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A few months ago, on the recommendation of her personal physician, a middle aged lady, under the protection of a female friend, called upon me for a consultation. The woman was in the second half of her forties, fairly well preserved, and had obviously not yet finished with the normal activities of womanhood. Her reason for seeking out my opinion was that she was afflicted with periodic uncontrollable episodes of hiccups that she attributed to her divorce from her most recent husband. Her personal physician had informed her that, in fact, the real genesis of her hiccups could be traced to her lack of sexual satisfaction, and since that apparently she could not tolerate the loss of intercourse with her husband, there were only three ways in which she could regain her physical equilibrium: she must either return to her husband, take a lover, or obtain satisfaction through manual stimulation. Since she was not amenable to restoring her marriage and the latter two alternatives were repugnant to her on both moral and religious grounds, she had sought out my counsel as a last resort after being informed by her physician that during the past year I had discovered a cure for prolonged spasmodic muscular episodes. The woman's friend, an older dried-up and unhealthy-looking specimen, implored me to assure the patient that her hiccups did not derive from a lack of sexual satisfaction, since she herself had been a widow for many years and had nevertheless been able to remain respectable without suffering from such symptoms (albeit she did concede that since the death of her husband she suffered from unpredictable embarrassing episodes of prolonged flatulence). I will not dwell on the awkward predicament in which I was placed by this visit, being that I am not the doctor who discovered a cure for prolonged spasmodic muscular episodes. Additionally, during my thirty years as a psychoanalyst I had never encountered a case of persistent hiccups. Let me state, however, that long years of experience had taught me not to accept straight away as true what patients, especially those afflicted with neuroses (which through cursory observation of her body language it was apparent to me this woman did suffer from) relate about their physician. I therefore had reason to believe that this lady gave me a tendentiously distorted account of what her doctor had actually said, and would thus not want to do a man who is unknown to me an injustice by accusing him of irresponsibly attributing the genesis of hiccups to the absence of a sexual life. Although it is true that psychoanalysis puts forward absence of sexual satisfaction as the cause of a number of nervous disorders, it does not in the least suggest that such an absence can trigger a bout of hiccups. Nevertheless, being one who over the years had been confronted with more than his share of anomalous phenomenon, I could adapt myself to most any

therapeutic situation. Consequently, after only a moment or two of reflection I bade a fond farewell to the patient's symbiotic companion, and once the latter had departed proceeded to implement a somewhat unorthodox (and in the opinion of some, outmoded) treatment I had on more than one occasion used with great success in treating conditions ranging from stuttering to serial arson. Truth be told, I have found that one of the most innocuous and safest procedures for ameliorating a broad spectrum of afflictions is prolonged posturing in a cruciform stance. Specifically, the patient is harnessed and tied in a standing position with arms outstretched for 8 to 10 hours. Not only does the latter render a violent patient harmless and obedient as well mitigate delirious outbursts in those who are psychotic, but is also effective in reducing or eliminating all varieties of compulsive behaviors, be they overt (as in the case of hiccups) or covert. Although initially anxious and somewhat reluctant about the procedure, after nine and a half hours in the cruciform posture the lady in question fell into a deep sleep whereupon awakening the following morning she exhibited feelings of deep respect and devotion towards me that persist to this day. I can report with confidence that within a day after the treatment the patient exhibited no evidence of hiccupping. However, as a reader may not know, it is often the case with certain female neurotics who undergo cruciform therapy that one will manifest an almost youthful appearance in both body and spirit accompanied by an awakened or perhaps newly discovered libido. Although on more than one occasion the lady in question sought me out to assuage her carnal urges, because of the existing doctor-patient relationship I was ethically restrained from engaging in any type of erotic activity with her. Therefore, cognizant of the fact that within the analytic community a certain analyst was well known for his appreciation of the pleasures of the flesh, I referred the lady to him in the hope that he could provide her with physical relief without encumbering her with the unnecessary emotional and psychological baggage that often accompanies erotic activities. The analyst in question did in fact engage my former patient in a torrid but brief physical relationship, yet saw fit to terminate it within a few weeks when he himself developed a severe case of hiccups for which he subsequently sought my counsel. I am both embarrassed and perplexed to report that to date I have been unsuccessful in eliminating my colleague's symptoms in spite of having exposed him to multiple sessions of cruciform therapy.