

# A novel theory of trauma offers new hype about Havening: reply to Youngson

Gauranga Jeram Patel, Kimberley Lana Wake, Irie Schimanski, Paul Skirrow, Susanna Every-Palmer

As mental health professionals trained in evidence-based trauma treatments, we read with interest the recent *New Zealand Medical Journal* article stating that Havening could completely erase the physical and mental impacts of trauma in minutes.<sup>1</sup> Upon reviewing this article alongside related literature, we became concerned about the strength and validity of some of the claims. Several assertions appear inconsistent with established scientific understanding of trauma and its treatment, rely heavily on anecdotal vignettes and overstate the findings of the limited empirical studies available. This article comes at a time when psychotherapies can gain popularity only to be found ineffective—or even harmful—when subjected to rigorous independent evaluation.<sup>2</sup>

Our approach is guided by Donald Meichenbaum and Scott Lilienfeld's framework for identifying potentially over-hyped psychotherapies.<sup>3</sup> Some "red flags" include extraordinary claims of rapid and/or universal effectiveness; reliance on testimonials, poor study design and expertise; lack of independent replication; resistance to critical scrutiny; and the use of neuroscientific or technical language that may confer unwarranted credibility without corresponding empirical support. In application to Havening, the disparity between the strength of the claims and the state of the evidence base warrants scrutiny.

To begin, the article makes a range of extraordinary and unsubstantiated claims.<sup>1</sup> For example, it states that Havening can "accelerate trauma processing", "erase trauma" and remove a stress response in 20 minutes. Despite warranting robust supporting data, no evidence is provided to support these claims. Instead, these claims are illustrated through case vignettes about a range of mental and physical maladies, indicating no boundary conditions and infallible efficacy,<sup>3</sup> which compromises obligations to provide complete and balanced information to patients.

The article notes that "Two randomised controlled trials (RCTs) have begun to validate this technique", though the citations do not support the vignettes given that neither paper reports directly measuring trauma, post-traumatic stress disorder (PTSD) or mental distress.<sup>1</sup> Both cited papers were published from data collected for one RCT (NCT03568591), not two. Participants self-referred for Havening, which raises considerable concern about placebo and nocebo effects given the use of a wait list control group.<sup>4</sup> Also, the research was completely un-blinded with no attempts to reduce allegiance effects.<sup>5</sup> Neither of these two papers acknowledge the full range of questionnaires and measures used in the RCT, or that the papers come from the same dataset. These are concerning omissions that result in incomplete "procedure" and "measures" sections for both papers, with no clear rationale.

The article also cites a publication by Ronald Ruden as the authority on Havening, trauma, memory and therapy.<sup>6</sup> This is overstated as a "sentinel paper",<sup>1</sup> despite it being published in an obscure pay-for-publication journal and being cited minimally. Havening is presented with strong neurobiological claims about amygdala "depotentiation", oxytocin, "internally generated electroceuticals" and delta-wave mechanisms. Some of these neurobiological claims are made with no supporting research, or overstate the available research,<sup>3</sup> such as that "Traumatic memories are stored in the (right) lateral amygdala".<sup>1</sup> This is an example of the fallacy of localisation, or the claim that complex psychological processes involve a single brain region.<sup>7</sup> Actually, the amygdala is one of many important brain regions modulating consolidation of trauma memory and would not, in isolation, be capable of encoding, storing or recalling a memory.<sup>8</sup> Additionally, there is no established therapeutically modifiable mechanism to "erase" a memory or emotion, and such a claim contradicts decades of research on

the nature of memory.<sup>9</sup>

Importantly, there are existing psychotherapies that are effective for trauma-related issues such as PTSD.<sup>10</sup> These evidence-based psychotherapies share many common factors, with some differences in application. In contrast, the article emphasises Havening as a highly novel treatment that differentiates itself by being trademarked and requiring an annual licensing fee, despite a small and immature evidence base.<sup>3</sup> Overall, the current status of the Havening literature does not live up to the hype.<sup>3</sup>

Future Havening research should include well-powered RCTs in clearly defined populations with long-term follow-up alongside trial preregistration, transparent reporting and publication of null results. Studies should compare Havening not just with wait list but with active controls and existing evidence-based treatments. Studies should use gold-standard

outcomes: independent diagnostic assessment, validated PTSD scales, functioning, quality of life, treatment acceptability, dropout and adverse events. Mechanism studies need to be hypothesis-driven and preregistered, and neurobiological effects directly tested. Lastly, replication should be conducted by independent researchers, without vested interests in the outcomes.

We strongly support the view that professionals should practice within the scope of their training; they should also be sceptical consumers of literature, and humble in the communication of efficacy and expectations. Professionals for whom mental health interventions would be out-of-scope should be encouraged to use tools such as responsive listening and psychological first aid when people experience mental distress. If further training is sought, then professionals should consider the evidence base and standing of the psychotherapy, and be wary of hype.<sup>3</sup>

**COMPETING INTERESTS**

All of the authors work in mental health fields and use a range of evidence-based approaches including in clinical, teaching and supervisory roles.

GJP provides lectures for Victoria University of Wellington, Otago University and Massey University.

PS was previously employed as a spokesperson (Strategic Advisor) to the NZ College of Clinical Psychologists, and remains a member of the organisation.

**AUTHOR INFORMATION**

Gauranga Jeram Patel: Clinical Psychologist, Health New Zealand – Te Whatu Ora, Wellington, New Zealand.

Kimberley Lana Wake: Clinical Psychologist, Health New Zealand – Te Whatu Ora, Wellington, New Zealand.

Irie Schimanski: Clinical Psychologist, Health New Zealand – Te Whatu Ora, Wellington, New Zealand.

Paul Skirrow: Clinical Psychologist and Neuropsychologist, Associate Professor, Otago University, School of Psychological Medicine, Wellington, New Zealand.

Susanna Every-Palmer: Psychiatrist, Professor, Otago University, School of Psychological Medicine, Wellington, New Zealand.

**CORRESPONDING AUTHOR**

Gauranga Jeram Patel: Clinical Psychologist, Health New Zealand – Te Whatu Ora, Wellington, New Zealand.

E: [rongo.patel@mhaids.health.nz](mailto:rongo.patel@mhaids.health.nz)

**URL**

<https://nzmj.org.nz/journal/vol-139-no-1635/a-novel-theory-of-trauma-offers-new-hype-about-havening-reply-to-youngson>

**CITATION**

Patel GJ, Wake KL, Schimanski I, et al. A novel theory of trauma offers new hype about Havening: reply to Youngson. *N Z Med J.* 2026 May 29;139(1635):111-113. doi: 10.26635/6965.7519.

**REFERENCES**

- Youngson R. A novel theory of trauma offers new treatment possibilities. *NZ Med J.* 2025 Oct 10;138(1623):95-104. doi: 10.26635/6965.6955.
- Lilienfeld SO, Ritschel LA, Lynn SJ, et al. Why Ineffective Psychotherapies Appear to Work: A Taxonomy of Causes of Spurious Therapeutic Effectiveness. *Perspect Psychol Sci.* 2014 Jul;9(4):355-387. doi: 10.1177/1745691614535216.
- Meichenbaum D, Lilienfeld SO. How to spot hype in the field of psychotherapy: A 19-item checklist. *Prof Psychol Res Pr.* 2018 Feb;49(1):22-30. doi: 10.1037/pro0000172.
- Patterson B, Boyle MH, Kivlenieks M, Van Ameringen M. The use of waitlists as control conditions in anxiety disorders research. *J Psychiatr Res.* 2016 Dec 1;83:112-120. doi: 10.1016/j.jpsychires.2016.08.015.
- Zimmerman JA, Marcus DK. Does Researcher Allegiance Bias Outcomes in Psychotherapy Research? A Quasi-Experimental Secondary Analysis. *Clin Psychol Psychother.* 2024 Mar 11;31(2):e2974. doi: 10.1002/cpp.2974.
- Ruden RA. Harnessing Electroceuticals to Treat Disorders Arising From Traumatic Stress: Theoretical Considerations Using a Psychosensory Model. *Explore (NY).* 2019 May;15(3):222-229. doi: 10.1016/j.explore.2018.05.005.
- Lilienfeld SO, Aslinger E, Marshall J, Satel S. Neurohype: A Field Guide to Exaggerated Brain-Based Claims. In: Clausen J, Levy N, editors. *The Routledge Handbook of Neuroethics.* New York: Routledge; 2015. p. 241-261.
- Ressler KJ, Berretta S, Bolshakov VY, et al. Post-traumatic stress disorder: clinical and translational neuroscience from cells to circuits. *Nat Rev Neurol.* 2022 May;18(5):273-288. doi: 10.1038/s41582-022-00635-8.
- Baddeley A, Eysenck MW, Anderson MC. *Memory.* 3rd ed. London: Routledge; 2020.
- McLean CP, Levy HC, Miller ML, Tolin DF. Exposure therapy for PTSD: A meta-analysis. *Clin Psychol Rev.* 2022 Feb;91:102115. doi: 10.1016/j.cpr.2021.102115.