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Hypnosis for Post-ICU PTSD Symptoms: A Case Report and Call for Innovation

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Abstract

Background: While Post–Intensive Care Syndrome (PICS) and PICS-family (PICS-F) are increasingly recognized, evidence-based interventions to address the distress commonly identified during ICU follow-up for patients and families remain limited. Medical hypnosis is used in acute care settings and has demonstrated efficacy for the treatment of post-traumatic stress disorder (PTSD), but has not been evaluated in patients or relatives affected by PICS/PICS-F.

Case Summary: We report the case of an ICU patient's relative who presented with clinically significant PTSD symptoms at the 6-month follow-up consultation routinely offered to survivors of prolonged ICU stays and their families. The Impact of Event Scale–Revised (IES-R) score was 49 at baseline and decreased to 19 after three hypnosis sessions.

Conclusion: Medical hypnosis may represent a feasible and innovative therapeutic option for PTSD symptoms in the context of PICS and PICS-F.

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Introduction

Post-Intensive Care Syndrome (PICS) is common, affecting up to 30% of intensive care unit (ICU) survivors, with lasting effects on mental health, quality of life, and return to work[1]. Importantly, relatives of ICU patients are also vulnerable to psychological sequelae after witnessing a loved one's critical illness, commonly termed PICS-family. Post-traumatic stress disorders (PTSD) symptoms have been reported in up to 56% of relatives three months after the ICU stay[1–6].

Over the last years, there has been a growing shift in mentality—from focusing solely on patient survival to emphasizing the quality of survival and long-term patient-centred outcomes. Many strategies have been studied, such as ICU diaries and follow-up clinics, with conflicting results in mitigating PICS[1,7–11]. Established trauma-focused therapies, such as cognitive behavioural therapy and eye movement desensitization and reprocessing (EMDR), are recognized approaches for post-traumatic stress disorder, although their role in the specific post-ICU context remains insufficiently studied[12,13].

In our institution, medical hypnosis is widely used across acute care services but has not yet been applied to patients or relatives affected by PICS. Since 2018, in the institutional ICU follow-up program, all patients with ICU stays of ≥7 days are routinely assessed with their relative at six months after ICU discharge for PICS screening using validated screening tools[14]. We recently launched a program offering hypnosis consultations to patients or relatives with PTSD symptoms, defined by an Impact of Event Scale (IES-R) score above 30 points[15]. Here, we report a case of a family member of a long-stay ICU patient with PTSD symptoms who improved after medical hypnosis, illustrating the potential relevance of this approach in the post-ICU setting.

Case Presentation

A woman in her forties presented to the ICU follow-up clinic with symptoms of PTSD. Her mother had been hospitalized six months earlier due to a spontaneous intracerebral haemorrhage, which required extended ICU care. She was present when her mother lost consciousness and was intubated, and she remained closely involved throughout the prolonged ICU and hospital

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stay. At the 6-month follow-up consultation, although her mother had returned home and was recovering well, she described persistent intrusive thoughts and emotional distress related to the hospital stay, impaired ability to work and anxiety regarding the future. She recalled the sounds of the ventilator and monitoring devices, the tension of sitting in ICU waiting rooms anticipating updates—often fearing the worst—and the countless phone calls she received from physicians, each filled with uncertainty about whether the news would bring hope or despair. She scored 49 on the IES-R completed during the consultation and reported symptoms consistent with post-traumatic stress, including flashbacks, avoidance of work, hyperarousal, anxiety triggered by ambulance sirens, and somatic symptoms such as marked fatigue. She was not receiving any pharmacological treatment and was not engaged in psychological follow-up. A hypnosis consultation was offered and accepted. An ICU physician who received training in medical hypnosis through an accredited institute (the Institut Romand d'Hypnose Suisse, IRHyS) of the Swiss Medical Hypnosis Society commenced treatment over three sessions, each spaced two weeks apart.

Each session adhered to a structured protocol. Initially, the patient was asked to identify the minimal effective change required to modify distressing memories and imagery associated with the ICU stay. Subsequently, the session focused on two complementary objectives aimed at facilitating this change. The first objective was to induce relaxation and bodily awareness through a body scan, a technique involving progressive, mindful attention directed sequentially to different parts of the body[16]. This was followed by the creation of a soothing mental image in which the patient could experience calmness, security, and emotional stability, commonly referred to as a 'safe place'[17]. The second objective focused on developing positive resource imagery to promote competence, control, and well-being. In this context, the patient visualized herself skiing, an activity symbolizing mastery and agency, and anchored this resource to a physical gesture (a clenched fist) to facilitate recall of these feelings when PICS-related symptoms occurred.

Following the treatment, the patient reported improved emotional regulation, increased distance from the traumatic memory, and the resumption of daily activities, including finding new employment. She mentioned using the clenched-fist cue as needed to self-regulate and manage symptom flare-ups. Her IES-R score, measured on the day of the first consultation and repeated after the three hypnosis sessions, decreased to 19 (Figure 1). She expressed deep gratitude for the intervention and noted substantial improvements in her overall well-being. As part of routine post-ICU clinic follow-up, she was reassessed at 12 months, at which time her IES-R score had decreased to 13, suggesting sustained improvement over time.

Discussion

Hypnosis, defined as a state of consciousness involving focused attention and reduced peripheral awareness, characterized by an enhanced capacity for response to suggestion[18], allows individuals to access internal resources that facilitate emotional, perceptual, or behavioural change. Recent studies utilizing functional mag-

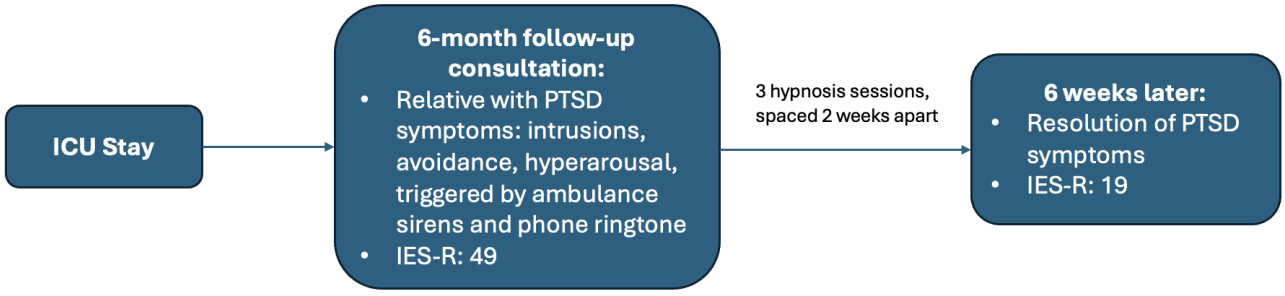

Figure 1. Timeline of the intervention and symptom assessments. At 6 months after ICU discharge, the patient's relative reported post-traumatic stress symptoms and underwent assessment at the initial hypnosis consultation, with an Impact of Event Scale–Revised (IES-R) score of 49. Three hypnosis sessions were then delivered over 6 weeks, at 2-week intervals. The IES-R was repeated at the end of the third consultation and had decreased to 19. Higher IES-R scores indicate greater post-traumatic stress symptom burden.

netic resonance imaging have demonstrated distinct patterns of brain activity associated with the hypnotic state, thereby providing a scientific foundation for its clinical application[19,20]. The use of hypnosis in medicine is increasing and has shown its efficacy in many clinical settings, including pain management, anxiety reduction, and PTSD treatment [21–25]. It is considered a safe and cost-effective option, with no known adverse effects.

In Switzerland, medical hypnosis is part of a formal postgraduate training approved by the Swiss Institute for Postgraduate and Continuing Medical Education (ISFM) and recognized as a legitimate clinical practice, provided training is offered by institutes accredited by the Swiss Medical Society for Hypnosis (SMSH), which is affiliated with both the European and the International Society of Hypnosis[26]. Our Hospital's Hypnosis Program (Programme Hypnose HUG) provides basic hypnosis training for healthcare professionals and offers hypnosis as an integrative therapeutic modality for patients. It serves inpatient, outpatient, emergency, and chronic care settings.

Although hypnosis has been researched in acute care settings—such as among burn patients, where it has demonstrated efficacy in reducing opioid consumption, anxiety, and associated costs[24], as well as in preliminary studies on tolerance to non-invasive ventilation[27] and enhancing comfort for ICU patients[23]—its application in post-ICU environments remains unexplored. PICS and PICS-F remain a significant and unresolved challenge for patients and their families [1]. ICU follow-up clinics frequently report high rates of post-traumatic stress symptoms yet possess limited evidence-based treatment options to facilitate recovery. This underscores the necessity for innovative therapeutic strategies. In the present case, post-traumatic stress symptoms improved after the hypnosis intervention. However, as this is a single case report, the findings are not generalizable, spontaneous improvement cannot be excluded, and no causal inference can be drawn. This case report describes the first documented use of hypnosis to address a psychological aspect of PICS.

Conclusions

This case illustrates the feasibility of medical hypnosis as supportive approach for post-ICU post-traumatic stress symptoms. It is a rapid, and safe technique that may be of interest within PICS follow-up care[28]. As we enhance our approach to ICU survivorship, hypnosis warrants formal evaluation as a therapeutic modality within follow-up programs for patients and relatives affected by PICS.

Ethics Approval and Consent to Participate:

The patient approved the publication of the case report. Formal ethics committee approval was waived for this case report (BASEC-2026-00447).

Consent for Publication:

Patient has accepted the publication of their data.

Conflict of Interest:

The authors declare that they have no competing interests.

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Writing - review and editing: all authors contributed.

References

1. Herridge MS, Azoulay É. Outcomes after Critical Illness. N Engl J Med 2023;388:913–24. https://doi.org/10.1056/nejmra2104669.
2. Hamilton M, Tomlinson G, Chu L, Robles P, Matte A, Burns S, et al. Determinants of Depressive Symptoms at 1 Year Following ICU Discharge in Survivors of >/= 7 Days of Mechanical Ventilation: Results From the RECOVER Program, a Secondary Analysis of a Prospective Multicenter Cohort Study. Chest 2019;156:466–76. https://doi.org/10.1016/j.chest.2019.04.104.
3. Azoulay E, Pochard F, Kentish-Barnes N, Chevret S, Aboab J, Adrie C, et al. Risk of post-traumatic stress symptoms in family members of intensive care unit patients. Am J Respir Crit Care Med 2005;171:987–94. https://doi.org/10.1164/rccm.200409-1295OC.
4. Davidson JE, Jones C, Bienvenu OJ. Family response to critical illness: Postintensive care syndrome-family. Crit Care Med 2012;40:618–24. https://doi.org/10.1097/CCM.0b013e318236ebf9.

5. Nosaka N, Noguchi A, Takeuchi T, Wakabayashi K. Long - term prevalence of PTSD symptom in family members of severe COVID - 19 patients : a serial follow - up study extending to 18 months after ICU discharge. J Intensive Care 2024:1–10. https://doi.org/10.1186/s40560-024-00765-9.

6. Smith AC, Ferguson HN, Russell RM, Wang S. Post-Intensive Care Syndrome Family (PICS-F). Crit Care Clin 2026;41:73–88. https://doi.org/10.1016/j.ccc.2024.08.008.Post-Intensive.

7. Wozniak H, Santangelo E, Herridge M. Meeting complex multidimensional needs in older patients and their families during and beyond critical illness. Curr Opin Crit Care 2024:30(5):479-486. .

8. Garrouste-Orgeas M, Flahault C, Vinatier I, Rigaud JP, Thieulot-Rolin N, Mercier E, et al. Effect of an ICU Diary on Posttraumatic Stress Disorder Symptoms Among Patients Receiving Mechanical Ventilation: A Randomized Clinical Trial. JAMA 2019;322:229–39. https://doi.org/10.1001/jama.2019.9058.

9. Jones C, Backman C, Capuzzo M, Egerod I, Flaatten H, Granja C, et al. Intensive care diaries reduce new onset post traumatic stress disorder following critical illness: a randomised, controlled trial. Crit Care 2010;14:R168. https://doi.org/10.1186/cc9260.

10. Patel MB, Jackson JC, Morandi A, Girard TD, Hughes CG, Thompson JL, et al. Incidence and Risk Factors for Intensive Care Unit-related Post-traumatic Stress Disorder in Veterans and Civilians. Am J Respir Crit Care Med 2016;193:1373–81. https://doi.org/10.1164/rccm.201506-1158OC.

11. Davydow DS, Gifford JM, Desai S V, Needham DM, Bienvenu OJ. Posttraumatic stress disorder in general intensive care unit survivors: a systematic review. Gen Hosp Psychiatry 2008;30:421–34. https://doi.org/10.1016/j.genhosppsych.2008.05.006.

12. Clarke R, Weare V, Chow H, Bowering-sheehan L, Hitchcock C. " It saved me ": A thematic analysis of experiences of psychological therapy following critical illness and intensive care 2024. https://doi.org/10.1177/17511437241241243.

13. Lewis C, Roberts NP, Andrew M, Starling E, Bisson JI. Psychological therapies for post-traumatic stress disorder in adults : systematic review and meta-analysis. Eur J Psychotraumatol 2020;11. https://doi.org/10.1080/20008198.2020.1729633.

14. Wozniak H, Beckmann TS, Dos Santos Rocha A, Pugin J, Heidegger CP, Cereghetti S. Long-stay ICU patients with frailty: mortality and recovery outcomes at 6 months. Ann Intensive Care 2024;14. https://doi.org/10.1186/s13613-024-01261-x.

15. Hosey MM, Bienvenu OJ, Dinglas VD, Turnbull AE, Parker AM, Hopkins RO, et al. The IES-R remains a core outcome measure for PTSD in critical illness survivorship research. Crit Care 2019;23:23–4. https://doi.org/10.1186/s13054-019-2630-3.

16. Gibbons DE LS. Handbook of Clinical Hypnosis. 2010.

17. Schmidt B. Feeling Safe With Hypnosis : Eliciting Positive Feelings During a Special State of Consciousness 2022;13:1–6. https://doi.org/10.3389/fpsyg.2022.917139.

18. Elkins GR, Barabasz AF, Council JR SD. Advancing research and practice: the revised APA Division 30 definition of hypnosis. Int J Clin Exp Hypn 2015;63(1):1-9. https://doi.org/doi: 10.1080/00207144.2014.961870.

19. Kirjanen S. The brain activity of pain relief during hypnosis and placebo treatment. J Eur Psychol Students 2012;3:78. https://doi.org/10.5334/jeps.at.

20. Jiang H, White MP, Greicius MD, Waelde LC, Spiegel D. Brain activity and functional connectivity associated with hypnosis. Cereb Cortex 2017;27:4083–93. https://doi.org/10.1093/cercor/bhw220.

21. Noergaard MW, Håkonsen SJ, Bjerrum M, Pedersen PU. The effectiveness of hypnotic analgesia in the management of procedural pain in minimally invasive procedures: A systematic review and meta-analysis. J Clin Nurs 2019;28:4207–24. https://doi.org/10.1111/jocn.15025.

22. Thompson T, Terhune DB, Oram C, Sharangparni J, Rouf R, Solmi M, Veronese N SB. The effectiveness of hypnosis for pain relief: A systematic review and meta-analysis of 85 controlled experimental trials. Neurosci Biobehav Rev 2019;99:298-310. https://doi.org/doi: 10.1016/j.neubiorev.2019.02.013.

23. Rousseaux F, Dardenne N, Massion PB, Ledoux D, Bicego A, Donneau AF, et al. Virtual reality and hypnosis for anxiety and pain management in intensive care units: A prospective randomised trial among cardiac surgery patients. Eur J Anaesthesiol 2022;39:58–66. https://doi.org/10.1097/EJA.0000000000001633.

24. Berger MM, Davadant M, Marin C, Wasserfallen JB, Pinget C, Maravic P, et al. Impact of a pain protocol including hypnosis in major burns. Burns 2010;36:639–46. https://doi.org/10.1016/j.burns.2009.08.009.

25. Rosendahl J, Alldredge CT, Haddenhorst A. Meta-analytic evidence on the efficacy of hypnosis for mental and somatic health issues: a 20-year perspective. Front Psychol 2023;14. https://doi.org/10.3389/fpsyg.2023.1330238.

26. https://www.irhys.ch/ ; consulted on the 18th of March 2026

27. Schmidt B, Schneider J, Deffner T, Rosendahl J. Hypnotic suggestions of safety improve well-being in non-invasively ventilated patients in the intensive care unit. Intensive Care Med 2021;47:485–6. https://doi.org/10.1007/s00134-021-06364-8.

28. Häuser W, Hagl M, Schmierer A, Hansen E. Wirksamkeit, Sicherheit und Anwendungsmöglichkeiten medizinischer Hypnose: Eine systematische Übersicht von Metaanalysen. Dtsch Arztebl Int 2016;113:289–96. https://doi.org/10.3238/arztebl.2016.0289.