MANIA FOLLOWING HYPNOTHERAPY
T.R. SURESH, T.N. SRINIVASAN

Switches into mania have been observed in unipolar and bipolar depressed patients following physical treatments as well as cognitive therapy. Such a phenomenon has not been observed with hypnotherapy and its occurrence in a depressive patient is reported here and discussed.

INTRODUCTION

The discovery of antidepressant drugs originated in the observation of manic-like responses to drugs used for medically ill patients (Crane, 1956). Hence it should not be surprising that the use of antidepressants affect the course of illness by precipitating hypomania or mania in both unipolar and bipolar depressives (Van Scheyen & Van Kammen, 1976; Wehr & Goodwin, 1987). Such switches of depressives into mania have been observed not only with the tricyclic drug but also with electroconvulsive therapy and sleep deprivation (Wehr & Goodwin, 1987) and recently with drugs of a chemical structure different from the tricyclics (Knobler et al., 1986; Cooper, 1988). Even non-pharmacological therapies do not seem exempt from this side effect as illustrated by the induction of mania by cognitive therapy (Kingdom et al., 1986). Psychotherapy using hypnosis is known to be helpful in mild depression if light hypnosis and simple positive suggestions are applied (Ambrose & Newbold, 1980). Induction of mania in our patient following hypnotherapy did surprise us and is reported here.

CASE REPORT

A forty year old woman, mother of three, presented with symptoms of Dysthymic disorder of one month duration. She had several such episodes in the past 15 years, which began after a major depressive episode during puercerium. She was not on any treatment since the major episode and had no history of hypomanic or manic symptoms. There was no family history of affective disorder. The presenting episode was minor in degree and the only stress factor identifiable was school refusal in her daughter, which had in fact led to identification of depression in her.

Hypnotherapy was advised for the patient who did not prefer drug therapy. Three sessions of hypnotherapy were given over a period of one week. Ventilation of her negative self evaluations and use of positive suggestions to improve her self esteem and ego strength was done during each session under first stage of hypnosis. Neither deep level of hypnosis nor hypnoanalysis was attempted. After the initial sessions, the patient was instructed to practice self-hypnosis once a day using an audio cassette with a recording of the last session by the therapist. At the end of one week she presented with a cheerful mood and improved self-esteem, confidence and energy with no depressive symptoms. Her child was concurrently treated and had by then returned to school. Self-hypnosis was continued and ten days later her spouse brought her with symptoms of sleeplessness, irritability with a tendency to be aggressive and disinhibited, excessive talk, ideomotor pressure and grandiose ideation. Clinical examination showed the presence of a Manic disorder.

Following recovery from this episode in two weeks with antipsychotics, she was advised not to practice self-hypnosis. However, this was not heeded and a week later there was reemergence of manic symptoms requiring increase in the dose of antipsychotics. Subsequently, it was ensured that she did not practice self-hypnosis and drugs were tapered off. The six years of follow up since have been uneventful with no hypomanic, manic or significant dysthymic symptoms.

DISCUSSION

We describe here a manic episode following hypnotherapy in a woman with unipolar illness who had no family history of affective illness and had no concurrent physical treatment for depression. The switch into mania was temporally related to hypnotherapy and was preceded by a phase of euthymia, showing that the therapy had been effective for depression initially but later there was an 'overshoot'. The absence of recurrence of manic symptoms during the subsequent six years of follow-up speaks against a coincidental manic switch occurring during hypnotherapy. As deep hypnosis or hypnoanalysis was carefully avoided, the manic reaction could not be viewed as a manifestation of nonspecific psychotic disorganization which is known to occur if hypnotherapy is too deep and uncontrolled (Auerbach, 1962).
The precipitation of mania by hypnotherapy supports the evidence that this therapy can be useful in depression. It is now well known that psychological influences affect the neurobiological substratum (Grebb, 1989). The physiological processes underlying both the recovery from depression and switching into mania could be common for both physical treatments and psychotherapeutic manoeuvres like hypnotherapy.

Caution should be practiced in branding hypnotherapy as hazardous for treating depression as it has several advantages over drug treatment. When applied for treatment of depression it would be wise to modulate the rate of improvement of self-esteem, if it appears to be taking place rapidly, as was our experience as well as that of Kingdom et al (1986) with cognitive therapy. In over 15 years of combined experience of using hypnotherapy we have not observed such a reaction as this, as otherwise we could have restricted the use of self-hypnosis earlier in treatment. Anyhow, the experience favors the suggestion that if a treatment is effective it will also produce unwanted side effects, whereas conversely, if the treatment has no unwanted effects it is unlikely to have positive ones either (Crown, 1983).

REFERENCES

Ambrose, G. & Newbold, G. (1980) A Handbook of Medical Hypnosis, 4th edition. London: Bailliere Tindall.

Auerbach, A. (1962) Attitudes of Psychiatrist to the use of hypnosis. Journal of American Medical Association, 180, 917-921.

Cooper, G.L. (1988) The safety of Fluoxetine - an update. British Journal of Psychiatry, 153, (Suppl 3), 77-86.

Crane, G.E. (1956) The Psychiatric side effects of Iproniazid. American Journal of Psychiatry, 112, 494-501.

Crown, S. (1983) Contraindications and dangers of Psychotherapy. British Journal of Psychiatry, 143, 436-441.

Grebb, J.A. (1989) Introduction and overview. In Comprehensive Textbook of Psychiatry, 5th edn, (Eds. H.I. Kaplan & B.J. Sadock), 1-5. Baltimore: Williams & Wilkins.

Kingdom, D., Farr, P., Murphy, S. & Tyrer, P. (1986) Hypomania following cognitive therapy. British Journal of Psychiatry, 148, 468-470.

Knobler, H.Y., Itachaky, S., Emmanuel, D., Mester, R. & Maizel, S. (1986) Trazodone-induced Mania. British Journal of Psychiatry, 149, 787-789.

Van Scheyen, J.C. & Van Kammen, D.P. (1976) Clomipramine - induced mania in unipolar depression. Archives of General Psychiatry, 36, 560-565.

Wehr, T.A. & Goodwin, F.K. (1987) Can antidepressants cause Mania and worsen the course of Affective illness? American Journal of Psychiatry, 144, 1403-1411.

T.R.Suresh, MD, DPM, Tutor: T.N.Srinivasan MD, Assistant Professor, Department of Psychiatry, Sri Ramachandra Medical College & Research Institute, Porur, Madras 600 116.

* Correspondence