly a growing interest in Dissociative Identity Disorder on social media platforms, with the hashtag DID having over 9.10 million views, the hashtag DID-system having 307 million views, and several top influencers on the topic amassing millions of followers (Lucas 2021). Not only is there an increase in interest on social media, but clinical psychiatrists have also observed a rise in consultations related to this condition, which had nearly disappeared between the 1980s and now.

The presentation of Dissociative Identity Disorder on social media often exhibits striking similarities across various videos. Videos featuring "meet the system" or "catching my switch on camera" content, where each personality is clearly distinguished by outfit and demeanor, tend to garner the most views and likes. Many TikTokers portray a large number of alters and assign names to their systems, often drawing inspiration from those who came before them.



According to Giedinghagen, the mechanism behind this rapid rise could be similar to that of Tourette tic and could be categorized as a form of Mass Social Media-Induced Illness (Giedinghagen 2023). While there is no single "virtual index case" found for Dissociative Identity Disorder, there are several TikTokers who have reached a large audience and could serve as these virtual index cases. Dissociative Identity Disorder on TikTok can be viewed as another manifestation of Mass Social Media-Induced Illness, where social media platforms and their algorithms play a significant role in displaying an increasing number of videos on this topic once someone begins watching them. Individuals who are unsure about their own identity and searching for an accurate diagnosis may learn about Dissociative Identity Disorder symptoms through this type of video content and later convincingly report core symptoms (Draijer & Boon 1999). Subsequently, individuals might be inclined to share content pertaining to this subject and due to the emotional nature of the content, receive greater rewards from the community. In fact, according to Ostendorf et al, sharing mental illness related content leads to increased interaction and subsequently greater satisfaction, often overlooking the potential harm of posting intimate videos that will remain permanently on the internet (Ostendorf et al. 2020).

However, some others believe that what is happening is not involuntary, as suggested in Mass Social Media-Induced Illness. Certain experts tend to think that some individuals may fabricate their condition in order to obtain certain benefits (Brown 2021). The model of "Munchausen's by internet" is being explored to explain this perspective. Munchausen's by internet is a term coined by Feldman and describes the act of manufacturing illnesses or troubles for personal gain (Feldman 2000). Past cases have been documented, such as the instance of a woman claiming to have had brain cancer and authoring a book about her experience, including her supposed recovery from the tumor through the elimination of lactose and gluten from her diet. She became a wellness advocate, and her story gained widespread attention before she eventually confessed it was all a fabrication (Douglas 2017). According to Feldman, the most common narratives of Munchausen's by internet follow a well-documented pattern, with cancer being a prevalent theme due to its widespread recognition and easily accessible information (Shepard 2021). TikTok, however, is changing the way these symptoms can manifest, as the video format allows for dynamic presentations of disorders. According to Feldman, it is challenging to contradict someone who claims to suffer from Dissociative Identity Disorder, as it is a subjective diagnosis, making it an appealing condition for someone engaging in Munchausen's behavior.

But what benefits are people seeking by imitating this condition? According to Draijer & Boon, individuals may be seeking external gains, such as financial benefits (Draijer & Boon 1999). This is supported by

Olvera et al. study, which found that among individuals posting Tourette tic videos on TikTok, 64.3% of them were selling merchandise related to their TikTok tics on their TikTok accounts or stated that they were available for paid appearances (Olvera et al. 2021). The same trend is observed for Dissociative Identity Disorder, as mentioned in the interview with Lucas, where although people denied doing it for money, all the individuals interviewed had a link to their PayPal account in their Instagram headline (Lucas 2021). Other benefits include forms of gratification, such as interest and attention from others. Attention from others can be easily quantified on social media through likes, providing an easy way for individuals who crave attention to fulfill their needs. Moreover, having a diagnosis of Dissociative Identity Disorder provides a framework for inner chaos and incomprehensible experiences, and can also serve as an easy explanation for mood changes or anger, while providing an excuse to avoid unpleasant experiences.

### **Rising of skepticism**

There is growing skepticism within the TikTok community regarding individuals who may be faking their symptoms to gain attention or reach a larger audience. Skeptical individuals often engage in what they call "fake claiming", which involves commenting on videos expressing doubts about the authenticity of the symptoms. This skepticism often originates from individuals who themselves post videos about Dissociative Identity Disorder, and many comments on these videos make such allegations. This has reached a point where some people feel compelled to prove their illness by sharing doctor's notes. In Olvera et al. study on Tourette tic, it was mentioned that 64% of individuals who exposed themselves in videos with tics acknowledged that they were suspected of faking, but insisted that they were not, sometimes providing medical documentation (Olvera et al. 2021). The skepticism is not only present among TikTok users but also within the scientific community and among psychiatrists who encounter patients in their consultations.

To assist psychiatrists in distinguishing between false positives and true positives, Pietkiewicz et al. conducted a study to identify criteria for differentiating imitated Dissociative Identity Disorder from genuine cases, as the DSM-5 and ICD-10 do not provide clear guidelines on this matter (Pietkiewicz et al. 2021). In their study, they noted that individuals suffering from Dissociative Identity Disorder are typically hesitant to discuss their symptoms and feel ashamed when they need to disclose them, in contrast to those imitating Dissociative Identity Disorder who tend to openly and extensively discuss their symptoms, often using medical terminology and presenting themselves in a textbook-like manner. Individuals who imitate Dissociative Identity Disorder are often eager to provide evidence of their condition and may bring a list of supporting

materials to convince the therapist (Thomas 2001). If the therapist does not confirm the diagnosis, they are often left disappointed or even angry, as they had imagined a life based on that diagnosis. Those who question the diagnosis, whether online or in person, are often labeled as "gaslighting" or invalidating.

According to Pietkiewicz et al., switches in front of the therapist are uncommon for individuals with avoidant dissociative tendencies, and when they do occur, the person often tries to provide a reasonable explanation for them (Pietkiewicz et al. 2021). On the contrary, those who imitate Dissociative Identity Disorder frequently alternate between personalities and are capable of announcing the switch to the therapist to ensure it is not missed. This raises questions about the abundance of videos depicting "switching between alters" that have garnered a massive number of views on TikTok, where individuals often employ the same stereotypical movements during the switch. Another red flag is the tendency to attribute outbursts of anger to a different personality and to use the disorder as a justification for avoiding unpleasant activities. In reality, individuals who seek to make sense of their emotional conflicts and difficulties in forming relationships may find the concept of Dissociative Identity Disorder appealing, as it offers an explanation for every problem they encounter.

### Social Media and Society

As previously mentioned, social media has changed the paradigm of how disorders are disseminated, allowing people to reach a larger audience and receive immediate rewards through the sharing of emotional content. Social media also enables individuals to display more elaborate and manufactured disorders, utilizing videos to create dynamic presentations. This new paradigm has led to the hypothesis of Mass Social Media-Induced Illness, where adolescents imitate Dissociative Identity Disorder while firmly believing that it explains their own troubles, as well as the hypothesis of Munchausen's by Internet, where individuals consciously fabricate disorders to gain attention.

Not only does social media give rise to these new concepts, but it also alters the audience that individuals with disorders seek. In the 1980s, the therapist was at the center of the diagnosis and therapy process, with the person experiencing symptoms primarily expressing them within that therapeutic relationship. Nowadays, the primary audience is social media. Individuals suffering from these disorders tend to first exhibit their symptoms on social media, seeking various benefits previously mentioned, which are directly linked to the functions of social media (likes, monetary rewards, larger audience, support). Sharing videos about mental health is highly rewarded on social networks, and adolescents who share such videos on these platforms often receive significant feedback and emotional rewards, outweighing the

potential long-term risks (Ostendorf et al. 2020). Psychiatrists must be aware of this new paradigm as it significantly influences the manifestation and dissemination of these disorders.

### CONCLUSION

Dissociative Identity Disorder has faced significant changes over the years, starting from its initial description in the 19<sup>th</sup> century as individuals exhibiting two personalities, to its inclusion in the DSM-III as Multiple Personality Disorder, and finally to its current name, Dissociative Identity Disorder, which often involves more than twenty-five personalities. Throughout this time, certain aspects have remained unchanged, with the disorder's popularity fluctuating in response to media dissemination. Criticisms of the diagnosis have perpetually existed, fluctuating in intensity, with skeptical psychiatrists and individuals expressing doubts about the authenticity of the disorder. However, societal changes have also influenced the disorder, including the use of media to spread awareness across borders and the shift in target audience from psychiatrists to a broader social media audience.

Psychiatrists face genuine challenges during both periods, as it is crucial to accurately diagnose individuals while avoiding misdiagnosis, which can have serious consequences and cause harm. With the growing interest in this topic, researchers have proposed models to assist psychiatrists in making accurate diagnoses and providing appropriate treatment for patients.

Looking ahead, the upcoming years will present the challenge of recognizing that certain disorders may be influenced or spread through social media, such as Mass Social Media-Induced Illness and Munchausen's by Internet. Psychiatrists should remain mindful of these new paradigms that have the potential to reshape the field of psychiatry.

**Acknowledgements:** None.

**Conflict of interest:** None to declare.

### Contribution of individual authors:

Launay Sandrine: manuscript writing.

Romain Geelhand de Merxem & Catherine Hanak: proofreading.

### References

1. American Psychiatric Association: *Diagnostic and statistical manual of mental disorders*. 4th ed. Washington, DC: American Psychiatric Publishing. 1994
2. Bartholomew RE, Wessely S, Rubin GJ: Mass psychogenic illness and the social network: Is it changing the pattern of outbreaks? *J R Soc Med* 2012; 105:509-512

3. Bates D: Facebook to blame for the panic surrounding mysterious Tourettes-like illness spreading in rural NY town. *Daily Mail* (London) 2012; 5 February:1
4. Borch-Jacobsen M, Shamdasani S: *The Freud files: An inquiry into the history of psychoanalysis*. Cambridge, UK: Cambridge. 2011
5. Borch-Jacobsen, M: A black box named Sybil. In: Borch-Jacobsen, M. (Ed.), *La fabrique des folies: De la psychanalyse au psychopharmacologie* (pp. 97-149). Auxerre: Éditions Sciences Humaines, 2013
6. Brown SL: Care and feeding: My teen is faking a disability on TikTok [Internet]. *Slate*; 2021 Sep 13 [cited 2023 Jun 24]. Available from: <https://slate.com/human-interest/2021/09/teens-secret-lives-social-media-tiktok-parenting-advice-from-care-and-feeding.html>
7. Coviello L, Sohn Y, Kramer ADI, Marlow C, Franceschetti M, Christakis NA, et al.: Detecting Emotional Contagion in Massive Social Networks. *Lambiotte R, éditeur. PLoS ONE*. 12 mars 2014; 9:e90315
8. Douglas JR. Behind Belle Gibson's cancer con: 'Everything about this story is extreme'. [Internet]. *The Guardian*. 2017 Nov 13 [cited 2023 Jun 24]. Available from: <https://www.theguardian.com/books/2017/nov/13/behind-belle-gibsons-cancer-con-everything-about-this-story-is-extreme>
9. Draijer N, Boon S: The imitation of dissociative identity disorder: Patients at risk, therapists at risk. *J Psychiatry Law* 1999; 27:423-458
10. Feldman MD. Munchausen by internet: Detecting factitious illness and crisis on the internet. *South Med J* 2000; 93:669-672
11. Gewitter im Kopf: Leben mit Tourette [Internet]. YouTube. [cited 2023 Jun 24]. Available from: <https://www.youtube.com/@gewitterimkopf/videos>
12. Giedinghagen A: The tic in TikTok and (where) all systems go: Mass social media induced illness and Munchausen's by internet as explanatory models for social media associated abnormal illness behavior. *Clin Child Psychol Psychiatry* 2023; 28:270-278
13. Hacking I: *Rewriting the soul: Multiple personality and the sciences of memory*. Princeton, NJ: Princeton University Press, 1995
14. Janet P: *Principles of psychotherapy*. Translated by H.M. and E.R. New York, NY: MacMillan, 1924
15. Lucas J: Inside TikTok's booming dissociative identity disorder community. [Internet]. 2021 [cited 2023 Jun 24]. Available from: <https://www.inverse.com/input/culture/dissociative-identity-disorder-did-tiktok-influencers-multiple-personalities>
16. McHugh PR: *Try to remember: Psychiatry's clash over meaning, memory and mind*. New York: Dana Press, 2008
17. McNally RJ: *Remembering trauma*. Cambridge, MA: Belknap Press/Harvard University Press, 2003
18. Müller-Vahl KR, Pisarenko A, Jakubowski E, Fremer C: Stop that! It's not Tourette's but a new type of mass sociogenic illness. *Brain* 2022; 145:476-480
19. Mulhern S: Troubles de la personnalité multiple. Douze ans après le D.S.M. III. *Psychiatr Fr* 1992; 23:104-114
20. Ofshe R, Watters E: *Making monsters: False memories, psychotherapy, and sexual hysteria*. New York: Scribner; 1994
21. Olvera C, Stebbins GT, Goetz CG, Kompoliti K: TikTok Tics: A Pandemic Within a Pandemic. *Mov Disord Clin Pract* nov 2021; 8:1200-1205
22. OMS. *Classification internationale des troubles mentaux et des troubles du comportement*. Paris: Masson; 1993
23. Ostendorf S, Müller SM, Brand M. Neglecting long-term risks: Self-disclosure on social media and its relation to individual decision-making tendencies and problematic social-networks-use. *Front Psychol*. 2020;11:543388
24. Paris J: *The Rise and Fall of Dissociative Identity Disorder*. *Journal of Nervous & Mental Disease*. déc 2012; 200:1076-1079
25. Pietkiewicz JJ, Banbura-Nowak A, Tomalski R, Boon S: Revisiting false-positive and imitated dissociative identity disorder. *Front Psychol* 2021; 12:637929
26. Pope Jr. HG, Barry S, Bodkin A, Hudson JI: Tracking Scientific Interest in the Dissociative Disorders: A Study of Scientific Publication Output 1984–2003. *Psychother Psychosom* 2006; 75:19-24
27. Rieber RW: *The Bifurcation of the Self: The History and Theory of Dissociation and Its Disorders*. New York: Springer, 2006
28. Ross C: Epidemiology of multiple personality disorder and dissociation. *Psychiatr Clin North Am* 1991; 14:503-517
29. Schreiber FR: *Sibyl*. New York: Henry Regnery, 1973)
30. Shepherd H: Is illness appropriation TikTok's most troubling new trend? *BMJ* 2021; 375:n3084
31. Thigpen CH, Cleckley H: A case of multiple personality. *J Abnorm Psychol* 1954; 49:135-151
32. Thomas A: Factitious and malingered dissociative identity disorder: Clinical features observed in 18 cases. *J Trauma Dissociation* 2001; 2:59-77
33. TikTok [Internet]: Statista. [cited 2023 Jun 24]. Available from: <https://www.statista.com/statistics/1095186/tiktok-us-users-age/>

#### Correspondence:

Sandrine Launay, MD, Psychiatry resident  
Psychiatry Department, Centre Hospitalier Universitaire Brugmann  
4 Place Arthur Van Gehuchten, 1000 Brussels, Belgium  
E-mail: s.launay@live.be