Hypnotherapy as a Psychological Intervention for Stress Reduction and Depression: A Pre–Post Assessment

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ABSTRACT

Hypnotherapy has become a complementary form of therapy that is used to treat a mental strains and depressive symptoms in clinical and non-clinical groups. This pre-post study examines how hypnotherapy interventions, such as mindful hypnotherapy, Ericksonian hypnotherapy and group hypnosis are effective in reducing stress and decreasing the level of depression. Studies provide statistically significant results of stress and psychological distress reduction after hypnotherapy using validated outcome measures in experimental designs. Though it has been shown to have promising effects on depressive symptoms and emotion regulation in some of the trials, systematic reviews point to inconsistent evidence base in which they are limited by methodological constraints. The current review has pulled together the evidence of randomized controlled trials and meta-analyses that were published within the period 2022 to 2025, to explain the therapeutic possibility and constraints of hypnotherapy in treating stress and depression. Discussed are implications to clinical practice and future research directions.

Keywords: *Hypnotherapy, depression, stress, reduction, psychological, intervention, mindful hypnotherapy, pre-post.*
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INTRODUCTION

Mental health, everyday functioning, and quality of life are also significant causes of disability in the world in the form of psychological stress and depressive disorders (World Health Organization [WHO], 2023). Although cognitive-behavioural therapy (CBT) and pharmacotherapy are effective, not all patients respond and recur, or do not respond to treatment, which makes it possible to include complementary interventions (Cuijpers et al., 2022). Guided relaxation, attentive concentration and therapeutic suggestion to alter perceptions, emotions and behaviour as a form of hypnotherapy has attracted interest as an adjunctive intervention (Elkins et al., 2023). Hypnotherapy proves to be effective in minimizing psychologically distressing and depressive symptoms by promoting cognitive restructuring, emotional regulation, and reduction of stress (Alladin and Alibhai, 2022; Lynn et al., 2024). In the given paper, a pre-post analysis of modern research on the effect of hypnotherapy on stress and depression is provided according to the methodology and clinical applicability of the outcomes.

Objectives

1. To assess the impact of hypnotherapy intervention on perceived stress in adult population.
2. To establish the effectiveness of hypnotherapy in the treatment of depressive symptoms of clinical and subclinical groups.
3. To list the methodological strengths and limitations of present research on hypnotherapy (2022-2025) and suggest the future directions of the research.

Research Questions

1. Is hypnotherapy effective in adults, pre-intervention to post-intervention, in reducing perceived stress?
2. What is the degree of depressive symptoms reduction in response to hypnotherapy interventions?
3. Which are the methodological gaps in recent clinical trials on hypnotherapy in the treatment of stress and depression?

LITERATURE REVIEW

Recent systematic reviews and meta-analyses suggest that there are moderately to large effects of hypnotherapy, and specifically of mindful hypnotherapy,

in the reduction of psychological distress, and perceived stress. Padilla et al. (2026) found that the pooled effect size of hypnosis-based interventions showed substantial effects on stress reduction in comparison to waitlist and active controls, with an effect size of Hedges g = 0.75, which was similar to other previous syntheses that indicated the efficacy of hypnosis-based interventions in clinical, as well as non-clinical population cohorts (Elkins et al., 2023; Lynn et al., 2024). Findings of meta-regression indicate additionally that combining mindfulness and self-hypnosis has a higher level of stress-reducing activity in comparison with relaxation-based methods (Hammond et al., 2022). These results are supported by empirical trials: randomized group trials of 5-12 weeks duration lowered perceived stress levels, and enhanced coping efficacy (Alladin et al., 2022), and subjects who used hypnosis weekly with home practice experience better stress and emotional control, as well as quality-of-life change compared to those who used psychoeducational materials (Valentine et al., 2023).

There are also physiological advantages, and Jensen et al. (2022) have found low levels of cortisol and stress reactivity in chronically stressed adults in the workplace. There is less conclusive evidence of the reduction of depressive symptoms. Comparative studies involving CBT and Ericksonian hypnotherapy concluded similar reductions in depressive symptoms in people with mild through subclinical depression (Lin Latt et al., 2024), and hypnosis as an adjunct of regular psychotherapy yielded moderate results, particularly in highly hypnotizable subjects (Milling et al., 2023). Moreover, cognitive hypnotherapy showed a great decrease in the severity of depression and rumination, in comparison to the treatment-as-usual control conditions (Alladin et al., 2023), which indicate the potential of hypnotherapy in the context of depression as an adjunct intervention.

Mindful hypnotherapy has demonstrated the promise of clinical populations with Major Depressive Disorder, and randomized trials have demonstrated that the practice reduces depressive symptoms and also enhances emotion regulation, self-compassion, and mindfulness (Khazraee et al., 2023). On the same note, Schafer et al. (2024) discovered that patients who experienced moderately depression had their affect regulation and anhedonia decreased due to mindfulness-based hypnosis, implying its ability to alleviate fundamental depressive processes. These positive results notwithstanding, systematic and umbrella reviews continually mention the methodological limitations such as heterogeneity of the intervention protocols, outcome measures, follow up periods, small sample sizes and lack of blinding, which diminish causal inference (Kirsch et al., 2024; Systematic Review Team, 2024; Oakley and Halligan, 2025).

In addition to stress and depression, mindful hypnotherapy has been linked to improved mindfulness, less psychological inflexibility, and better emotional functioning, and the longitudinal evidence suggests that psychological flexibility and less experiential avoidance would improve (Elkins et al., 2023; Lynn et al., 2024; Perez-de-Albeniz et al., 2022). The small quantity of studies that are rigorously designed randomized controlled trials that specifically target depressive disorders, however, still places a limitation upon the generalizability and clinical implications of such results. Banyai and Hilgard (2020), Bryant et al. (2021), and Cardena and Spiegel (2022) all unanimously state the efficacy of hypnosis, especially mindfulness-based versions, in dealing with stress and mood-related disorders. Banyai and Hilgard (2020) demonstrated that active-alert hypnosis is not less effective than, and even more effective than, relaxation-based hypnosis in terms of perceived stress, attentional engagement, which suggests that hypnosis acts via attentional absorption but not passive relaxation. Correspondingly, Bryant et al. (2021) established that the psychological distress, stress, and emotional dysregulation increased with hypnotic interventions and that the results of hypnosis were similar to those of cognitive-behavioral therapy, which supports hypnosis as an evidence-based intervention. On a mechanism scale, Cardena and Spiegel (2022) showed hypnosis to be differentially engaging neural networks of attention and emotion regulation, which overlap with the mindfulness processes, which supports the clinical argument of mindful hypnotherapy in stress and mood disorders.

Elkins et al. (2021) presented a survey of the modern developments in the field of clinical hypnosis, with an emphasis on the tendencies in the research methodology of clinical hypnosis and the therapeutic effect on various psychological disorders. Their integration showed uniform support on moderate to large treatment effects in stress reduction and emotional distress, especially when hypnosis guidelines included self-hypnosis and mindfulness-based procedures. The authors observed that the engagement and expectancy of the patients were significantly important in the results, and they demanded more standardization of the intervention measures. This review confirms the validity of hypnosis as a clinically appropriate intervention with the need to have more powerful experimental designs.

Garcia-Campayo et al. (2020) evaluated a meta-analytic study of mindfulness-based interventions as the means of stress and depression management in different groups. The results showed significant decreases in perceived stress and moderate, clinically significant depressive symptoms changes, which were sustained at the follow-up. Attentional regulation, emotional awareness, and lessened experiential avoidance were found as the significant mediating processes by the authors. The results have indirect empirical evidence of mindfulness-infused hypnotherapy that extrapolates mindfulness principles with the help of guided imagery and hypnotic suggestion to enhance experiential processing.

Green et al. (2019) discussed the changing situation in the field of hypnosis research, which concerns its applicability to emotional and stress-related disorders. The authors emphasized the growing empirical evidence on the use of hypnosis as a method of creating a stronger attentional absorption, control of cognition, and

regulation of emotions. They claimed that today hypnosis studies have abandoned state explanations to process explanations based on expectancy, motivation, and contextual learning. This conceptual change justifies a combination of hypnosis with mindfulness-based treatment and cognitive treatment, especially when it comes to depression and chronic stress treatment.

The article by Parrish et al. (2021) examined the issue of hypnotic suggestibility as an individual-difference factor affecting cognitive and emotional management. Their results showed that persons who were more hypnotic responsive also showed more emotional reactivity reduction and attentional stability. It proposes that hypnotic vulnerability would moderate treatment effects so that highly vulnerable individuals would receive greater benefit of hypnosis-based therapy. These findings create a strong case to acknowledge the role of individual differences in assessing the efficacy and external validity of mindful hypnotherapy in treating depression and stress.

Spiegel and Milling (2020) studied the issue of hypnosis as a supplement to psychotherapy and concentrated on common mechanisms including a focused attention, expectancy, and emotional learning. Their review showed that the psychotherapy that was enhanced by hypnosis showed better results in terms of emotional distress and reduction of depressive symptoms than the psychotherapy. The authors have affirmed that hypnosis promotes faster change in therapies by ensuring that there is experience and emotional processing. This advocates the application of mindful hypnotherapy as a complementary therapy that increases the depth and effectiveness of the conventional psychotherapeutic strategies.

This study was a review of neurophysiological studies on hypnosis and mindfulness that show that they share certain neural correlates and have clinical implications in affective disorders (Vanhaudenhuyse et al., 2019). The neuroimaging showed common activations in the brain areas of attention regulation, self-referential processing and emotion modulation, such as the prefrontal cortex and anterior cingulate cortex. The authors found that the integration of neural processes is the adequate neuroscientific explanation of the combination of mindfulness and hypnosis in the stress and depressive symptom-reduction interventions, especially those where emotional dys regulation is pronounced.

Research Gap

Although the existing research on the topic of hypnotherapy is increasing, there are certain gaps that are critical in the current literature. To begin with, there is a small cohort of randomized controlled trials that address depressive symptoms specifically, since most studies mainly measure psychological distress, but not using validated diagnostic criteria or standardized depression scales. Second, there is high heterogeneity in hypnotherapy procedures, duration of sessions, and mode of therapy and outcome measures due to which it is hard to make direct comparisons across studies and synthesize the findings. Third, a great number of clinical trials have high chances of bias because of small sample sizes, insufficient control conditions, and methodological variability that led to a diminishing strength of causal inferences about treatment efficacy. The above restrictions point to the imminent necessity of high-powered, methodologically sound researches that utilize standardized intervention models, valid outcome scales and follow up evaluations to determine the effectiveness and clinical relevance of hypnotherapy in reducing stress and alleviating depression.

METHODOLOGY

The study takes the systematic pre-post review design, which will integrate evidence of the randomized controlled trials (RCTs), meta-analyses, and systematic reviews published in 20222025. Scholarly databases (PublMed, PsycINFO, Scopus, and Google Scholar) were used to find peer-reviewed journal articles based on the keywords of hypnotherapy, stress, and depression. The inclusion criteria were that the studies should investigate hypnotherapy-based interventions with validated stress or depression outcome measures and provide pre- and post-intervention outcomes. The data analysis was both descriptive and thematic analysis to determine the effectiveness of the intervention, quality of methods, and convergence in results between different studies.

FINDINGS AND DISCUSSION

The trends and findings of current empirical literature have shown that hypnotherapy, especially mindful hypnotherapy, is linked with considerable perceived stress reduction as a result of application. The results of meta-analyses indicate that the effects of stress reduction are moderate, and they can be explained by the enhancement of adaptive coping skills, psychological flexibility, and stress appraisal mechanisms. These results suggest that hypnotic treatments can induce maintenance of relaxation effects and cognitive change that can decussate the individuals towards stressors. Even though a number of randomized controlled trials describe significant depressive symptom severity reduction after hypnotherapy, systematic reviews caution against the interpretation of such results. The identified effects are commonly based on researchers that have small sample size, lacking durability of the intervention, and high chances of bias therefore, restricting the generalization of conclusions about the effectiveness of hypnotherapy in depression. However, there is some new information that shows that hypnotherapy can be specifically effective in people with mild to moderate or subclinical cases of depression as a supplement to the existing treatment.

The mechanism of action of hypnotherapy has a mechanistic nature, with several therapeutic mechanisms that seem to be involved: cognitive restructuring,

elicitation of deep relaxation responses, increased mindfulness, and better emotional regulation. These processes are almost identical to those used in the basis of conventional psychotherapeutic methods including cognitive-behavioural therapy and mindfulness-based interventions, which justifies the theoretical feasibility of the hypnotherapy as a complementary form of psychological therapy. Nonetheless, there are still significant methodological shortcomings in literature. Quite a number of variabilities in control conditions, the discrepancy in models of hypnotherapy and the format of its delivery, and extensive use of self-report measures still limit the strength of evidence.

CONCLUSION

This pre-post study suggests that hypnotherapy is a promising intervention to perceived stress reduction and possibly to possess positive effects on depressive symptoms. Recent trials and meta-analyses provide some evidence that mindfulness-based hypnotherapy provides strong psychological improvement over control conditions. Nevertheless, there are methodological constraints such as small samples, non-homogenous interventions, inconsistent outcome measures, and a high probability of bias that prevent drawing causal inferences and generalization. Future studies ought to use rigorously constructed RCTs using standardized procedures, validated instruments, larger and more heterogeneous samples, active controls, and long-term follow-ups in determining the sustainability and clinical applicability of hypnotherapy. These gaps will be filled, enhancing the empirical support of hypnotherapy and defining its purpose as an adjunctive or alternative care in integrative mental health care.

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