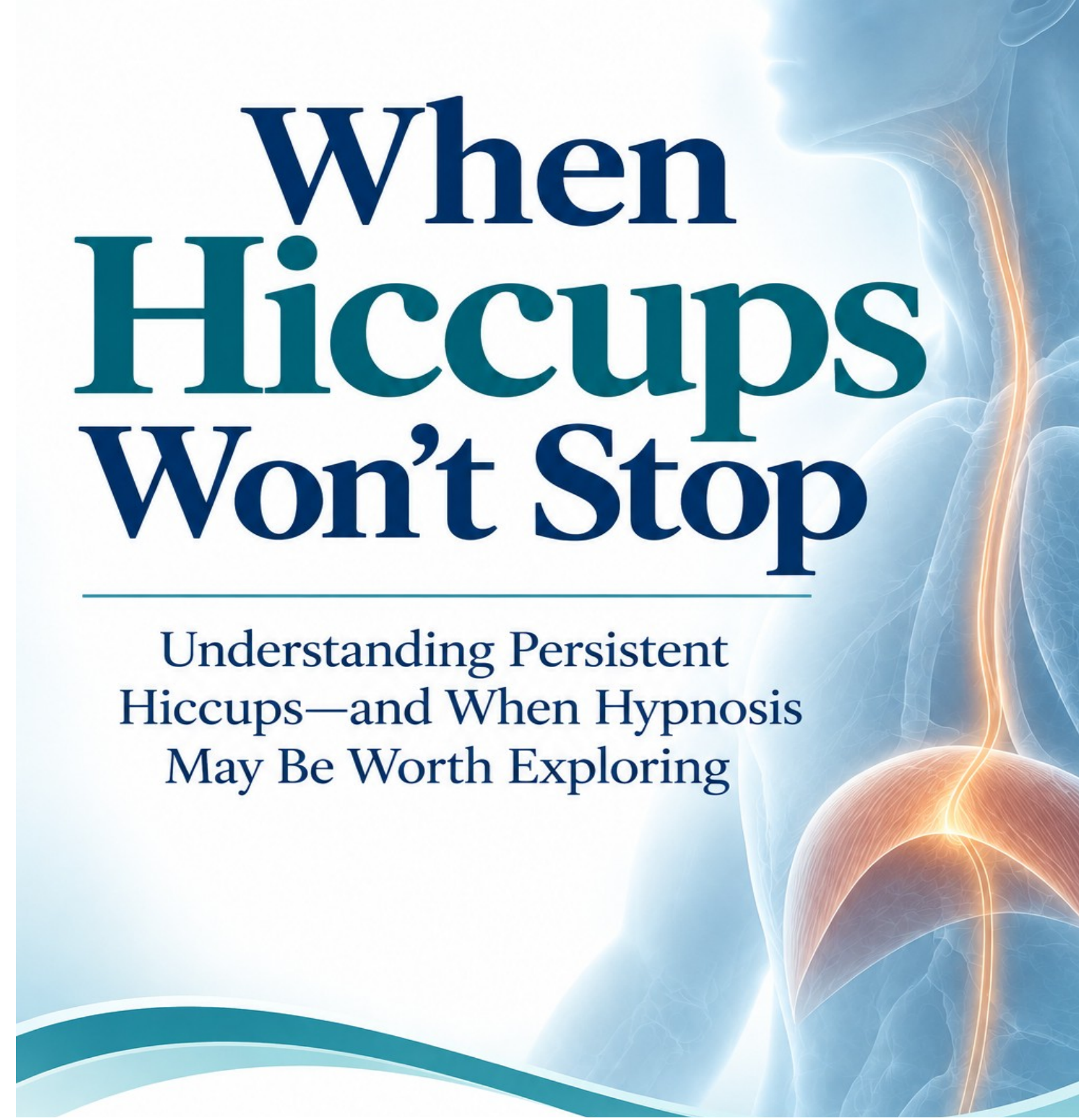
When Hiccups Won't Stop

Understanding Persistent Hiccups—and When Hypnosis May Be Worth Exploring



When Hiccups Won’t Stop

Understanding Persistent Hiccups—and When Hypnosis May Be Worth Exploring

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Unlock Your Natural Potential.

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1. When Hiccups Aren’t Funny Anymore

Almost everyone has had hiccups. They usually arrive unexpectedly, become annoying for a few minutes, and disappear almost as mysteriously as they began.

But when hiccups don’t stop, they stop being funny.

Persistent hiccups can interfere with eating, sleeping, talking, concentrating, working, and simply getting through an ordinary day. Prolonged episodes can lead to fatigue and, in more severe cases, problems such as reduced food and fluid intake, weight loss and dehydration. [1]

And as hours turn into days—or sometimes weeks—the hiccups themselves may no longer be the only problem.

You may begin waiting for the next one.

You may notice what seems to trigger them, what temporarily quiets them, or what makes them worse. You may become reluctant to eat certain foods, go somewhere quiet, have a conversation, or even try to fall asleep comfortably.

Friends and family may mean well when they suggest another home remedy, but after you have tried enough of them, another suggestion to hold your breath or drink water upside down isn’t particularly helpful.

And perhaps most frustrating of all, other people may not fully understand how disruptive persistent hiccups can become.

> *I do.*

For more than 25 years as a clinical hypnotherapist, I have worked with people facing many different challenges, including a rather unusual number of people experiencing persistent and chronic hiccups. Their circumstances have varied considerably, and so have their medical histories and the patterns surrounding their hiccups.

That experience has taught me not to assume that every case has the same explanation—or that every person needs the same approach.

This little book is not intended to diagnose the cause of your hiccups, and it isn’t a promise that hypnosis can make them disappear. Persistent hiccups can sometimes be associated with underlying medical conditions and therefore deserve appropriate medical evaluation.

Instead, I want to help you understand what persistent hiccups are, why medical evaluation matters, how the nervous system—and sometimes attention, anticipation and stress—may become part of the overall experience, and where hypnosis might be worth exploring alongside appropriate medical care.

Most of all, if you have been living from one hic to the next, I want you to know that your experience deserves to be taken seriously.

2. What Exactly Is a Hiccup?

A hiccup is an involuntary reflex. It begins with a sudden contraction of the diaphragm and other muscles involved in breathing. Almost immediately afterward, the glottis—the opening between the vocal cords—closes abruptly. That interruption of airflow produces the familiar "hic" sound. [1]

You don't consciously decide to hiccup.

The hiccup reflex involves a network of nerves and structures within the nervous system. The vagus and phrenic nerves, sympathetic nerves, areas within the brain and brainstem, and nerves controlling the diaphragm and other respiratory muscles are all thought to participate in what is often called the hiccup reflex arc. [1]

For most of us, that reflex activates briefly and then settles down on its own.

When Does a Hiccup Become "Persistent"?

Medical literature generally classifies hiccups according to how long they continue:

- Acute hiccups last less than 48 hours.
- Persistent hiccups continue for more than 48 hours.
- Intractable hiccups continue for a prolonged period. Many medical sources define intractable hiccups as lasting longer than one month, although some use a threshold of two months. [1,2]

You may also hear chronic hiccups used more generally.

Those distinctions matter because prolonged hiccups can sometimes be associated with an underlying medical condition. But duration isn't the whole story.

Imagine hiccupping repeatedly while you're trying to eat, have a conversation, concentrate or sleep.

Persistent hiccups can interfere with all of those things and can contribute to considerable fatigue and frustration.

For someone experiencing them, the number of hours or days is only one measure of the problem.

> *The effect those hiccups are having on the person's life matters, too.*

And once hiccups have continued for more than 48 hours, there is something more important to do than search for another home remedy.

> *It's time to involve your doctor.*

3. First Things First: Persistent Hiccups Deserve Medical Attention

If your hiccups have lasted more than 48 hours, please don't assume they are simply stubborn ordinary hiccups.

Persistent hiccups sometimes occur because something is irritating or affecting part of the complex reflex involved in hiccupping. In other cases, they may be associated with a medication, a recent medical procedure, or an underlying health condition. [1]

That doesn't mean that persistent hiccups necessarily signal something serious. It means they deserve to be evaluated.

What Might Your Doctor Look For?

There is no single cause of persistent hiccups and no single test that is appropriate for everyone.

Your healthcare provider may begin by asking about when the hiccups started, whether anything seems to trigger them, whether they continue during sleep, medications you take, recent illnesses or procedures, and whether you have other symptoms. A physical examination and, when appropriate, laboratory tests or imaging may help determine whether an identifiable medical cause is present. [1]

Conditions associated with persistent hiccups can involve:

- The digestive system, including gastroesophageal reflux and other gastrointestinal conditions.
- The brain and nervous system, including certain strokes, injuries, infections and neurologic conditions.
- The chest and respiratory system.
- Metabolic disturbances, including electrolyte abnormalities and kidney dysfunction.
- Medications, including some steroids, sedatives, certain chemotherapy drugs and others.
- Surgery and medical procedures, including anesthesia. [1]

This list isn't meant to frighten you, nor is it a checklist for diagnosing yourself. In fact, it is precisely why your doctor—not an internet search and not your hypnotherapist—is the appropriate person to evaluate persistent hiccups medically.

Where Does Hypnosis Fit?

> *After medical evaluation.*

Hypnosis may be explored alongside appropriate medical care. It does not replace diagnostic testing, medication, medical treatment or follow-up.

Even when testing doesn't identify a clear cause—or an identified problem has been treated—the hiccups may continue. Medical literature reflects how challenging persistent hiccups can sometimes be to treat. [3]

Because sometimes the question is no longer simply:

> *"What is causing my hiccups?"*

It becomes:

> *"My doctors have evaluated me. I've tried the recommended treatments. Why am I still hiccupping—and what else might be worth exploring?"*

That is the territory we'll begin exploring in the next section.

4. What If the Hiccups Continue?

Sometimes the medical evaluation identifies a cause and treatment resolves the problem.

Sometimes it doesn't.

You may have undergone testing without finding a clear explanation. You may have been treated for a suspected cause, yet the hiccups continued. Or you may have tried one or several medications without getting the relief you hoped for.

If that describes you, it doesn't mean your doctors have failed—or that your hiccups aren't real.

Persistent hiccups are an unusual and sometimes remarkably difficult symptom to treat. Medical reviews note that evidence supporting many available treatments is limited, and even when an underlying cause is suspected, finding an effective treatment for an individual can be challenging. In some cases, despite appropriate investigation, no single cause can be identified. Medical literature sometimes describes these cases as idiopathic—the cause remains unknown. [3]

When the Hiccups Become Part of the Problem

After days or weeks of hiccupping, it is natural to begin noticing patterns.

You may notice certain foods, movements, positions or situations that seem to trigger them. You may notice sensations just before a hiccup arrives. You may begin anticipating the next one.

That doesn't mean you are causing your hiccups.

When an involuntary event happens repeatedly, attention, expectations, emotions and behavior can become intertwined with the experience. Stress and emotional responses have been described in association with some cases of hiccups, but their role varies and they should not simply be assumed to be causal. [1]

When someone has been through medical appointments, tests and unsuccessful treatments, the last thing they need to hear is:

> *"It's all in your head."*

That isn't what I'm saying.

Your hiccups are a real physical event. But the brain, nervous system, breathing muscles, attention and emotional responses aren't separate little departments that never communicate.

So once appropriate medical evaluation has taken place, I become curious about the whole experience—not because I assume a psychological cause, but because patterns can sometimes give us useful information.

That curiosity is actually how my own journey with persistent hiccups began.

5. The Case That Changed How I Listen

My journey with persistent hiccups began many years ago with a young client whose hiccups had continued for more than a month.

They weren't subtle. Her hiccups were extraordinarily loud and intrusive—loud enough that they could be heard well beyond the room she was in. By the time she came to see me, they had become an unavoidable part of her everyday life.

Before meeting with her, I spent some quiet time preparing for the session and writing down questions and impressions that came to me. One phrase stayed with me:

> *In the silence you will know.*

At the time, I didn't realize how significant those words would become.

When we met, I didn't immediately try to hypnotize her or make the hiccups stop.

> *I listened to her.*

As she talked, I noticed something happening. Her hiccups gradually became quieter and farther apart.

The details of her circumstances are hers and deserve to remain private. But one theme that emerged during our conversation seemed particularly significant: she often felt unheard.

I continued to listen.

As our conversation continued, the hiccups became less intrusive. The increasing quiet between them gave her an opportunity to relax, and from there I was able to guide her naturally into a trance state and continue our work.

During that session, her hiccups stopped.

I don't share this story to suggest that feeling unheard causes persistent hiccups. Nor does one person's response to hypnosis tell us how another person will respond.

> *What that session changed was the way I approached my work.*

It taught me to become less interested in asking, "What technique should I use for this symptom?" and more interested in understanding the individual experiencing it.

What was happening when the symptom began?

What was happening in that person's life?

Were there patterns or triggers?

What had changed?

And perhaps most importantly, what might I discover if I simply listened?

That experience became the beginning of my work with persistent hiccups and helped shape the individualized approach I continue to use today.

And the words that came to me before that session stayed with me:

> *In the silence you will know.*

More than two decades later, they still describe one of the most important things I have learned about this work:

> *Sometimes listening is where the work begins.*

6. The Hiccup Cycle

A hiccup is involuntary. You don't decide to have one, and you shouldn't be told that you're somehow choosing to keep having them.

But after hiccups continue for days or weeks, it is natural to pay close attention to them.

You may notice triggers, sensations, things that seem to quiet them, and moments when they become stronger or weaker.

Eventually, you may begin anticipating the next hiccup.

When something unpleasant happens repeatedly, our brains naturally learn to watch for it. Attention may become heightened. The body may tense. Frustration or worry may increase. Then another hiccup arrives and reinforces the watching.

> *HICCUP → ATTENTION → ANTICIPATION → TENSION → HICCUP*

I call this the hiccup cycle.

That phrase is a way of describing something I sometimes observe in my work. It is not a medical diagnosis, nor am I suggesting it explains every case.

Most importantly, it does not mean:

> *"You're doing this to yourself."*

What About Stress?

Stress deserves some care in this discussion. Stress can affect breathing, muscle tension, sleep, digestion and attention. Psychological factors have been reported in association with some cases of hiccups, but the presence of stress in someone's life does not establish that stress caused the hiccups. [1]

And nearly anyone who has been hiccupping relentlessly is going to experience some stress because of the hiccups.

Which came first may not always be obvious—and sometimes it may not even be the most useful question.

Instead, I am interested in what is happening now.

What was happening before this episode began? When are the hiccups better or worse? Are there times they stop? What happens during sleep, conversation, eating, movement or relaxation? What has the person noticed?

These aren't questions designed to prove hiccups are psychological.

> *They're questions designed to help me listen for patterns.*

And occasionally, a pattern gives us somewhere new to begin.

7. Why I Don't Use a "Hiccup Script"

It would certainly be convenient if there were one hypnosis script for persistent hiccups.

Someone hiccups. A hypnotherapist reads the script. The hiccups stop.

> *People aren't that simple.*

Two people can have the same symptom and very different medical histories, circumstances, triggers, experiences and responses.

I don't begin by deciding what I'm going to say.

I begin by asking questions.

> *TALK → LISTEN → ASK → LISTEN*

In our first conversation, I want to know about your medical evaluation, when the hiccups began, what makes them better or worse, whether they change during sleep, eating, drinking, movement, conversation or different positions, and what treatments you have already tried.

I'm also listening for the things I didn't specifically ask about—a casual comment, a change in your voice, an afterthought, or a pattern you may have dismissed as unimportant.

> *Sometimes the most useful information arrives when I'm not trying to fit someone's experience into a predetermined explanation.*

Organic Hypnosis™

I eventually came to call this way of working Organic Hypnosis™.

The word organic doesn't refer to something mystical or alternative to medical care. It describes the way the session develops: from the individual rather than from a predetermined script.

The hypnosis grows out of what I have learned by listening.

The words, imagery, questions and techniques may differ from one client to another. Sometimes the work involves relaxation or tension. Sometimes attention or anticipation. Sometimes an unexpected connection emerges during our conversation.

And sometimes what I hear tells me hypnosis isn't where we should begin—or that additional medical evaluation should come first.

Individualized doesn't mean improvising without a foundation. My work draws on more than 25 years of hypnotherapy experience and training. It means the person sitting in front of me determines how I apply what I know.

> *I don't work with a pair of hiccups. I work with the person who is hiccupping.*

Sometimes listening is where the work begins.

8. What Hypnosis Actually Feels Like

If you've never experienced hypnosis, you may have some ideas about what is supposed to happen.

You won't be unconscious.

You won't surrender control.

You won't suddenly become unable to think for yourself.

Hypnosis is better understood as a state involving focused attention and absorption. You remain aware. You can hear me. You can speak, move, ask a question, disagree with me or open your eyes.

> *You are still you.*

You May Already Recognize the Feeling

Think about becoming absorbed in a good book or movie, driving a familiar route and realizing your mind had been elsewhere, or becoming so involved in a project that you lose track of time.

Those experiences aren't identical to hypnosis, but they demonstrate something familiar: attention can become deeply focused while you remain awake and capable of responding.

Hypnosis uses focused attention intentionally.

What Happens During a Session?

There is no particular sensation you have to produce.

Some clients feel deeply relaxed. Others simply feel comfortable and focused. You might notice heaviness, lightness, warmth or stillness—or no particular physical change at all.

None of those experiences determines whether you are "doing hypnosis correctly."

You don't have to try hard.

In fact, the conversation we have before you close your eyes is already part of the process. I am listening before the formal hypnosis begins, and sometimes the hypnosis develops quite naturally from that conversation.

You Remain Part of the Process

> *I don't do hypnosis to you. We work together.*

I may offer an idea, an image, a question or an opportunity to experience something differently. Your response might be immediate, gradual, unexpected—or you may tell me that something simply doesn't fit.

If it doesn't fit, we can change direction.

Your ability to respond is part of the work.

For someone whose body has begun to feel beyond their control, that distinction can be especially important.

Hypnosis isn't about giving up more control.

> *It's an opportunity to become curious about what happens when you direct your attention differently.*

9. What Might a Session for Persistent Hiccups Look Like?

By the time someone contacts me about persistent hiccups, they have often told their story many times.

I'm going to ask them to tell it again.

But I may listen for different things.

Before we begin hypnosis, I want to understand your experience as completely as I can. We'll talk about your medical evaluation, when the hiccups began, what you've already tried, and anything you've noticed about when the hiccups appear, disappear, intensify or change.

I may ask questions that seem obvious.

I may also ask questions that seem completely unrelated.

There is a reason for that.

> *I'm listening for your pattern, not looking for you to fit mine.*

The Conversation Is Part of the Session

You don't have to arrive knowing why you're hiccupping.

That's not your job.

You also don't need to come prepared with an important psychological explanation for your symptoms. Sometimes there isn't one.

Instead, we'll be curious together.

What was happening when this began?

What has changed since then?

When are the hiccups different?

When aren't they there?

What have you noticed that nobody has asked you about?

Sometimes something important emerges from those questions. Sometimes it doesn't. Either way, I'm learning about you, rather than making assumptions based solely on the symptom.

Then We Use Hypnosis

When we're ready, I'll help you become comfortable and allow your attention to become more focused.

What happens from there depends upon what we've discovered together.

I may use relaxation, imagery, suggestions, questions, changes in attention or other hypnotic techniques. I may invite you to notice something differently or experiment with a different response.

There is no moment when I pull out "the hiccup script."

The session develops from you.

What If You Hiccup During Hypnosis?

Then you hiccup.

You haven't failed.

You haven't "come out" of hypnosis.

And I haven't failed either.

> *A hiccup is information—not a grade on how well you're doing.*

We can notice what happened before it, what happened afterward, whether anything changed, and simply continue working.

And After the Session?

Depending upon the individual, I may suggest something to practice at home or provide a personalized recording to reinforce aspects of our work.

Then we see what happens.

Some people may notice changes quickly. Others may notice gradual changes, need additional work, or experience no meaningful improvement from hypnosis.

> *I cannot promise which response you will have.*

And if something we try doesn't help, you haven't failed.

People living with persistent symptoms sometimes arrive feeling as though they have already disappointed the people who have tried to help them. Another medication didn't work. Another procedure didn't work. Another recommendation didn't work.

Somewhere along the way, they can begin to feel as though they are the difficult case.

You aren't here to prove that you're doing this right.

> *You are not here to produce a successful result for me.*

What I can promise is that I won't treat you as though you're simply the next person in line with the same symptom.

Your medical history matters.

Your experience matters.

Your response matters.

And you will be listened to.

10. Does Hypnosis Work for Everyone?

No.

I think that's important to say plainly.

I have seen clients respond remarkably well to hypnosis for persistent hiccups. I have also worked with clients whose response was slower, less complete, or who did not get the result we hoped for.

No responsible practitioner can tell you in advance exactly how your body will respond.

What Does the Research Say?

Hypnosis for persistent hiccups isn't a new idea.

Published medical literature includes case reports dating back decades. In 1959, physicians Gordon Bendersky and Martin Baren reported using hypnosis in a case of hiccups that had not responded to conventional treatment. In 1966, physicians William Smedley and William Barnes published another case in JAMA involving persistent postoperative hiccups treated with hypnosis. [4,5]

That's interesting.

But it isn't the same thing as having large, controlled clinical trials showing that hypnosis reliably treats persistent hiccups.

Case reports tell us something happened. They don't tell us how often it will happen.

That's an important distinction.

My own professional experience has similar limitations. After more than 25 years in practice, I have worked with a number of clients experiencing persistent hiccups and have seen some striking responses.

Those experiences influence how I practice.

They are not a guarantee of what will happen for you.

So Why Consider Hypnosis?

Because after appropriate medical evaluation—particularly when hiccups continue despite treatment—it may be reasonable to explore hypnosis alongside ongoing medical care.

Not because it works for everyone.

Not because persistent hiccups are "all in your head."

And not because I believe I possess a special technique that makes hiccups disappear.

I think hypnosis may be worth exploring because it gives us another way to work with attention, expectation, relaxation, learned responses and the individual's experience of the symptom.

Sometimes that produces meaningful change.

Sometimes it doesn't.

> *The only honest way to find out what happens for you is to approach the work without making promises about the outcome.*

11. You Don’t Have to Live Near Me

Persistent hiccups don’t care where you live.

Fortunately, neither does much of the work I do.

I have worked virtually with clients in different parts of the United States and around the world. A hypnosis session does not necessarily require you and me to be sitting in the same room.

Depending upon the client and circumstances, sessions may be conducted by phone, Zoom or Microsoft Teams.

What Is a Virtual Hypnosis Session Like?

In many ways, it is remarkably similar to working together in person.

We talk.

I listen.

I ask questions.

And when we’re ready to move into hypnosis, you settle into a comfortable place where you can hear me clearly and remain undisturbed.

You don’t need special equipment, a treatment room or an elaborate setup. You simply need a private, comfortable environment and a reliable way for us to communicate.

The same principle we’ve discussed throughout this book still applies:

> *The session develops around you.*

Virtual hypnosis is not a prerecorded program playing while I disappear from the process. I am there with you, listening and responding in real time.

Sometimes Distance Can Even Feel Comfortable

There can be something reassuring about doing this work from your own familiar surroundings.

You don’t have to drive home afterward. You don’t have to walk into an unfamiliar office. And if persistent hiccups have made you self-conscious in public, you don’t have to worry about what anyone in a waiting room thinks.

You can simply be where you are.

Geography Doesn’t Have to Decide Who You Work With

This has become particularly important in my work with persistent hiccups.

Over the years, clients have contacted me from places I never could have anticipated. On one memorable occasion, a man contacted me from his hospital bed in London seeking help through hypnosis.

We were able to work together remotely, and he experienced the result he had hoped for.

That experience reinforced something I had already begun to understand:

> *Effective communication doesn't necessarily require two people to be in the same room—or even in the same country.*

Persistent hiccups are an unusual problem. You may not find someone nearby who has much experience working with them.

Virtual sessions make it possible to look beyond your immediate neighborhood when deciding whom you want to contact.

That doesn't mean virtual hypnosis is appropriate for every client or every circumstance. Suitability and professional considerations still matter, and I determine whether my work is appropriate for an individual before we proceed.

But when it is appropriate, distance alone doesn't necessarily have to prevent us from having a conversation.

> *You don't need to live near me for me to listen to you.*

12. Is Hypnosis Worth Exploring in Your Case?

If you've made it this far, you may be wondering whether hypnosis makes sense for you.

I can't answer that from a book.

But I can help you think about the question.

The first consideration is the most important one we've discussed throughout these pages:

> *Have your persistent hiccups been medically evaluated?*

If they haven't, that's where I would encourage you to begin.

If they have—and the hiccups continue despite evaluation or treatment—then it may be reasonable to explore whether hypnosis has a place alongside your medical care.

You Don't Need to Know Why You're Hiccupping

You don't need to call me with a theory.

You don't need to decide whether your hiccups are related to stress, your nervous system, something that happened in your life, or anything else.

And you certainly don't need to convince me that hypnosis will work.

That's what the conversation is for.

I'll want to know what your doctors have told you, what you've tried, what you've noticed, and what your experience has actually been.

Then I'll listen.

Sometimes what I hear makes me curious about exploring hypnosis.

Sometimes it tells me that another question needs to be asked first.

And occasionally, it may tell me that I'm simply not the appropriate person to help.

> *That's useful information, too.*

A Conversation Isn't a Commitment

Contacting me doesn't mean you've decided to have hypnosis.

It means we're going to have a conversation.

You can ask questions. I can ask questions. We can talk about what you've experienced and whether my approach seems appropriate for you.

If it does, we can discuss what working together might look like.

If it doesn't, I will tell you.

After more than 25 years of doing this work, I don't believe every person needs hypnosis—and I don't believe every person who contacts me needs to become my client.

One Last Thought

Persistent hiccups can make your world surprisingly small.

Meals change. Sleep changes. Conversations change. Plans change. And after enough unsuccessful remedies or treatments, it can become difficult to imagine anything changing at all.

I can't promise that hypnosis will stop your hiccups.

But I can promise something much simpler.

> *I will take your experience seriously.*

I will be curious about your story.

I will respect the medical care you've received.

I won't try to squeeze your experience into somebody else's explanation.

And if we decide together that hypnosis is worth exploring, we'll begin where I've learned to begin:

> *Not with a script.*
> *With you.*

About Debbie Lane, C.Ht.

For more than 25 years, Debbie Lane, C.Ht., founder of Wisdom Hypnosis, has worked with clients facing a wide variety of challenges—sometimes including problems that don't fit neatly into the usual boxes.

Her approach is based on a simple principle:

> *Listen first.*

Rather than relying on standardized scripts, Debbie developed an individualized approach she calls Organic Hypnosis™. The session grows from the client's own experience, language, history and responses.

She has used this individualized approach with clients experiencing persistent hiccups and other complex or unusual concerns, as well as more familiar challenges involving habits, fears, sleep, stress and behavior.

Debbie works with clients both in person and virtually, allowing people outside her immediate area—and sometimes far outside it—to work with her by phone, Zoom or Microsoft Teams.

Her work is designed to support appropriate medical or mental-health care, not replace it.

Debbie Lane, C.Ht.

Clinical Hypnotherapist

Founder, Wisdom Hypnosis

25+ Years Experience

Unlock Your Natural Potential.

Watch: Persistent Hiccups — Can Hypnosis Help?

Want to hear me explain how I work with persistent hiccups rather than just read about it?

In my short video, Persistent Hiccups: Can Hypnosis Help?, I explain why medical evaluation comes first and how hypnosis may fit into the picture when it is appropriate to explore.

WisdomHypnosis.com

Interested in Talking With Me?

You don't have to decide whether hypnosis is right for you before contacting me.

That's what the conversation is for.

WisdomHypnosis.com

contact@wisdomhypnosis.com

Virtual sessions available in the U.S. and internationally where appropriate.

Not with a script. With you.

References & Further Reading

A Note About the Sources

This book combines established medical information about persistent hiccups, published literature concerning hypnosis, and observations from my own professional experience.

Where I describe my own approach or experiences with clients, I do not present those observations as scientific evidence.

Published reports of hypnosis for persistent hiccups are limited and consist largely of individual case reports. They should not be interpreted as proof that hypnosis will be effective for every person.

The medical information included in this book is intended to help readers better understand persistent hiccups and why appropriate medical evaluation matters. It is not intended to diagnose the cause of an individual's hiccups or replace medical advice, diagnosis or treatment.

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