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CASE REPORT

The Effect of Medical Hypnosis on Depression in the Elderly: A Case Report

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Abstract: *Introduction* Depression in the elderly is a significant health issue requiring a holistic, bio-psycho-socio-spiritual approach. This report explores adjuvant medical hypnosis for severe depression in this population. *Case*: An 83-year-old male was diagnosed with severe depression without psychotic symptoms and mild cognitive impairment (HDRS 25, MoCA-Ina 21) after losing his wife and sibling. He was treated with Sertraline 25 mg and two sessions of medical hypnosis. *Result:* The patient showed significant clinical improvement; depressive symptoms reduced (HDRS 11), cognitive function improved (MoCA-Ina 25), appetite and sleep quality were restored, and suicidal ideation resolved. *Discussion*: This case illustrates the potential of medical hypnosis as a synergistic adjuvant to pharmacotherapy. By addressing biological, psychological, social, and spiritual domains, this integrated approach appeared to facilitate rapid improvement in cognitive function and quality of life. While limited to a single case, these findings suggest that a holistic model warrants further investigation for managing depression in the geriatric population.
Keyword: Case Report, Depression, Elderly, Medical Hypnosis

INTRODUCTION

The global elderly population continues to rise alongside increasing life expectancy, a trend also observed in Indonesia. By 2025, the elderly population in Indonesia is estimated to reach approximately 33.7 to nearly 34 million people. This figure represents 11.8% of Indonesia's total population. This population growth is accompanied by an increase in health issues, not only physical but also mental, with depression being one of the most common disorders.[1]

Depression in the elderly is often undiagnosed and untreated because it is frequently dismissed as a normal part of the aging process. Data indicates a high prevalence of depression among the elderly. International studies report prevalence rates ranging from 10–20%, which can reach over 30% in nursing home residents. Research in Indonesia reports a 16.3% depression rate among the elderly in the community,

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influenced by chronic illness, social isolation, and the loss of a spouse. This condition lowers quality of life, accelerates cognitive decline, increases physical comorbidity, and raises the risk of suicide.[2]
Managing depression in the elderly requires a holistic strategy; pharmacological approaches alone are insufficient. The elderly generally experience decreased metabolic function, a higher risk of side effects, and frequent polypharmacy due to other chronic conditions. Therefore, a bio-psycho-socio-spiritual approach is needed to achieve effective therapeutic outcomes.[3–5]
The biological aspect involves understanding neurobiological changes in the aging brain, the decline of neurotransmitters (serotonin, dopamine, norepinephrine), and hypothalamic–pituitary–adrenal (HPA) axis dysregulation which increases vulnerability to depression. The psychological aspect relates to the grieving process, loss of meaning in life, and loneliness. From a social perspective, reduced interaction or family support, limited activity, and social isolation are significant risk factors. The spiritual aspect plays a major role in providing and maintaining meaning in life, acceptance of loss, and improving emotional resilience.[6]
In the context of these holistic needs, medical hypnosis emerges as a promising adjuvant approach. Medical hypnosis is a psychotherapeutic intervention involving a state of deep relaxation that allows patients to access core thoughts (often referred to as the subconscious) more easily, reconstruct irrational core thoughts, and accept positive suggestions. Numerous studies show that medical hypnosis is effective in reducing depressive symptoms. Alladin (2018) reported that hypnosis based on cognitive therapy can provide significant improvement in depressive symptoms. Other research supports medical hypnosis as a method for managing emotional distress in patients with chronic medical or palliative conditions.[7]
However, research on medical hypnosis specifically for the elderly population remains relatively limited. The elderly possess unique characteristics such as decreased neuroplasticity, cognitive impairment, and frequent loss of spouses or close family members. A report from the British Society of Clinical and Academic Hypnosis (2024) indicates that hypnosis can assist the elderly in coping with depression, loneliness, chronic illness, and adaptation to age-related changes. Furthermore, preliminary studies in Indonesia have found that medical hypnosis can reduce anxiety in the elderly, which often co-occurs with depressive symptoms.[8,9]
Thus, medical hypnosis has the potential to be a vital part of the bio-psycho-socio-spiritual holistic approach to treating depression in the elderly, especially when combined with pharmacological therapy.[10]
This case report aims to explore the effect of using medical hypnosis as an adjuvant therapy in an elderly patient with severe depression without psychotic symptoms and mild cognitive impairment.

CASE PRESENTATION

An 83-year-old male presented, accompanied by his family, with a chief complaint of loss of appetite. The patient also reported feeling sad, lonely, and unmotivated, frequently expressing a desire to join his wife who passed away two years ago. His condition worsened following the death of his sibling, characterized by

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increased withdrawal, easy fatigability, sleep disturbances, weight loss, and feelings of guilt. The family was deeply concerned about the patient's progressive weight loss due to reduced appetite. The patient was only willing to eat once a day, consuming only 2-3 spoonfuls.

Family support was relatively good; the patient lived with two children who actively kept him company, provided sufficient food, and cared for him, alongside a nurse who assisted with daily needs and medication administration.

Psychiatric examination revealed a depressed mood, anhedonia, anergia, and suicidal ideation, without delusions or hallucinations. Medical history noted the patient had undergone Open Reduction Internal Fixation (ORIF) surgery two months prior due to a right hip fracture.

Assessment using the Hamilton Depression Rating Scale (HDRS) yielded a score of 25 (indicating severe depression), and the Montreal Cognitive Assessment Indonesia version (MoCA-Ina) score was 21 (indicating mild cognitive impairment). The diagnosis established was Severe Depression without Psychotic Symptoms and Mild Cognitive Impairment.

The patient received pharmacological therapy comprising Sertraline at a low dose of 25 mg once daily, combined with two sessions of medical hypnosis. The medical hypnosis procedure was conducted through the following stages:[11] (1) Pre-induction with rapport building, (2) Induction and deepening, (3) Regression to trace the source of irrational thoughts related to loneliness and loss, (4) Circle and chair therapy for the reconstruction of emotional experiences, (5) Seeking wisdom to build new meaning in life; (6) Ego strengthening through positive suggestions, (7) Anchoring to maintain emotional tranquility.

After two sessions, the patient showed improvement: mood became more stable, enthusiasm for activities returned, interaction with family improved, and suicidal ideation resolved. Appetite improved, with the patient beginning to feel hunger as before, and gastrointestinal complaints decreased. The patient's sleep quality was also reported to have improved. The HDRS score decreased to 11, and the MoCA-Ina score increased to 25, indicating improved cognitive function.

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DISCUSSION

This case describes an elderly male diagnosed with severe depression without psychotic symptoms and mild cognitive impairment who received pharmacological therapy (Sertraline) and medical hypnosis. After two sessions of medical hypnosis, the patient demonstrated significant improvement in affective symptoms, cognitive function, appetite, and sleep quality. This outcome can be analyzed comprehensively through biological, psychological, social, and spiritual dimensions.

Biological Aspect The aging process causes neurobiological changes that increase vulnerability to depression. Reduced volume in the hippocampus and prefrontal cortex is associated with neurotransmitter dysregulation, such as serotonin, dopamine, and norepinephrine.[12] Additionally, increased Hypothalamic-Pituitary-Adrenal (HPA) axis activity leads to elevated cortisol levels (the long-term stress hormone), contributing to mood disorders, sleep disturbances, and decreased

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neuroplasticity.[13] In this case, symptoms of anorexia, insomnia, anhedonia, anergia, and suicidal ideation were consistent with serotonergic and dopaminergic system dysregulation. The use of Sertraline, a Selective Serotonin Reuptake Inhibitor (SSRI), is recommended as it increases synaptic serotonin levels associated with mood and appetite improvement.

Medical hypnosis contributes at the biological level by decreasing sympathetic activity and increasing parasympathetic activity, which lowers cortisol levels, enhances endorphin release, and improves the balance of neurotransmitters like serotonin and GABA.[14,15] This mechanism explains the improvements in sleep, appetite, and emotional stability observed in the patient.

Psychological Aspect Psychologically, the patient experienced pathological grief following the loss of his spouse and sibling. Deep loneliness, loss of a "self-object," feelings of guilt, and a loss of meaning in life triggered depression. Medical hypnosis assisted the patient using regression techniques to trace the source of irrational thoughts, while chair therapy and circle therapy enabled the reconstruction of painful emotional experiences. This process facilitated catharsis, cognitive restructuring, and ego strengthening through positive suggestions. The effectiveness of medical hypnosis in depression is supported by clinical studies showing that this intervention can reduce depressive symptoms, improve coping mechanisms, and empower patients to control their emotions.[16–18]

Social Aspect The patient was previously known to be active in social activities but withdrew after experiencing loss, where reduced interaction exacerbated feelings of loneliness. Social loneliness is a strong risk factor for depression in the elderly.[19] Family support in this case was relatively good, demonstrated by the involvement of the patient's children and a nurse assisting with daily activities. Following medical hypnosis, the patient took the initiative to communicate with distant family members, indicating social reintegration. Engagement in social activities post-therapy is crucial as it correlates with improved quality of life, cognition, and reduced mortality in the elderly.[20] Thus, medical hypnosis impacts not only intrapsychic aspects but also facilitates the patient's social connectedness.

Spiritual Aspect In the spiritual dimension, the patient felt a loss of meaning in life after his spouse died. This despair increased the risk of suicidal ideation. The medical hypnosis approach using the wisdom technique provided space for the patient to rediscover life's purpose, the meaning of togetherness with family, and to accept loss more adaptively.[21] Studies show that integrating spiritual aspects into depression management for the elderly can increase hope, acceptance, and quality of life, while reducing suicidal ideation. Spirituality can function as positive religious coping, providing emotional support and evoking a sense of connection to something greater than oneself.[22,23]

It is challenging to strictly delineate the effects of pharmacotherapy from medical hypnosis in this integrated approach. However, the rapid alleviation of suicidal ideation and the profound shift in the patient's perspective on grief—occurring shortly after the hypnosis sessions and on a low dose of sertraline—suggest that medical hypnosis played a pivotal role in cognitive

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and emotional restructuring. Meanwhile, sertraline likely provided the necessary neurochemical stability to support these psychological changes, illustrating a complementary rather than singular mechanism of action.

It is important to note the limitations of this study. As a single case report, the findings cannot be generalized to the general elderly population, and the absence of a control group limits the ability to rule out placebo effects or the natural course of recovery. However, the clear temporal relationship between the intervention and the rapid clinical improvement suggests a potential synergistic benefit of medical hypnosis that warrants investigation in future randomized controlled trials.

CONCLUSION

This case report highlights the potential value of a bio-psycho-socio-spiritual approach in treating elderly depression. While pharmacotherapy (SSRIs) targets biological dysregulation, medical hypnosis may play a crucial complementary role by facilitating psychological restructuring, social reintegration, and spiritual reframing.

Although the specific contributions of medication versus hypnosis cannot be strictly isolated in this case, the rapid clinical improvement observed suggests a synergistic effect where hypnosis accelerates the recovery of insight and meaning. This report supports the feasibility of medical hypnosis in geriatric care and encourages future randomized controlled trials to validate these preliminary observations.

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