Using "Clean" Language a la David Grove

By Michael Doherty

The hypnotic technique used was adapted from work done by David Grove. First a few comments on David's "Grobian" approach.

The "clean" language

1. The use of "clean" language. An example is instead of asking, "How does that feel?" you would say, "Is there a feeling?" This allows the client to respond if there is a feeling or not. Asking "how does that feel" presupposes there is a feeling.

Now, most will assume there is always a feeling (the "K" component of experience), but by using clean language we allow the client the choice of attending to that component of their experience or not. This is important, especially with trauma survivors who may not be ready of talking about their feelings.

2. Questions using clean language.

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<thead>
<tr>
<th>&quot;Clean&quot; language</th>
<th>&quot;Unclean&quot; language</th>
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<tr>
<td>Is there a feeling?</td>
<td>vs How do you feel?</td>
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<tr>
<td>Does it have a size?</td>
<td>vs How big (or little) is it?</td>
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<td>Does it have a shape?</td>
<td>vs What shape is it?</td>
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<td>Does it have a color?</td>
<td>vs What color is it?</td>
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<td>Does it have a texture?</td>
<td>vs What texture is it?</td>
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<tr>
<td>Does it have a location?</td>
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<tr>
<td>Is it more on the inside or the outside?</td>
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Using "Clean" Language a la David Grove

Does it have a movement? vs How does it move?

Is there anything else about it?

What's it like
(probing for the client's metaphor).

So you can ask about all the various submodalities of the client's experience in such a way that it's asking them to focus on the particulars of that experience without you overly intruding on the experience.

You never know which is going to be the most important question. David Grove said that, as a therapist, you're only as good as your next question. But one of the most important questions is "What's it like". It's here that you're looking for the client's metaphor. The rule of thumb is that a metaphor you're looking for is something you can "walk around or put in your hand or in a wheel barrel," so sometimes you have to wait a bit to elicit the metaphor.

Case example: to quit smoking

The case example here (details changed to protect her confidentiality) is a 65 y.o. widowed recovered alcoholic and sexual trauma survivor with a long psychiatric history who was referred for "hypnosis to quit smoking." She was successfully treated in one session of about 1 hour 45 minutes duration.

She was first oriented to trance.

And as you're sitting there, breathing in and out, will you find yourself becoming more comfortable?...

And as you become more comfortable, what do you want?

"I want to quit smoking."

And when you want to quit smoking, what's that like?

"It's awful, I've tried before and just can't do it."?

And when you just can't do it, what's that like?

"It's awful, I'm telling you."

And when it's awful, is there a feeling?
"It's ... it's all over me." (motioning with both hands to the front of her chest)

And when it's all over you like that, is there anything else about it?

"No, it's just awful."

No, it's just awful. And when it's just awful, does it have a size or a location?

"Yeah, it's big. Right here. (touching here sternum)

And when it's big and it's right here (touching myself on my own sternum), what's it like?

"It's like a knife ripping into me."

And it's like knife ripping into you.

**The client first metaphor**

A few comments. Notice that the therapist did not ask "Is it awful like a knife ripping into you?" This would be "unclean" language. The whole purpose is to focus the client on her symptom sufficiently so that we can help her change it. We're assuming here that she runs away from her symptom when it gets bad enough so that it never gets resolved. Here the therapist is going to keep refocusing here until it's resolved.

Also notice that the therapist's last response - "it's like knife ripping into you" instead of "it's like a knife ripping into you." The purpose here is to be midwife to the client birthing their own metaphor. So it's not just any knife but **knife** and so when the therapist uses the word "knife" the client knows exactly what is meant because it is a metaphor for one of the central operating principles of her life, her symptom(s), her addiction(s).

In order to elicit the client's own metaphor for their symptom/distress, it's necessary to be patient and not suggest your own metaphors! In the before mentioned case example, the client's first metaphor was elicited at about 15 minutes into the session, which is not bad.

Typically, for a "cure" using this technique, one needs to elicit at least 3 metaphors. 1 or 2 doesn't seem to be enough to generate the change necessary to eliminate the symptom.

Also, often it's obvious to the therapist what the metaphor "represents." One should resist the temptation to interpret metaphors because this would puncture the safety the metaphor provides the client as will be pointed out below.
Eliciting the second metaphor

To continue,

And when knife is ripping into you, is there any thing else about it?

"No, it's just really awful."

And it's just really awful. And does it have a size.

"It's really big." (She starts to look terrified)

And it's really big. And it's really big like what?

"Like a big stick." (Client's 2nd metaphor)

And it's like a big stick. And what kind of big stick."

"It's a mean stick."

At this point it should be noted that the client's voice and demeanor has changed. She is alternately terrified and enraged. Her voice pitch has risen, her breathing rhythm has increased, and color has come to her face.

And it's a mean stick. And is there anything else about it. And does it have a movement to it? (giving her a choice of responses)

"It's moving in and out."

And when it's moving in and out, does it have a location?

"Yes, its going into my throat."

Now, at this point the therapist begins to suspect that she is beginning to describe a sexual or other trauma. And this is why it's important not to give an interpretation. Rather your job is to help her move these foreign objects (knife and stick), which shouldn't be inside her, out of her, not give her psychoanalysis.

Psychoanalysis is for adults, and it's important to realize that using the technique of clean language to elicit client metaphors for their symptoms can induce child like states which may be unconscious to the adult part of the client.

So therefore we respect the integrity of the client metaphor(s) because the adult may not know or be
ready to talk about, using adult language, the traumatic events which those metaphors represent.

The traumatic event and dissassociated parts

One of the most useful ideas David Grove introduced to this therapist is the concept about time called T, T-1, and T+1. T is the point in time which is the worst of a traumatic event. T-1 is the time just before the worst, and T+1 is the time after the worst.

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<th>T-1</th>
<th>T</th>
<th>T+1</th>
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<tr>
<td>Before the worst.</td>
<td>The worst moment.</td>
<td>After the trauma including the rest of her life.</td>
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The adult lives in T+1. So if you ask about events in T-1, she cannot tell you because there is a disassociative amnesiac barrier which was produced by the trauma which occurred at T.

Using this schema, symptoms can also be viewed as existing in T-1 because they are also disassociated parts of the self. Furthermore we can say that symptoms are the client's best way, up to now, of keeping T, the worst of the trauma, from happening again!

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<th>T-1</th>
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<td>&gt;=== symptoms ====&lt;</td>
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In this way, the symptoms are a way the client resists re-experiencing the worst of her trauma. So, in the case of the client under discussion she drinks and smokes to alleviate experiencing the terror of T, the feeling of big, mean stick going in and out of her throat.

A part of her goes onto T+1, grows up and becomes an adult, while another part, the wounded part, encapsulates the traumatic event but plays the price by remaining childish. So even at age 65 she is not a complete adult yet.

Dealing with the traumatic event

Recognizing in the session when the client is in T-1 is one of the most powerful tools using this technique.
So there are certain signs that the client is going into T-1. Or another way to say it is that we have uncovered a "wounded child within," although strictly speaking, T, the worst of a trauma does not have to occur in just childhood.

But when we suspect that the client is going into T-1, we can ask,

And when it's big, and it's moving in and out in your throat, how old could you be?

"I'm little." *(client is shaking and tearful)*

And you're little, and is there anything else about it?

"It hurts, and I can't breathe."

And it hurts and you can't breathe, and what happens then?

"I can't breathe."

And you can't breathe, and how long can't you breathe for?

"A long time."

And a long time. And after a long time, what happens then?

"It just goes on and I can't breathe."

Now here she's at or near T and she's abreacting because she hasn't realized she's reacting to events which happened many years ago. This part of her is still in T-1. The questions "what happens then" and "how long can't you breathe for" are attempts to move her through T into T+1.

**Overcoming the trauma**

With such severe trauma, it's not so easy just to talk her through. Instead we move her from T-1 through T into T+1 metaphorically.

And when it just goes on and you can't breathe, is there anything else about it? *(fishing for another metaphor)*

"No." *(she sits sobbing)*

And it goes on for a long time. And it goes on for a long long time. *(acknowledging her experience.)*
And after it goes on for a long long time what happens then.. and what would you like to happen?

*She shakes her head and continues to cry.*

And could you be tired? And would you want to sleep? And will you enjoy sleeping? (She starts to soften as her trance deepens)

The therapist here introduces sleep as a healing metaphor after 10 or 15 minutes of the client abreacting to her trauma in T-1, realizing that this will need to be revisited when more metaphor resources are elicited.

And you can sleep for a long long time. And do you like that? And are you quite comfortable? (This continues for a few minutes)

And after your sleep, where could you be now?

*She takes a moment to orient, and in a very child-like voice, says, "I'm in a lap."*

You're in a lap. And when you're in a lap, what kind of lap?

"It's a nice lap."

It's a nice lap. And when it's a nice lap, is there anything else about it?

"It tells stories."

And lap tells stories.

The metaphors interact in new ways

Now the therapist at this point isn't sure what she is talking about, but that's the nature of the game here. For the purpose of discussion I can add some additional information obtained in consultation with her referring psychiatrist.

According to the psychiatrist, her mother, a single mother, was repeatedly hospitalized for psychotic breakdowns starting when the daughter was of pre-school age. Knowing this, it made sense that what the client was relating was sitting on her mother's lap on visiting her mother in the hospital.

Client spent most of her childhood in foster and group homes where she was repeatedly sexually abused.
To continue,

And lap tells stories, and what kind of stories?

"Funny stories."

And do you like funny stories?

"Yes."

And funny stories like what?

"About Granny Smith."

About Granny Smith. And when stories are about Granny Smith is there anything about stories about Granny Smith?

"Yeah. You gotta be careful or she'll get ya. (Client is speaking in a child-like idiosyncratic language about her mother's paranoia.)"

Ya gotta be careful or she'll get ya. And when ya gotta be careful or she'll get ya, where could she be when ya gotta be careful or she'll get ya?

"She's outside the window."

And when's she's outside the window, what's that like?

"She's got long fingernails scratching the window."

And when they scratch the window what's that like?

"It's old house noises." (She whispers conspiratorily as though she doesn't want Granny Smith to hear)

And when it's old house noises, is there anything else about it? (conspiratorily fishing for some more metaphors)

"No." (sounding scared again).

And how about knife? And how about stick? Do they want to help? And could they want to move towards Granny Smith or does Granny Smith want to move towards them? (Suggestions that metaphors interact in new ways)
'Yes! Knife could go to Granny Smith and cut her fingernails.'

And does knife like that?

"Yes!"

And do you like that? (Suggestion for integration of metaphor with self)

"Yes."

And you like that! And when knife cuts fingernails, what could happen then?

"Fingernails can't scratch windows any more." (said with obvious and delightful triumph)

Fingernails can't scratch windows any more! And you like that?

"Yes."

And when fingernails can't scratch windows any more, what about big, mean stick? Can it be different."

"Yeah. It's not big anymore." (Again, triumphantly)

And is it moving.

"No."

A couple of comments. The client's voice tone was carefully mirrored. The therapist spoke as though he were telling a scary fairy tale, exaggerating words, etc., including the childhood triumphs of knife cutting fingernails.

The movement for the client occurs when the metaphors, representing resources and parts of her self, interact in new ways. So metaphors can be symptoms in the beginning but transform into just the resources necessary to overcome her problem.

The addiction recovery

What's most interesting about working in T-1 is that this is sacred territory and totally idiosyncratic. So it's important not to question the experience in adult or T+1 terms. It contains its own logic. And we should honor it.
And so it's important to recognize that T-1 is sacred territory and honor it because we are only temporary guests.

And it's through the language of metaphors that we can communicate with these formerly cut off parts of the self. And so we should honor them and ask respectfully if these certain metaphors wish to transform themselves and be of additional service.

And so stick isn't big anymore. And stick isn't moving?

"No."

And so can stick be OK for now? (parking the metaphor so she can work on it with her psychiatrist if she chooses)

"Yeah, I guess so." (healthy ambivalence)

And can knife be OK for now?

"Yeah.

And how about Granny Smith?

"Yeah" ( she laughs)

And what can happen after that, in the future... with the problem of smoking? Would Granny Smith ... or knife ... or stick .. be interested in helping with that?

"Yeah." (eyes defocus going up and right)

And will that be a good thing?

(she nods)

And what could happen?

"Knife cuts up all the cigarettes."

And you like that?

Yes?

And in the future will it be like cigarettes were forgotten? ... Like something that happened a long time ago? .. Or like something that was a story that happened to someone else... (suggestions for forgetting about smoking again.)
And will it be like not even noticing cigarettes being sold in the store. ... And what will that be like?

And will you like to sleep on that ... for a moment ... and it can be a long long time ... all the time you'll need ... to know for sure ... (one more trance before the end of the session)

And after you awaken, will you find some delight in realizing that you had just dumped something in the ash can (ie her last pack of cigarettes)?

And take all the time you need so that you can return to those certain ideas whenever it's convenient or when your mind just wants to wander. (Erickson's everyday walking around trance)

And after you've fully awakened and your walking out of the office ... or maybe it'll be on the bus ... or maybe while you're home ... or will it be the second or third dream tonight.. that you'll realize that you're looking forward to doing certain things ...

And will it be next week that you'll realize the delight of walking in the mall (a common activity for seniors. further suggestions for social activities she had formerly avoided)

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Hi!(she's reopened her eyes and is starting to reorient) Will you say hi for me to Dr. .... for me? (future pacing back to referring psychiatrist)

(she says goodbye and chuckles as she throws her pack of cigarettes, retrieved from her purse, into the waste basket)

Referring psychiatrist reports she is a successful non-smoker, has taken up square-dancing, and started experimenting sexually for the first time in a decade with a "fella" - "He's pretty old, but he still carries a big stick," she said heartily laughing with her doctor.