References by Area

A companion to the outreach factsheet. Full citations for the evidence behind each area of concern, and an honest note on where practice draws more on clinical experience than published trials.

Clinical hypnotherapy sits inside a genuinely lively and fast-moving field of research, and this document exists to make that visible. It brings together the evidence behind each area of the factsheet in one place, so a claim that catches your interest is easy to follow further. Evidence quality varies by condition, as it does across medicine and psychology generally: some areas below rest on decades of trials and several meta-analyses, others on a smaller but growing body of published research, and others mainly on clinical experience and the broader neuroscience of attention, expectation and nervous-system regulation described in the main factsheet. We have aimed to represent each area honestly, and this list updated is up to date as at 28 July 2026.

Anxiety, stress and panic

STRONG PUBLISHED EVIDENCE

- Rosendahl, J., Alldredge, C. T., & Haddenhorst, A. (2024). Meta-analytic evidence on the efficacy of hypnosis for mental and somatic health issues: a 20-year perspective. Frontiers in Psychology, 14, 1330238.
- Daitch, C. (2018). Cognitive behavioral therapy, mindfulness, and hypnosis as treatment methods for generalized anxiety disorder. American Journal of Clinical Hypnosis, 61(1), 57–69.
- Ramondo, N., Gignac, G., Pestell, C., & Byrne, S. (2021). Clinical hypnosis as an adjunct of cognitive-behavioral therapy: An updated meta-analysis. International Journal of Clinical and Experimental Hypnosis, 69(2), 169–202.

EFT, also used at NCH, has separate supporting evidence for stress and anxiety symptoms; see Trauma and emotional recovery below.

Eating, food and ARFID

CLINICAL EXPERIENCE-LED, WITH SUPPORTING NEUROBIOLOGY

No dedicated randomised trials of hypnotherapy for ARFID specifically were identified, so this remains a clinical-experience-led area of practice. It is, however, increasingly well supported by research into why ARFID happens, which lines up closely with how we approach it. ARFID was only formally recognised as its own diagnosis in the DSM-5 in 2013, and research since has moved away from treating it as simply fussy eating that can be corrected through exposure, pressure or compliance-focused approaches. Current models describe at least three distinct presentations, involving differences in sensory processing, appetite and interoceptive signalling, and fear-based avoidance (Fonseca et al., 2024). For the fear-based presentation specifically, brain imaging shows hyperactivation of the amygdala, the brain's threat-detection centre, in response to feared foods or eating-related cues (Thomas et al., 2025). This is consistent with what many families and clinicians observe: approaches that rely on exposure, pressure or willpower can increase distress and shutdown in a nervous system that is already on high alert, and it supports working with the threat response itself rather than around it.

- Fonseca, N. K. O., Curtarelli, V. D., Bertoletti, J., Azevedo, K., Cardinal, T. M., Moreira, J. D., & Antunes, L. C. (2024). Avoidant restrictive food intake disorder: recent advances in neurobiology and treatment. Journal of Eating Disorders, 12, 74.
- Thomas, J. J., Holsen, L., Van De Water, A. L., Becker, K. R., Breithaupt, L., Burton-Murray, H., Asanza, E., Gydus, J., Palmer, L. P., Stern, C. M., Freizinger, M., Shrier, L. A., Bern, E. M., Deckersbach, T., Misra, M., Eddy, K. T., Micali, N., & Lawson, E. (2025). Neural response to food cues in avoidant/restrictive food intake disorder. JAMA Network Open, 8(2), e2460101.

Amygdala involvement is not unique to ARFID. Across the eating disorder spectrum more broadly, including anorexia, bulimia and binge eating disorder, brain imaging research links trait anxiety to heightened amygdala responses around food-related cues (Frank et al., 2023; Pinson & Frank, 2024).

- Frank, G. K. W., Shott, M. E., Pryor, T., Swindle, S., Nguyen, T., & Stoddard, J. (2023). Trait anxiety is associated with amygdala expectation and caloric taste receipt response across eating disorders. Neuropsychopharmacology, 48(2), 380–390.
- Pinson, C., & Frank, G. K. W. (2024). Why don't you just eat? Neuroscience and the enigma of eating disorders. Focus, 22(3).

IBS and gut-brain conditions (DGBIs)

STRONG PUBLISHED EVIDENCE

- Vasant, D. H., & Whorwell, P. J. (2019). Gut-focused hypnotherapy for functional gastrointestinal disorders: Evidence-base, practical aspects, and the Manchester Protocol. Neurogastroenterology & Motility, 31(8), e13573.
- Peters, S. L., Yao, C. K., Philpott, H., Yelland, G. W., Muir, J. G., & Gibson, P. R. (2016). Randomised clinical trial: the efficacy of gut-directed hypnotherapy is similar to that of the low FODMAP diet for the treatment of irritable bowel syndrome. Alimentary Pharmacology & Therapeutics, 44(5), 447–459.
- Palsson, O. S. (2015). Hypnosis treatment of gastrointestinal disorders: A comprehensive review of the empirical evidence. American Journal of Clinical Hypnosis, 58(2), 134–158.
- Häuser, W., Hagl, M., Schmierer, A., & Hansen, E. (2016). The efficacy, safety and applications of medical hypnosis. Deutsches Ärzteblatt International, 113(17), 289–296.

Chronic and persistent pain

STRONG PUBLISHED EVIDENCE

- Adachi, T., Fujino, H., Nakae, A., Mashimo, T., & Sasaki, T. (2014). A meta-analysis of hypnosis for chronic pain problems: Comparison between hypnosis, standard care, and other psychological interventions. International Journal of Clinical and Experimental Hypnosis, 62(1), 1–28.
- Montgomery, G. H., DuHamel, K. N., & Redd, W. H. (2000). A meta-analysis of hypnotically induced analgesia: how effective is hypnosis? International Journal of Clinical and Experimental Hypnosis, 48(2), 138–153.
- Rosendahl, J., Alldredge, C. T., & Haddenhorst, A. (2024). Meta-analytic evidence on the efficacy of hypnosis for mental and somatic health issues: a 20-year perspective. Frontiers in Psychology, 14, 1330238. (Reports the most robust effects overall in pain and medical-procedure settings.)

Trauma and emotional recovery

EMERGING, WITH A GROWING EVIDENCE BASE

This is a younger evidence base than for anxiety, pain or gut-brain conditions, but it is building quickly. Havening Techniques and MEMI (used by Kylie) and EFT (used by Romi) sit within the broader family sometimes called energy psychology or psychosensory therapy. Havening and MEMI are relatively new therapeutic structures, having evolved within the last decade or so. These are emerging alongside more-established approaches such as EMDR, which was developed in 1987 and first published in a controlled trial in 1989 (Shapiro, 1989), giving it close to four decades of accumulated research. Havening was formalised with its first certified practitioners in 2013, roughly a decade of formal use; MEMI is younger again, with its foundational text published in 2021. The gap in published trials reflects that difference in time as much as anything else. The studies below are specific to Havening and EFT.

- Shapiro, F. (1989). Efficacy of the eye movement desensitization procedure in the treatment of traumatic memories. Journal of Traumatic Stress, 2(2), 199–223. (The first published controlled trial of EMDR, included for time-span context.)

Havening Techniques — theory and evidence

- Ruden, R. A. (2019). Harnessing electroceuticals to treat disorders arising from traumatic stress: Theoretical considerations using a psychosensory model. EXPLORE, 15(3), 222–229. (The original theoretical paper proposing Havening's mechanism.)
- Sumich, A., Heym, N., Sarkar, M., Burgess, T., French, J., Hatch, L., & Hunter, K. (2022). The power of touch: The effects of Havening Touch on subjective distress, mood, brain function, and psychological health. Psychology & Neuroscience, 15(4), 332–346.
- Crowther, S., Mellor, C., & Sun, K. (2025). Havening: a psycho-sensory therapy for enhancing emotional resilience and psycho-emotional wellbeing across the perinatal period. Frontiers in Global Women's Health, 6, 1619273.
- Youngson, R. (2025). A novel theory of trauma offers new treatment possibilities. New Zealand Medical Journal, 138(1623).

MEMI (Multichannel Eye Movement Integration) — status and context

MEMI is newer again than Havening. It was developed by Dr Mike Deninger, drawing on Neuro-Linguistic Programming and Eye Movement Integration theory, and is positioned by its developer and trained practitioners as a faster and more comfortable alternative to EMDR, often reporting change within one to three sessions rather than EMDR's typical six to twelve. These comparisons currently rest

on developer and practitioner reports rather than published randomised controlled trials; Dr Deninger has indicated that RCTs are in development. In our own practice, clients have also reported MEMI as notably gentler than EMDR; this is a clinical observation, not a controlled comparison, and we have represented it as such.

- Deninger, M. (2021). Multichannel Eye Movement Integration: The Brain Science Path to Easy and Effective PTSD Treatment. Gracie Publications.
- Chen, Y.-R., Hung, K.-W., Tsai, J.-C., Chu, H., Chung, M.-H., Chen, S.-R., Liao, Y.-M., Ou, K.-L., Chang, Y.-C., & Chou, K.-R. (2014). Efficacy of eye-movement desensitization and reprocessing for patients with posttraumatic-stress disorder: A meta-analysis of randomized controlled trials. PLoS ONE, 9(8), e103676. (The established comparator MEMI positions itself against; included so the comparison can be checked rather than taken on trust.)

EFT (Emotional Freedom Techniques) — evidence

- Church, D., Yount, G., & Brooks, A. J. (2012). The effect of Emotional Freedom Techniques (EFT) on stress biochemistry: A randomized controlled trial. Journal of Nervous and Mental Disease, 200(10), 891–896.
- Stapleton, P., Crighton, G., Sabot, D., & O'Neill, H. M. (2020). Reexamining the effect of Emotional Freedom Techniques on stress biochemistry: A randomized controlled trial. Psychological Trauma: Theory, Research, Practice, and Policy. (Replicated and extended the 2012 cortisol findings.)
- Stapleton, P., Kip, K., Church, D., Toussaint, L., Footman, J., Ballantyne, P., & O'Keefe, T. (2023). Emotional Freedom Techniques for treating post traumatic stress disorder: an updated systematic review and meta-analysis. Frontiers in Psychology, 14, 1195286.

Bridging the two

- Feinstein, D. (2022). Uses of energy psychology following catastrophic events. Frontiers in Psychology, 13, 856209. (Discusses both Havening and EFT, alongside EMDR, as approaches used in disaster and mass-trauma response.)

A possible shared mechanism: C-tactile afferents

A separate body of research describes C-tactile afferents, nerve fibres tuned specifically to slow, gentle touch, which appear to carry a positive affective value and to be linked to oxytocin release (Pawling et al., 2017; Schirmer et al., 2023; Birznieks, 2025). This research has not yet tested whether Havening's specific touch protocol activates C-tactile afferents directly, so the link to Havening is plausible rather than proven. It is an intersection worth watching rather than a settled finding.

- Pawling, R., Cannon, P. R., McGlone, F. P., & Walker, S. C. (2017). C-tactile afferent stimulating touch carries a positive affective value. PLOS ONE, 12(3), e0173457.
- Schirmer, A., Croy, I., & Ackerley, R. (2023). What are C-tactile afferents and how do they relate to “affective touch”? Neuroscience & Biobehavioral Reviews, 151, 105236.
- Birznieks, I. (2025). C-tactile afferents: the mystery of human emotional touch has been hidden hair-deep. The Journal of Physiology, 603(16), 4441–4442.

Habits and dependencies (smoking, vaping, gambling, alcohol)

STRONG EVIDENCE FOR SMOKING; THINNER ELSEWHERE

- Hasan, F. M., Zagarins, S. E., Pischke, K. M., Saiyed, S., Bettencourt, A. M., Beal, L., et al. (2014). Hypnotherapy is more effective than nicotine replacement therapy for smoking cessation: results of a randomized controlled trial. Complementary Therapies in Medicine, 22(1), 1–8.
- Fauziyyah, J. N., Prasetya, H., & Murti, B. (2022). Meta-analysis: Hypnotherapy and its effect on quitting smoking behavior. Journal of Health Promotion and Behavior, 7(4), 273–283.
- Munson, S. O., Barabasz, A. F., & Barabasz, M. (2018). Ability of hypnosis to facilitate movement through stages of change for smoking cessation. International Journal of Clinical and Experimental Hypnosis, 66(1), 56–82.

Evidence for vaping, gambling and alcohol specifically is much thinner and largely extrapolated from the smoking-cessation literature and general habit-change principles. EFT's evidence base (see Trauma and emotional recovery above) is also relevant here, as Romi draws on EFT for dependencies.

Phobias and fears

EMERGING / MIXED EVIDENCE

Current randomised evidence for hypnosis as a stand-alone treatment for specific phobias is limited and mixed, and existing trials are often small (Rosendahl et al., 2024). Practice here draws on the same fear-response and threat-appraisal mechanisms described in the main factsheet, applied clinically.

Pregnancy and early parenthood

MODERATE PUBLISHED EVIDENCE

- Cyna, A. M., Andrew, M. I., Robinson, J. S., Crowther, C. A., Baghurst, P., Turnbull, D., Wicks, G., & Whittle, C. (2013). Hypnosis Antenatal Training for Childbirth (HATCh): a randomised controlled trial. BJOG: An International Journal of Obstetrics & Gynaecology, 120(10), 1248–1259.
- Werner, A., Uldbjerg, N., Zachariae, R., & Nohr, E. A. (2013). Effect of self-hypnosis on duration of labor and maternal and neonatal outcomes: a randomized controlled trial. Acta Obstetricia et Gynecologica Scandinavica, 92(7), 816–823.

Findings are mixed across outcomes; the HATCh trial found no reduction in pharmacological analgesia use, while other trials report improvements in subjective experience, anxiety and some labour outcomes.

Perimenopause and menopause

STRONG PUBLISHED EVIDENCE

- Elkins, G. R., Fisher, W. I., Johnson, A. K., Carpenter, J. S., & Keith, T. Z. (2013). Clinical hypnosis in the treatment of postmenopausal hot flashes: a randomized controlled trial. Menopause, 20(3), 291–298.
- Elkins, G., Marcus, J., Stearns, V., Perfect, M., Rajab, M. H., Ruud, C., Palamara, L., & Keith, T. (2008). Randomized trial of a hypnosis intervention for treatment of hot flashes among breast cancer survivors. Journal of Clinical Oncology, 26(31), 5022–5026.
- Maclaughlan, D. S., Salzillo, S., Bowe, P., Scuncio, S., Malit, B., Raker, C., Gass, J. S., Granai, C. O., & Dizon, D. S. (2013). Randomised controlled trial comparing hypnotherapy versus gabapentin for the treatment of hot flashes in breast cancer survivors: A pilot study. BMJ Open, 3(9), e003138.

Sleep and switching off

MODERATE PUBLISHED EVIDENCE

- Elkins, G., Otte, J., Carpenter, J. S., Roberts, L., Jackson, L. S., Kekecs, Z., et al. (2021). Hypnosis intervention for sleep disturbance: Determination of optimal dose and method of delivery for postmenopausal women. International Journal of Clinical and Experimental Hypnosis, 69(3), 323–345.
- Otte, J. L., Carpenter, J. S., Roberts, L., & Elkins, G. R. (2020). Self-hypnosis for sleep disturbances in menopausal women. Journal of Women's Health, 29(3), 461–463.

Trial evidence concentrates on menopausal populations; broader application draws on this evidence plus general principles of attention and nervous-system settling.

Grief and loss

CLINICAL EXPERIENCE-LED, WITH SUPPORTING NEUROSCIENCE

No dedicated randomised trials of hypnotherapy for grief were identified, so this remains a clinical-experience-led area of practice. Prolonged grief disorder was recognised as a distinct diagnosis in the DSM-5-TR in 2022, and neuroscience research since has found meaningful, if partial, overlap with the threat-response circuitry described elsewhere in this document. Grief that becomes prolonged is associated with dysregulated amygdala activity and altered emotional-processing networks, sharing some neurobiological ground with PTSD while remaining a distinct condition, particularly around yearning and reward-related processing (Goveas & O'Connor, 2024).

- Goveas, J. S., & O'Connor, M.-F. (2024). Prolonged grief disorder: Unveiling neurobiological mechanisms for a shared path forward. American Journal of Geriatric Psychiatry, 32(5), 535–538.

Dr Kate Truitt, one of the developers of the training for the Havening Techniques used in this practice (see Trauma and emotional recovery above), writes specifically on trauma and grief, drawing this neuroscience together with hands-on self-Havening practice. This is a clinical/practitioner resource rather than a peer-reviewed trial, and is included for context.

- Truitt, K., & Ruden, S. J. (2022). Healing in your hands: Self-Havening practices to harness neuroplasticity, heal traumatic stress, and build resilience. PESI Publishing.

Confidence, performance and self-criticism

CLINICAL EXPERIENCE-LED, WITH SUPPORTING NEUROSCIENCE

No dedicated randomised trials of hypnotherapy for performance or confidence were identified, so this remains a clinical-experience-led area of practice, alongside the anxiety and stress-response evidence above. It is, however, supported by a well-established principle in movement neuroscience called functional equivalence: imagining an action and physically performing it activate substantially overlapping networks in the motor cortex, cerebellum and basal ganglia (Di Rienzo et al., 2016). This is the neurological basis for mental rehearsal in sport and performance psychology, and it offers a plausible mechanism for hypnosis-directed imagery and rehearsal work in performance and confidence contexts.

- Di Rienzo, F., Debarnot, U., Daligault, S., Saruco, E., Delpuech, C., Doyon, J., Collet, C., & Guillot, A. (2016). Online and offline performance gains following motor imagery practice: A comprehensive review of behavioral and neuroimaging studies. Frontiers in Human Neuroscience, 10, 315.

Hypnosis appears to strengthen this effect rather than compete with it: one neurophysiological study found greater motor-cortex activation during imagined movement under hypnosis than without it, particularly in more highly hypnotisable individuals (Cesari et al., 2020). Direct trials of hypnotherapy for performance and confidence outcomes are still needed; this section describes the neuroscience rationale rather than dedicated trial evidence.

- Cesari, P., Modenese, M., Benedetti, S., Emadi Andani, M., & Fiorio, M. (2020). Hypnosis-induced modulation of corticospinal excitability during motor imagery. Scientific Reports, 10, 16882.

Stress, burnout and resilience

SUPPORTED BY THE GENERAL HYPNOSIS EVIDENCE BASE

- Häuser, W., Hagl, M., Schmierer, A., & Hansen, E. (2016). The efficacy, safety and applications of medical hypnosis. Deutsches Ärzteblatt International, 113(17), 289–296.
- Rosendahl, J., Alldredge, C. T., & Haddenhorst, A. (2024). Meta-analytic evidence on the efficacy of hypnosis for mental and somatic health issues: a 20-year perspective. Frontiers in Psychology, 14, 1330238.

No trials target burnout specifically; this draws on the broader stress and anxiety evidence base, including the EFT/cortisol research under Trauma and emotional recovery above.

Women's wellbeing and weight

MODERATE, MIXED EVIDENCE

There is a more substantial and specific evidence base here than the previous wording suggested, though the findings are genuinely mixed on weight loss itself. A meta-analysis of controlled trials found large weight-loss effects for hypnosis compared with no-treatment controls, and further benefit when hypnosis was added to CBT-based weight-loss programmes, particularly at longer-term follow-up; the authors note, however, considerable heterogeneity and methodological limitations across the underlying studies (Milling et al., 2018). Two more recent, well-conducted randomised controlled trials add useful nuance. One found self-hypnosis added to standard lifestyle treatment for severe obesity produced no significant difference in overall weight loss, but did improve satiety, quality of life and inflammatory markers, and people who used self-hypnosis regularly lost significantly more weight than those who did not (Bo et al., 2018). The other, the HYPNODIET trial, targeted food-related disinhibition rather than weight directly: hypnosis produced a large, highly significant improvement in disinhibition (68% of the hypnosis group normalised their scores, versus 11% of controls), with weight loss trending in favour of the hypnosis group but just short of conventional statistical significance (Delestre et al., 2022). Together, these findings suggest hypnosis works more reliably on eating behaviour and self-regulation than on weight directly, which is consistent with how this is approached in practice.

- Milling, L. S., Gover, M. C., & Moriarty, C. L. (2018). The effectiveness of hypnosis as an intervention for obesity: A meta-analytic review. Psychology of Consciousness: Theory, Research, and Practice, 5(1), 29–45.

- Bo, S., Rahimi, F., Goitre, I., Properzi, B., Ponzo, V., Regaldo, G., Boschetti, S., Fadda, M., Ciccone, G., Abbate Daga, G., Mengozzi, G., Evangelista, A., De Francesco, A., Belcastro, S., & Broglio, F. (2018). Effects of self-conditioning techniques (self-hypnosis) in promoting weight loss in patients with severe obesity: A randomized controlled trial. Obesity, 26(9), 1422–1429.
- Delestre, F., Lehéricey, G., Estellat, C., Diallo, M. H., Hansel, B., & Giral, P. (2022). Hypnosis reduces food impulsivity in patients with obesity and high levels of disinhibition: HYPNODIET randomized controlled clinical trial. American Journal of Clinical Nutrition, 115(6), 1637–1645.

A note on David Spiegel and Reveri

David Spiegel, MD, of Stanford University, is one of the most published hypnosis researchers of the last 50 years, and co-authored an early controlled study specifically on hypnotisability and weight loss (Barabasz & Spiegel, 1989). He later co-founded the self-hypnosis app Reveri, which draws on this research tradition. Reveri's own published engagement figures, such as user-reported improvements in eating control after a single session, are company-reported data rather than independent peer-reviewed trial evidence, so we have not relied on them here. The relevance of the connection is that hypnosis for weight and eating behaviour has a genuine, decades-long research pedigree behind it, not that any particular app is clinically validated.

- Barabasz, A., & Spiegel, D. (1989). Hypnotizability and weight loss in obese subjects. International Journal of Eating Disorders, 8(3), 335–341.

Children and adolescents

MODERATE PUBLISHED EVIDENCE

- Kohen, D. P., & Kaiser, P. (2014). Clinical hypnosis with children and adolescents — what? why? how?: Origins, applications, and efficacy. Children, 1(2), 74–98.

Reviews report the evidence base as uneven: strong for procedural pain and some functional conditions, more limited elsewhere, with techniques adapted developmentally for younger clients.

Everyday emotional regulation

CLINICAL EXPERIENCE-LED, WITH SUPPORTING NEUROSCIENCE

This is a general application rather than a diagnosis-specific one, and it draws together the mechanisms described throughout this document rather than a dedicated trial base of its own. Emotional dysregulation is reasonably well understood at a neural level as an imbalance between 'bottom-up' threat-generating regions, principally the amygdala, and 'top-down' regulatory regions in the prefrontal cortex that normally keep that threat response in proportion (Ochsner & Gross, 2005). When this balance tips towards the amygdala, whether from chronic stress, trauma, or an overloaded nervous system more generally, people experience what many clients describe: reactions that feel bigger than the situation calls for, and harder to think their way out of. This is the same threat-response circuitry referenced under Anxiety, ARFID, Trauma and Grief above, the same interoceptive and attentional mechanisms described in the main factsheet, and the same rationale behind the imagery and rehearsal work discussed under Confidence and performance. Read together, the sections of this document describe several different clinical entry points into a smaller number of shared underlying mechanisms … which is broadly how hypnotherapy is approached in this practice: not a different technique for every presentation, but a consistent way of working with attention, expectation and the nervous system's threat response, adapted to what each person brings.

- Ochsner, K. N., & Gross, J. J. (2005). The cognitive control of emotion. Trends in Cognitive Sciences, 9(5), 242–249.

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