

Variations of self-experience in manic episodes: A review

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Abstract

Many studies on the variations of self-experiences in the psychopathological field have been favoured with renewed interest in the past decade. However, self-disorders in mania are still an overlooked issue because these symptoms are not considered a core feature of affective syndromes. We argue that detailing the self-distortions in the manic episode can help refine clinical diagnosis and develop predictive tools and psychotherapeutic strategies for functional recovery after crises. This paper intends to make a theoretical review of the leading research on this topic. For this, four criteria were analyzed: sensorimotor and kinesthetic experience, body structure and boundaries, beliefs about oneself and others, and idealized self. The evidence review suggests that feelings of body vitality and feelings of familiarity and sociability present in the manic episode were the most highlighted aspects in the studies, but further research is necessary to clarify the psychological basis of these phenomena. There is growing evidence that self-disturbances in the schizophrenia spectrum are different from those in the manic episode, and therefore different research strategies are required.

Keywords: Self-experience, Mania, Bipolar disorder, Psychopathology, Semiology.

1. Introduction

Many studies on the variations of self-experiences in the psychopathological field have been favoured with renewed interest in the past decade. This subject was disregarded for a long time because of the supposed metaphysical connotation of concepts such as Ego and Self and the supposed difficulty in carrying out connected investigations into observable behaviour (Berrios & Marková, 2003; Gusnard, 2017; Marsh & Hattie, 1996). Part of this revival movement is attributed to the clinical evidence regarding the centrality of variations of self-experience in psychosis (Longenecker *et al.*, 2015; Dean *et al.*, 2009; Watts *et al.*, 2022) and their prominent predictive and prognostic value.

To date, studies have mainly focused on the schizophrenia spectrum, with particular emphasis on its prodromal phases (Raballo *et al.*, 2021; Koren *et al.*, 2019; Parnas *et al.*, 2003; Huber & Gross, 1989; Scharfetter, 2003; Haug *et al.*, 2016). In addition, they also include the study of self-variations in mystical experiences and under the use of psychedelics drugs (Nour *et al.*, 2016; Barrett *et al.*, 2015; Parnas *et al.*, 2005; Mula *et al.*, 2008; Scharfetter, 2003).

However, self-disorder in manic episodes is still an overlooked issue because these symptoms are not considered a core feature of affective syndromes (Northoff, 2014; Parnas & Zandersen, 2018). Curiously, precisely mania, “a disorder with complex dimensions, such as instability-activation, emotional dysregulation, psychotic features, even deficit features” (Akiskal *et al.*, 2003, p. 14), and that implies significant social and economic burden, has received little attention regarding the variations of the self during the crisis.

It is a fact that this scarcity does not occur only concerning this topic. Until recently, this was a general condition of research on mania symptomatology, often reduced to mood alteration and increased psychomotor activity. Driven by multiple factors, most notably the extended period for diagnosis of bipolar disorder, the status of mania research is changing with significant results¹. In this research scenario, empirical and conceptual studies on self-variations in mania are still feeble and limited.

It is known that manic episodes, with recurrent acute symptomatology, are of considerable severity as they involve decreased impulse control and diminished risk assessment (Ghaemi, 2013; Akiskal, 2017). The dispositions of the episode, such as mood alteration, motor alteration, and involvement in extreme situations, leave no doubt that this is a serious, potentially dramatic condition for the patient since there is a tendency to minimize risk assessment (Morris, 2003; Perugi *et al.*, 1998). According to Cassano *et al.* (2004), the presence of a hypomanic symptom in depressive states is enough to increase by 4.2% the occurrence of suicide.

Above all, besides the severity represented by the manic episode itself, one of the most painful aspects for patients is precisely its impact as a biographical rupture (Caillard, 1982; Inder *et al.*, 2008; Faar *et al.*, 2023). This fact could explain why, in more than 90% of bipolar patients, functional recovery lags behind syndromic and symptomatic recovery. Among patients with manic episodes, 26% have symptomatic recovery, and only 24% have functional recovery after one year. The following year, this rate remained stable (Phillips & Travis, 2003).

¹ The research on mania started to change mainly after the 1990s, driven by three factors. Firstly, in the 1970s, the discovery of lithium carbonate and its relevance for the pharmacological therapy of mania triggered new investigations into the phenomenology of the condition and the creation of assessment scales (Beigel & Murphy, 1971). Secondly, the realization of the long delay in establishing the diagnosis of bipolar disorder - between five and ten years after the first symptoms - became a decisive factor for the need to refine the criteria (Akiskal *et al.*, 2003). Finally, the new conceptual configurations concerning the bipolar disorder, initiated in the 1970s by Akiskal, and the adoption of the dimensional view.

Therefore, investigating the properties and detailing the self-distortions in a manic episode may have considerable clinical value for psychotherapy treatment with these patients. These data may assist in developing predictive and coping strategies (Alloy *et al.*, 2009) and planning functional recovery and social integration after crises.

This article aims to do a theoretical review of previous research on self-disturbances in manic episodes and to examine if they support the hypothesis according to which there are variations in the self-experience in manic episodes.

2. Early mentions, key features and patterns of current studies: An overview

One of the challenges of research concerning self-experience is its definition because many conceptions of *Self* exist. Much research has decided to adopt the four formal criteria constitutive of the self-consciousness defined by Jaspers (Spitzer, 1988; Scharfetter, 2003), broadly covering the following aspects: sensorimotor subjectivity, body feelings, body structure and boundaries, self-reflection, beliefs on oneself and others (Parnas *et al.*, 2005; Mula *et al.*, 2008; Sierra & Berrios, 2000; Studerus *et al.*, 2010; Nour *et al.*, 2016). We will also adopt these criteria for our analysis.

Although transformations in self-experience have been associated mainly and primarily with schizophrenias, their bond with mania was first established in the 19th century. More precisely, in relation to mania, Griesinger (1871) considered that an altered self-perception would correlate to the exalted mood disorder. According to him, the increased sense of self would result from the primary alteration of coenesthesia. Added to the mood alteration, the self-sensations are gradually transformed into increased self-confidence and self-esteem, a sense of freedom and disinhibition. Progressively, the whole complex of self-representations is transformed and impacted by the change in coenesthesia and mood, all the way to the peak of delusional ideas of self-sufficiency, wealth, power, and pride. That would explain why the delusional ideas in mania mainly concerned the patient's own self (p. 288).

In his considerations on mania, Freud (1917/ 2008) points out that the alteration of the sense of self would be the crucial factor in the condition likewise. The foundation of mania rests on the modifications of the economic and dynamic processes of the Ego that occur with the overcoming of the melancholic state that precedes it. The disinhibition that the Ego then experiences and the excess of libido that is now available for its activities are the fundamental basis for the emergence of the sensations of joy, jubilation and triumph, the feeling of freedom and pleasure in mania. Therefore, according to Freud, the condition of the libidinal alteration of the sense of self would be the primary factor explaining both the change in exalted mood and the disinhibition in action. Together, these three traits make up the core of the manic experience for psychoanalysis.

Although variations of the self in mania were present in clinical observations such as those mentioned above, they have not been included in the key signs and symptoms by the classical descriptions. That may explain why the first quantitative evidence for variations in self-experience in mania appeared in studies that did not initially target them, except as supplementary information. That is the case in the study conducted by Clayton *et al.* (1965) with 31 manic patients, using clinical interviews, which detected symptoms of depersonalization and derealization in 43% of the sample. Despite the expressive frequency of these symptoms, their particularities are absent from the results discussion section of the article.

In addition, there are no specific scales for the investigation. Both the criteria adopted and the instruments used in the analysis had been developed from other psychopathology conditions, especially those on the spectrum of schizophrenia. It is the case of the study carried out by Mula *et al.* (2009) about the correlation between dissociation and depersonalization symptoms in bipolar I and II disorders, using the Scale of Dissociative Experiences (DES) and Structured Clinical Interview for Depersonalization-Derealization Spectrum (SCI-DER). The results indicated a significant relationship between the early onset of bipolar disorder and depersonalization symptoms, with dissociation symptoms present in 25% of the entire sample, without specification for mania.

The adoption of these instruments assumes that there would be similarities in the variations of the self-experiences present in schizophrenia and bipolar disorder in terms of frequency and intensity. However, adopting analytical measuring instruments developed for other purposes can overlook mania's phenomenological shades of self-disturbances.

More recently, attempts are being made to avoid this method problem by using manic self-assessment scales in their procedures. The preference for self-report tools and questionnaires is due to the nature of the subject investigated. In research on the variation of self-experience, the subjective experience is essential data to recognize the particularities of these modifications. In the case of studies on mania, the most used tools are the following: Hypomanic Personality Scale (Eckblad & Chapman, 1986), the Self-Report Manic Inventory (Shugar *et al.*, 1992) and the Mood Disorder Questionnaire (Hirschfeld *et al.*, 2000). Even so, they are not instruments initially designed to investigate variations of self-experience, and therefore some of their domains are not fully covered by these tools.

Another characteristic of the studies surveyed in our review concerns the constructs chosen to be analyzed. No research could be found on variations in the self-experience during the crisis in manic episodes. More precisely, there is a range of compatible topics that are approximate but do not cover the issue, for example, personality and identity in bipolar disorder, belief system, goal pursuit and self-concept (Ironside *et al.*, 2019; Inder *et al.*, 2008; Fulford *et al.*, 2008; Wright *et al.*, 2022).

3. Research findings to suggest modifications of self-experiences in mania

However, even though self-modification during the manic episode is not the topic of much research, nor is its central conceptual unit of analysis, a data set supports the hypothesis that the self undergoes them indeed. We will present some of these data, which cover some parameters for research on self-experience, such as the feeling of self, activity, and body boundaries.

The level of alterations in the self-experiences involving the bodily dimension, sensorimotor sensations and bodily feelings is perhaps the most well-known dimension of mania. Kraepelin drew attention to the fact that the maniac might have the sensation of being more sensitive, especially regarding the acuity of his five senses (1921, p. 15). Along with the feeling of having some sharpened senses, there are reports of the feeling of no fatigue and the feeling of being physically empowered. In this regard, the question of what would be primary, whether the alteration of sensibility and bodily resistance, supporting the belief of having unusual abilities and powers, or the reverse, varies among authors and even according to the same author. For example, Kraepelin states both that “the brutality with which patients use their limbs gives rise to the widespread and inaccurate idea that they possess extraordinary physical strength” (*op cit.*, p. 28) and the opposite, i.e., that the alteration of body perception would already be an indication of a delusional belief: “We see that it is often a matter of a simple hypersensitivity to the perceptions coming from one's own body, but also of a delusional interpretation of sensations that are themselves anodyne” (*op cit.*, p. 15)

Another significant sign related to altered body sensitivity is the mention of the absence of pain perception (Caillard, 1982). In a study published in 2016, conducted with 225 patients with chronic pain and diagnosed with bipolar I and II disorder, patients reported feeling a reduction in pain intensity during manic or hypomanic episodes in 64.2% of cases (Boggero & Cole, 2016). However, also on this aspect, there are diverse positions. Griesinger conceives that, during the manic episode, several sensitivity disorders would occur, “anomalous sensations of the skin, pains of the limbs, real or apparent insensibility to cold and heat”, but concludes that “as to anesthetics precisely, they are much rarer than was formerly believed” (1871, p. 335).

These changes in feelings of body vitality are covered by the diagnostic criteria for mania (APA, 2014). They include increased feelings of well-being and confidence and inflated self-esteem (Kendler, 2016). Moreover, they are specified in all mania symptom scales. In the MSRS (Beigel & Murphy, 1971), MMRS (Blackburn *et al.*, 1977) and SRMI (Shugar *et al.*, 1992) scales, they are arranged in the items of changes in grandiose thinking and feeling of well-being. On the YMRS scale (Young *et al.*, 1978), the feeling of self-confidence appears as a rating sub-item within the class of euphoric mood. On the BRMS scale (Bech *et al.*, 1975), grandiose ideas present as the maximum gradation of changes in self-esteem and the feeling of well-being as a variation of manic mood. Finally, the CARS-M

scale (Altman *et al.*, 1994) allocates a criterion for grandiosity as a variation of judgment: "unrealistic or inadequate evaluation of one's own worth, power, knowledge, or abilities" (p. 132).

Finally, other data related to the sensorimotor dimension and cenesthetic experiences are the activation symptoms that, since the 2000s, have gained increasing relevance in the characterization of manic symptoms (Cassano *et al.*, 2012; Ghaemi, 2013). Akiskal *et al.* (2001 and 2003) argue that activation symptoms can be considered the stem symptom or the core feature of the condition, which would facilitate the onset of both mood and psychotic symptoms in mania.

In contrast, we found no mention in the literature concerning reports of sensations of disruption in the body structure and boundaries in mania. There is also no reference to manifestations such as the feeling that the body is being invaded or commanded from the outside. Therefore, these studies suggest that there are no intrusive sensations of a dissociative type, as they often occur in schizophrenia. The feeling of bodily vitality, felt during the manic episode, may be unusual and excessive, but there is no report of feelings of strangeness about one's own body.

Moreover, in the cases reported in the pioneer studies, there is no description of loss of agency. According to Dumas (1846/1946), all the patients he interviewed after the episodes said they felt free and not influenced by another or under an external and bothersome influence (p. 60). At some point, the alteration of proprioception may take on a displeasing, even distressing tone, but this is not reputed to be an external influence. That is an aspect of the variations of self-experience in mania that also differs from those testified by schizophrenic patients.

The last item in our review refers to the feeling of familiarity and the feeling of connection with others during the manic episode. Some studies indicate significant changes in how one relates to others, in beliefs about oneself and others, and in abstract idealization about the self and with others (Ghaemi, 2013). Part of this change is contemplated in the assessment scales. For example, the MMS Scale (Blackburn *et al.*, 1977) emphasizes the patient's constant search for others and demand for social contact, and it includes a religious aspect among its criteria (p. 458).

Although not so prominently, this sense of familiarity with the environment and others had already been underlined by Kraepelin: "They do marriage projects, attach themselves to suspicious individuals, kiss in the middle of the street women they do not know, tour the cabarets, indulge in all manner of debauchery. A young girl rounds from tavern to tavern with students and buys them drink" (1921, p. 35). In another of his descriptions, Kraepelin reports that one of his patients, in his first crisis, placed an ad in the newspaper to invite all the *noblesse du jour* to a high-class evening on a terrace (1921, p. 79). This was also an aspect of manic symptomatology highlighted by Ghaemi (2003) when stressing the ease of socializing and extroversion demonstrated by some patients: "usually

those who are introverts become much more sociable and extroverted when they are manic. Mania becomes a temporary ‘personality transplant’” (p. 223).

The French National Study EPIMAN (Akiskal *et al.*, 2001), aiming to find criteria to refine the description of the phenomenology of mania, presents favourable results in this aspect. The method consisted of applying the Ahearn-Carroll self-assessment scales (MVAS-BP) to 104 manic patients. One of the highest-scoring items was that in which the patient claimed to “feel a special connection with people” during the episode. One of the conclusions presented by the researchers was that the so-called disinhibition in mania should be highlighted and receive further investigation due to its great expressiveness in the results collected. The authors suggest: “We recommend the inclusion of ‘social disinhibition’ (operationalized as pathological gregariousness and familiarity with others) as a distinct sign of mania” (p. 94).

Some interrelated traits may engender and sustain the changed sociability during the manic episode: the feeling of connection with the world and the desire to communicate. These factors can be combined with the feeling of ease of communication and of having a greater ability with words. The capacity for language management that may be present during the manic episode is one of the most commented features in the literature and plays a fundamental role in this kind of facilitated and uninhibited sociability. Leader (2013) notes that during the episode, the patient “(...) engages in conversation almost anywhere, as if everyone were great friends or potential lovers” (p. 24). Indeed, as Leader points out, in mania, there would be “an insatiable thirst for a receiver. Manic subjects, unlike others, do not talk to themselves” (*op. cit.*, p. 35). This normative aspect goes further. In the speeches of many maniacs, this tendency gains the maximum expression of a connection with the world in its totality, like an oceanic feeling of the world, as Freud says. The manic person feels “wonderfully connected to the world, instead of being its slave or servant” (*op. cit.*, p. 27).

It is important to emphasize that the feeling of familiarity and connection with the surrounding world are alterations in the feelings of the self-boundaries. Also, we must stress that this alteration is opposite to the feeling of estrangement and detachment from the world, accompanied by disruption of body boundaries, observed in cases of the schizoid spectrum.

4. Conclusion

Research on the variations of self-experience in manic episodes is of great importance for a better understanding of this condition's semiology, diagnosis and treatment. Our review suggests that changes in feelings of bodily vitality and feelings of familiarity and sociability in the manic episode are certainly the most prominent aspects in the results of the few studies on the subject. Furthermore, there is growing evidence in current research that self-disturbances on the schizophrenia spectrum differ from those in manic episodes. Research with appropriate strategies and methods is still needed to clarify the psychological basis of these phenomena.

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References

- Alloy, L., Abramson, L., Walshaw, P., Gerstein, R., *et al.* (2009). Behavioral approach system (BAS)-relevant cognitive styles and bipolar spectrum disorders: concurrent and prospective associations. *Journal of abnormal psychology*, 118(3), 459–471.
- Altman, E.G.; Hedeker, R.; Janicak, G.; Peterson, L.; Davis, M. (1994). The Clinician-Administered Rating Scale for Mania (CARS-M): development, reliability, and validity. *Biol Psychiatry*.15;36(2):124-34.
- Akiskal, H.S., Hantouche, E., Bourgeois, M., Azorin, J. (2001). Toward a Refined Phenomenology of Mania: Combining Clinician-Assessment and Self-report in the French EPIMAN Study. *Journal of Affective Disorders*, 67, 89-96.
- Akiskal, H.S., Azorin, J.M., Hantouche, E.G. (2003). Proposed multidimensional structure of mania: beyond the euphoric-dysphoric dichotomy. *Journal of Affective Disorders*, 73, 7–18.
- Akiskal, H. (2017). Mood Disorders: Clinical features. In: B. Sadock; V. Sadock; P. Ruiz (Org.), *Kaplan & Sadock's Comprehensive Textbook of Psychiatry*. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.
- APA American Psychiatry Association. (2014). *Manual Diagnóstico e estatístico de transtornos mentais: DSM-5*. Porto Alegre, RS: Artmed.
- Barrett, F., Johnson, M.; Griffiths, R. (2015). Validation of the revised Mystical Experience Questionnaire in experimental sessions with psilocybin. *J Psychopharmacol*; 29(11):1182-90.
- Bech, P., Bolwig, T., Dein, E.; Jacobsen, O. (1975). Quantitative rating of manic states. *Acta Psychiatrica Scandinavica*, 52, 1-6.

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Oxford, United Kingdom

- Beigel, A.; Murphy, D. (1971). Assessing clinical characteristics of the manic state. *American Journal of Psychiatry*, 128, 688-94.
- Berrios, G., Marková, I. (2003). The self and psychiatry: a conceptual history. In T. Kircher e A. David (ed.), *The Self in Neuroscience and Psychiatry*. Cambridge: Cambridge University Press.
- Blackburn, J., London, J., Ashworth, C. M. (1977). A new scale for measuring mania. *Psychological Medicine*, 7, 453-8.
- Boggero, I.; Cole, J. (2016). Mania reduces perceived pain intensity in patients with chronic pain: preliminary evidence from retrospective archival data. *Journal of Pain Research*, 9, 147–152.
- Caillard, V. (1982). *La malade maniaque*. Paris, France: PUF.
- Cassano GB, Rucci P, Frank E, Fagiolini A. *et al.* (2004) The mood spectrum in unipolar and bipolar disorder: arguments for a unitary approach. *Am. J. Psychiatry*.; 161:1264–1269.
- Cassano, G.B., Rucci, P., Benvenuti, A., Miniati, M. *et al.* (2012). The role of psychomotor activation in discriminating unipolar from bipolar disorders: a classification-tree analysis. *The Journal of clinical psychiatry*, 73 (1), 22-28.
- Clayton, P., Pitts, F.; Winokur, G. (1965). Affective disorder: IV. Mania. *Comprehensive Psychiatry*, Volume 6, Issue 5.
- Dean, C., Elvevåg, B., Storms, G., Diaz-Asper, C. (2009). Perception of self and other in psychosis: a method for analyzing the structure of the phenomenology. *Psychiatry Res.*;170(2-3):128-31.
- Dumas, G. (1846/1946). *Le surnaturel et les dieux d'après les maladies mentales (Essai de théogénie pathologique)*. Paris, France: PUF. Collection Bibliothèque de philosophie contemporaine.
- Eckblad, M., Chapman, L. (1986). Development and validation of a scale for hypomanic personality. *J. Abnorm. Psychol.*; 95:214–222.
- Farr, J., Rhodes, J. E., & Smith, J. A. (2023). Recovering from first episode psychotic mania: The experience of people diagnosed with bipolar disorder. *Early Intervention in Psychiatry*, 1–7.

- Freud, S. (1917/2008). Trauer und Melancholie. In S. Freud, *Gesammelten Werke*, band 10. Frankfurt am Main: Fischer Verlag.
- Fulford, D, Johnson SL, Carver CS. (2008). Commonalities and differences in characteristics of persons at risk for narcissism and mania. *J Res Pers* Dec;42(6):1427-1438.
- Ghaemi, N. (2003). Life's roller coaster: mania. In N. Ghaemi, *The concepts of Psychiatry*. Baltimore, MD: John Hopkins University Press.
- Ghaemi, N. (2013). Understanding Mania and Depression. In K. W. M. Fulford *et al.* (ed.), *The Oxford Handbook of Philosophy and Psychiatry*. Oxford: Oxford University Press, 803- 819.
- Griesinger, W. (1871). *Pathologie und Therapie der Psychischen Krankheiten*. Braunschweig, Alemanha: Friedrich Wreden.
- Gusnard, D. (2017). Basic Science of Self. In: B. Sadock, *Kaplan & Sadock's Comprehensive Textbook of Psychiatry*. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.
- Haug, E., Øie, M. G., Andreassen, O. A., Bratlien, U. *et al.* (2016). The Association between Anomalous Self-experiences, Self-esteem and Depressive Symptoms in First Episode Schizophrenia. *Frontiers in human neuroscience*, 10, 557.
- Hirschfeld, R, Williams, J., Spitzer, R., *et al.* (2000). Development and validation of a screening instrument for bipolar spectrum disorder: The mood disorder questionnaire. *Am. J. Psychiatry*;157:1873–1875.
- Huber, G.; Gross, G. (1989). The concept of basic symptoms in schizophrenic and schizoaffective psychoses. *Recenti Prog Med*. Dec;80(12):646-52.
- Inder, M. L., Crowe, M. T., Moor, S. *et al.* (2008). "I Actually Don't Know Who I Am": The Impact of Bipolar Disorder on the Development of Self. *Psychiatry: Interpersonal and Biological Processes*, 71(2), 123–133.
- Ironside, M. L., Johnson, S. L., & Carver, C. S. (2019). Identity in bipolar disorder: Self-worth and achievement. *Journal of personality*, 88(1), 45–58.
- Kendler, (2016). The clinical features of mania and their representation in modern diagnostic criteria. *Psychol Med.*; 47(6):1013-1029.

- Koren, D., Tzivoni, Y., Schalit, L. *et al.* (2019). Basic self-disorders in adolescence predict schizophrenia spectrum disorders in young adulthood: A 7-year follow-up study among non-psychotic help-seeking adolescents. *Schizophrenia Research*, volume 216, p. 97-103.
- Kraepelin, E. (1921). *Manic-depressive Insanity and Paranoia*. Livingstone, Edinburgh.
- Leader, D. (2013). *Strictly bipolar*. London: Penguin.
- Longenecker, J.; Hui, C.; Chen, E.; Ellevåg, B. (2015). Concepts of 'self' in delusion resolution. *Schizophrenia research. Cognition*, 3, 8–10.
- Marsh, H. W., & Hattie, J. (1996). Theoretical perspectives on the structure of self-concept. In B. A. Bracken (Ed.), *Handbook of self-concept: Developmental, social, and clinical considerations* (p. 38–90). John Wiley & Sons.
- Morris, R.K. (2003). *Managing Acute Mania*. London: Science Press.
- Mula, M.; Pini, S.; Calugi, S.; Preve, M. *et al.* (2008). Validity and reliability of the Structured Clinical Interview for Depersonalization–Derealization Spectrum (SCI-DER). *Neuropsychiatric Disease and Treatment*, 4 (5), 977–986.
- Mula, M.; Pini, S.; Preve, M. *et al.* (2009). Clinical correlates of depersonalization symptoms in patients with bipolar disorder. *J Affect Disord*, 115(1-2):252-6.
- Nour, M.; Evans, L.; Nutt, D.; Carhart-Harris, L. (2016). Ego-Dissolution and Psychedelics: Validation of the Ego-Dissolution Inventory (EDI). *Front Hum Neurosci*; 10:269.
- Northoff, G. (2014). How is our self altered in psychiatric disorders? A neurophenomenal approach to psychopathological symptoms. *Psychopathology*; 47(6):365-76.
- Parnas, J.; Handest, P.; Sæbye, D.; Jansson, L. (2003). Anomalies of subjective experience in schizophrenia and psychotic bipolar illness. *Acta Psychiatr Scand*, 108, p. 126–133.
- Parnas, J.; Møller, P.; Kircher, T. *et al.* (2005). EASE: Examination of Anomalous Self-Experience. *Psychopathology*. Sep-Oct;38(5), 236-58.
- Parnas, J.; Zandersen, M. (2018). Self and schizophrenia: current status and diagnostic implications. *World Psychiatry*, Jun;17(2), 220-221.

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Oxford, United Kingdom

- Perugi, G. *et al.* (1998). Chronic mania: Family history, prior course, clinical picture and social consequences. *The British Journal of Psychiatry*, 173 (6), 514-518.
- Philip, M.; Travis, M. (2003). Follow-up of patients recovering from the acute phase. In R.K. Morris (ed.), *Managing Acute Mania*. London, England: Science Press.
- Raballo, A.; Poletti, M.; Preti, A.; Parnas, J. (2021). The Self in the Spectrum: A Meta-analysis of the Evidence Linking Basic Self-Disorders and Schizophrenia. *Schizophrenia Bulletin*, 47(4), 1007-1017.
- Scharfetter, C. (2003). The self-experience of schizophrenics. In T. Kircher, A. David (eds), *The Self in Neuroscience and Psychiatry*. Cambridge: Cambridge University Press.
- Sierra, M.; Berrios, G. (2000). The Cambridge Depersonalisation Scale: a new instrument for the measurement of depersonalization. *Psychiatry Research*, 93.
- Shugar, G., Schertzer, S., Toner, B., Di Gasbarro, I. (1992). Development, use, and factor analysis of a self-report inventory for mania. *Compr Psychiatry*;33(5):325-31.
- Spitzer, M (1988). Ichstörungen: In search of a theory. In M. Spitzer, F. Uehlein, G. Oepen (Eds.), *Psychopathology and Philosophy*. New York, NY Springer pp. 167. –183.
- Studerus, E., Gamma, A., Vollenweider, F. X. (2010). Psychometric Evaluation of the Altered States of Consciousness Rating Scale (OAV). *PLoS ONE*, 5(8), e12412.
- Watts, R., Kettner, H., Geerts, D. *et al.* (2022). The Watts Connectedness Scale: a new scale for measuring a sense of connectedness to self, others, and world. *Psychopharmacology* 239, 3461–3483.
- Wright, L., Lari, L. et al. (2022). Differential diagnosis of borderline personality disorder and bipolar disorder: Self-concept, identity and self-esteem. *Clin Psychol Psychother.* Jan;29(1):26-61.
- Young, R., Biggs, J., Ziegler, V., & Meyer, D. (1978). A Rating Scale for Mania: Reliability, Validity and Sensitivity. *British Journal of Psychiatry*, 133(5), 429-435.