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A Case Report of Schizophrenia Presenting with "Multiple Personality"-like Manifestations as the Initial Symptom

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Abstract: *Objective:* To improve awareness of the differential diagnosis between schizophrenia and dissociative identity disorder (DID) and to reduce clinical misdiagnosis. *Methods:* The study reported the data of one adolescent patient who presented with prominent and complex "multiple personality"-like manifestations and was definitively diagnosed with schizophrenia after consultation with Professor Du Yasong at the Shanghai Mental Health Center. The clinical characteristics and key points of differential diagnosis were analyzed in conjunction with a literature review. *Results:* The patient was a 15-year-old male who initially presented with depressed mood and suicidal ideation. During the course of illness, three alternating independent "personalities" emerged ("Luomu," "Jiangyuling," and "Luofeiyu"). He had previously been diagnosed with "multiple personality disorder" and "major depressive disorder" at other hospitals. Following detailed mental status examination and expert consultation, the patient was found to have clear auditory hallucinations of a commentary and commanding nature, visual hallucinations (seeing a man following and frightening him), grandiose delusions (believing he could control other personalities within his body), affective incongruity, and severe impairment of social functioning. His "personality switching" was accompanied by partial disturbance of consciousness and memory loss, but he lacked a typical history of severe childhood trauma. The diagnosis was revised to schizophrenia. After treatment with risperidone, the psychotic symptoms improved significantly, the "personality switching" phenomenon gradually disappeared, and social functioning progressively recovered. *Conclusion:* For patients whose primary clinical presentation is "multiple personality"-like manifestations, the possibility of schizophrenia should be considered. Meticulous longitudinal history-taking, identification of core psychotic symptoms, and assessment of the state of consciousness and memory loss during "personality switching" are key to differential diagnosis.

Keywords: Schizophrenia; Dissociative identity disorder; Multiple personality

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1. Introduction

Schizophrenia is a group of severe mental disorders of unknown etiology, characterized by significant

abnormalities in multiple aspects of mental activity, including cognition, thinking, emotion, and behavior, and leading to marked impairment in occupational and social functioning. Dissociative identity disorder (DID), formerly known as multiple personality disorder (MPD), is characterized by the presence of at least two relatively enduring identities or disconnected personality states that alternately control the individual's behavior, accompanied by memory impairment for important events that cannot be explained by ordinary forgetfulness. This paper reports a case of schizophrenia in which "multiple personality"-like manifestations were the prominent clinical presentation and which had been misdiagnosed multiple times during the course of illness. Through analysis of the symptom evolution and review of key points in differential diagnosis, the authors aim to provide clinicians with insights for recognizing such atypical schizophrenia.

2. Clinical data

The patient, a 15-year-and-4-month-old male surnamed Chen, of Han ethnicity, a ninth-grade student from Guizhou, was admitted to the department on February 25, 2026, due to "depressed mood for over 2 years, accompanied by identity switching for over 9 months." He was the second of two siblings and had one older sister. His parents divorced when he was 13, and he lived with his father, who had a hot temper. The patient was introverted and had poor interpersonal relationships. He denied severe abuse, sexual assault, or long-term traumatic experiences during childhood.

Onset phase (early 2024 to March 2025): More than 2 years ago, after ending a friendship with a close friend, the patient gradually developed depressed mood, decreased interest, and social avoidance. When irritable, he used a knife to cut his arms and legs. He had planned to commit suicide by cutting his wrist, but during the attempt he suddenly became dazed and had complete amnesia for events of the previous 3 days. He also had difficulty falling asleep, poor concentration, and declining academic performance. He was sensitive and suspicious, believing that classmates were talking about him behind his back.

"Personality switching" phase (March to July 2025): Eleven months ago, auditory and visual hallucinations appeared without obvious triggers. The patient reported hearing voices out of nowhere telling him not to go to school, that life was meaningless, and to die; he also saw an adult male following him and verbally threatening him, which caused intense fear. He had visited Wenzhou Seventh People's Hospital (diagnosis and medication unknown), but treatment was ineffective. Ten months ago, after his family took him for a feudal superstitious "treatment," the "man" disappeared. About 3 days later, the patient experienced dissociative identity change for the first time, with complete amnesia for his own name and past experiences; he called himself "Luomu." This was transient, lasting 3–4 days before resolving spontaneously.

Nine months ago (from May 2025), after ending a relationship with an online friend, a second dissociated identity, "Jiangyuling," emerged. This identity was extroverted and lively, complementing the host personality. Eight months ago, after ending a friendship, a third dissociated identity, "Luofeiyu," appeared, characterized as intelligent and quick-witted, coexisting with the previous two personalities. During this phase, the host personality still intermittently appeared and remained depressed when dominant.

Pre-diagnosis phase (July 2025 to February 2026): Seven months ago, the host personality and the second personality "Jiangyuling" disappeared, and the third personality "Luofeiyu" became the long-term dominant identity. Two months ago, the third personality "Luofeiyu" again developed depressed mood and negative thoughts due to interpersonal problems, and visited Wenzhou Seventh People's Hospital, where

he was diagnosed with “multiple personality disorder” and treated with “aripiprazole and fluoxetine”; he discontinued the medication on his own due to perceived poor efficacy. One month ago, he visited Guiyang Second People’s Hospital and was diagnosed with “major depressive disorder” but did not take medication as prescribed. Half a month ago, the host personality disappeared again after being criticized by his father; thereafter, the third personality “Luofeiyu” and the second personality “Jiangyuling” alternately dominated.

Hospitalization and diagnosis phase: He was admitted to the hospital on February 25, 2026.

Post-admission auxiliary examinations: Complete blood count, liver and kidney function, thyroid panel (7 items), and sex hormones (6 items) showed no obvious abnormalities. Cardiac enzyme panel (4 items): creatine kinase 202 U/L ↑, creatine kinase-MB isoenzyme 28.2 U/L ↑. 25-hydroxyvitamin D 14.7 ng/mL ↓. Electrocardiogram: sinus arrhythmia, normal axis, J-point elevation. Cranial magnetic resonance imaging: 1. Formation of the fifth and sixth ventricles; 2. Incomplete adenoid regression; 3. Mild inflammatory changes in the paranasal sinuses. Please correlate with clinical findings.

Post-admission scale assessments: Social Disability Screening Schedule: presence of social functioning deficits. Activities of Daily Living Scale: some degree of functional decline. Self-Rating Depression Scale: 75 points, indicating severe depressive symptoms. Self-Rating Anxiety Scale: 52.5 points, indicating mild anxiety symptoms. Evoked potentials: P50 > 0.5, suggesting deficient sensory gating (anti-interference ability) of the brain, with an inability to filter out interference, indicating decreased attentional activity. MMN (mismatch negativity): moderately prolonged MMN latency, indicating reduced automatic processing of novel stimuli under conditions of no active attention, suggesting a depressive state. P300: able to accurately complete the task, normal target stimulus reaction time. P3b latency was moderately prolonged, suggesting cognitive decline during selective attention tasks. P3b amplitude showed no abnormality. Near-infrared brain function examination report: findings considered similar to characteristics of depression and anxiety tendencies. Positive and Negative Syndrome Scale: positive and negative symptoms suspicious; general psychopathology: mild. Eysenck Personality Questionnaire: psychoticism normal, introversion-extraversion typical introversion, neuroticism relatively stable, lie scale normal. Bech-Rafaelsen Mania Scale: 5 points, no obvious manic symptoms.

Diagnosis: 1. Multiple personality disorder; 2. Mental disorder, pending diagnosis. After admission, the patient was treated with risperidone 1 mg twice daily and psychotherapy. On March 5, 2026, a consultation was conducted by Professor Du Yasong from the Shanghai Mental Health Center: The patient was conscious and responded appropriately, but during communication, two other personalities emerged, with observed changes in facial expression, tone, and gaze, as well as soliloquy and affective incongruity. A history of command auditory hallucinations was elicited (hearing voices out of nowhere telling him “don’t go to school,” “life is meaningless,” “go die”), visual hallucinations (seeing an adult male following him), and self-report that he could control the other two personalities in his body, which constituted grandiose delusion; the other two personalities could converse with him and had emotional exchanges, which constituted auditory hallucinations and also contained elements of illogical thinking. He had not attended school for half a year, with severe impairment of social functioning. The final definitive diagnosis was schizophrenia, and an increase in risperidone dosage was indicated. After treatment with risperidone 2 mg twice daily, auditory and visual hallucination symptoms improved significantly, the “personality switching” phenomenon gradually disappeared, mood stabilized, and social functioning gradually recovered. At discharge, insight had recovered, and he recognized that the previous “personality” experiences were related to the illness.

3. Discussion and conclusions

This patient had been misdiagnosed with "multiple personality disorder" and "major depressive disorder" at multiple hospitals, with the misdiagnosis period lasting nearly one year. The fundamental reason lies in the fact that the patient's highly convincing "multiple personality"-like presentation masked the core symptoms of schizophrenia, leading clinicians to be misled by the surface phenomena. To reduce such misdiagnoses, meticulous differential diagnosis and analysis should be conducted from the following four key dimensions.

First: Differentiation of trauma history and triggering factors. According to the DSM-5-TR diagnostic criteria, the etiological basis of DID is almost always closely associated with prolonged, severe childhood trauma (such as repeated physical abuse, sexual abuse, or severe emotional neglect) [1]. Although this patient had a family environment involving parental divorce and a father with a volatile temper, detailed longitudinal history-taking definitively ruled out any history of severe childhood abuse or sexual assault, which fundamentally does not conform to the typical etiological characteristics of DID. Furthermore, "personality switching" in DID is usually unconsciously triggered by specific cues associated with traumatic memories (such as particular smells, scenes, or interpersonal stimuli). In contrast, the clear triggers for "personality switching" in this patient were interpersonal ruptures (ending a friendship with a close friend and breaking off contact with an online friend). This triggering pattern more likely reflects the generalization of relational delusions in schizophrenia—that is, heightened sensitivity and catastrophic interpretation of external interpersonal interactions—rather than dissociative identity dissociation.

Second: Assessment of consciousness state and memory gaps. Another core diagnostic criterion for DID is "recurrent memory gaps," whereby the individual experiences significant amnesia for events occurring during the period dominated by another personality after switching [1]. Although this patient reported brief episodes of mental clouding and memory gaps during the initial "personality switch," in the subsequent course of illness, the various "personalities" were able to know about each other, coexist, and even engage in emotional exchanges. This kind of "clear memory" and "active observation" of the process of self-identity disintegration likewise does not conform to the classic feature of "active amnesia" between personality states in DID. Instead, it is more commonly seen in ipseity disturbance in schizophrenia—that is, the disintegration of the patient's experience of themselves as a unified subject of thought, emotion, and action, from which pathological narratives of multiple selves emerge.

Third: The deceptive nature of symptom presentation and essential differences. The three "personalities" presented by the patient ("Luomu," "Jiangyuling," and "Luofeiyu") each possessed independent names, personality traits, and behavioral patterns, and could alternately dominate consciousness. This surface phenomenon is highly likely to be confused with DID. However, the core feature of DID lies in the "passive intrusion" and "loss of control" of personality states—that is, the individual experiences involuntary takeover by personality states [1]. This patient was exactly the opposite, claiming that he "could control the other personalities within his body." This awareness and active sense of control over multiple identities is not a feature of DID but is more consistent with grandiose delusions or thought-logic disorder in schizophrenia—that is, the patient attempts to explain his abnormal self-experience using a delusional framework.

Fourth: Identification of core psychotic symptoms. This is the most critical and direct evidence in differential diagnosis. Although patients with DID may also experience auditory hallucinations, their hallucinations are mostly internal dialogues, flashbacks of traumatic memories, or internal communication between different personalities, and usually do not have the typical characteristics of auditory hallucinations

in schizophrenia. In contrast, this patient had already experienced clear auditory hallucinations of a commentary and commanding nature before the emergence of "personality switching," such as hearing voices out of nowhere saying "don't go to school," "there is no meaning in living," and "go die," accompanied by visual hallucinations (seeing an adult male following and frightening him). These persistent hallucinatory experiences, which are external, commanding, and threatening in nature, are characteristic symptoms of schizophrenia [2]. If clinicians are distracted by the "personality switching" phenomenon during consultation and neglect in-depth inquiry and assessment of these core psychotic symptoms, misdiagnosis can easily occur.

In summary, when encountering patients whose chief complaint is "multiple personality," clinicians should not be satisfied with phenomenological descriptions but must conduct a thorough and systematic psychiatric examination. The focus should be on: 1. Detailed tracing of childhood trauma history; 2. Careful assessment of the state of consciousness, degree of memory loss, and the patient's subjective sense of control during "personality switching"; 3. Particularly high vigilance and careful screening for the presence of core psychotic symptoms such as auditory hallucinations of a commentary and commanding nature and delusions. Only through comprehensive and dynamic assessment across multiple dimensions—including history, triggering factors, nature of hallucinations, and state of consciousness—can schizophrenia and dissociative identity disorder be accurately distinguished, misdiagnosis avoided, and precise treatment plans formulated for patients. In this case, after adequate treatment with risperidone, the psychotic symptoms and the "personality switching" phenomenon disappeared simultaneously, which conversely confirmed the correctness of the schizophrenia diagnosis.

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Disclosure statement

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