



A provocative approach...

The first time I heard about Provocative therapy was while assisting on a Master Practitioner seminar run by Dr Richard Bandler a few of years ago. Dr Bandler was mentioning those individuals who had most influenced the development of NLP and proceeded to produce the usual list, but then began to talk about Frank Farrelly commenting

“If you think I’m wild, you should meet Frank!”

Of course he was referring to Frank Farrelly the creator of “Provocative Therapy” and the author of the book with the same name, which was first published in the 1970s. Last year I was amazed to hear that not only is Frank Farrelly alive and well, but he continues to run seminars, which are mostly held in Europe.

Later in this article I will outline some of my own experiences from attending Frank’s Provocative Therapy Master Class in Bournemouth from earlier this year.

In my opinion Provocative Therapy is one of the best kept secrets on the planet and in this article I will detail some of the basic principals and patterns which I, and others, have noticed underpin this approach.

So what is Provocative therapy?

Before we suggest a definition of Provocative Therapy, its worth mentioning that the phrase “therapy” itself suggests that PT is confined to a purely therapeutic role, which of course it is not! However for the purpose of this article I shall refer to the person who is conducting the PT sessions as “the therapist”

The principals of Provocative Therapy can be applied to many areas of life, including business, sport, coaching, art and medicine. The Latin word “provocare” literally means to “call forth” The provocative therapist therefore seeks to create environments that will result in the client discovering their own solutions and insights to matters which they had previously considered problematic. This “calling forth of solutions” is done in a multi layered manner using metaphors, voice tone, intricate rapport building and other means. The therapist never suggests a solution to the client, regardless of how blindingly obvious one might appear to be! Frank originally worked with Carl Rogers at Mendota State Hospital Wisconsin, with, amongst others clients, schizophrenics, using client centred therapy. Frank quickly discovered that this traditional therapeutic approach often didn’t produce the results he had hoped



for and began to develop a different approach where he told the clients how he might really feel about them!

Assumptions of Provocative Therapy

There are a number of central assumptions of Provocative Therapy that will then govern a therapist's behaviour towards the client. These are as follows -

- People change and grow in response to challenges
- Clients can change if they choose to do so
- Clients have a greater ability to change than is often assumed by therapists
- The psychological fragility of clients is frequently overstated by both themselves and others
- Clients unproductive behaviours can be drastically altered, no matter how seemingly severe
- Adult and/or current experience is as significant as childhood experience
- The clients behaviour with the therapist is a relatively accurate reflection of their habitual behaviours
- People make sense and are ultimately logical and understandable
- The key messages between people are non verbal

Setting the scene for a Provocative Therapy session

"In provocative therapy you play devil's advocate with the client. It's like the affectionate teasing banter between close friends"

Frank Farrelly

Dr Brian Kaplan from the British Institute of Provocative Therapy describes the importance of setting up "the safe bubble" in client sessions which is in my view a vital ingredient in creating useful outcomes for the client. The creating of this "safe bubble" then allows all manner of interactions to take place between the client and the therapist, which may otherwise have been viewed as threatening. This aspect of Provocative Therapy is not immediately obvious, unless you are the actual client in a session. Frank describes this approach as "working from the heart chakra," and as "the affectionate teasing banter between close friends"

My advice to anyone wishing to discover a greater insight into Provocative Therapy is to work in a live situation with an experienced therapist, where the experience of PT is far more revealing than reading about PT or even watching or listening to a provocative therapy session. When I read a review by Graham Dawes of a seminar Frank conducted in 1989, he commented on the fact that from a distance many people would cringe as Frank made "fearfully negative comments" about the client.



However, as I indicate later when describing my own experience, being the client is a wholly different perspective to watching a Provocative Therapy session!

Using the provocative approach

Jaap Hollander identified what he describes as “The Farrelly factors” which he describes as “strategic patterns and mental activities that Frank does, feels and thinks when working with a client” One of these key factors in these sessions is what Jaap describes as “ongoing behaviours” which are how the therapist conducts himself during the client interactions.

In his recent Master Class, Frank listed the behaviours that the therapist seeks to provoke, as being

- Assertive behaviour
- Self affirming behaviour
- Realistic and appropriate self defensive behaviours
- Psycho social reality testing behaviour
- Behaviour that denotes the ability to communicate positive messages including warmth, affection, friendship, sexual attraction and love

These behaviours can be provoked in a variety of ways with the therapist altering his or her own behaviour in order to provoke or “call forth solutions” from the client. Such approaches can include deliberately not paying attention or misconstruing the client’s comments, speaking to the client in a joking tonality, non verbal mirroring, mimicking the client and offering outrageous and absurd suggestions! In all cases the therapist creates the environment for the client to discover their own insights and breakthroughs and **never** offers a directed solution to the situation.

Recently in one of the regular NLP practice groups I run, I asked for members to identify a problem that I would then address by using NLP, Hypnosis and Provocative therapy in succession, allowing ten minutes for each approach. I then asked for feedback from each volunteer and feedback from the group on what they noticed from each approach. I was especially interested in what each volunteer would note from the PT approach as this was quite different to our normal NLP and hypnosis interactions.

As an NLP trainer it was also interesting for me to see the different outcomes from each approach, when they were used sequentially. The first delegate indicated that she had no confidence in speaking on stage. Once I had set up the “safe bubble” of rapport with her, I asked her to describe her “problem” and began to address this by using a wholly different manner to either she or the group had been used to!



I started by offering a range of suggestions deliberately designed to provoke her into thinking about the situation in a different way. These included making a series of absurd suggestions, including whether the size of the individual members of the audience would have a bearing on her confidence? I then suggested that an audience of midgets may well be a better option for her and that perhaps she could specialise in this kind of presentation! Another suggestion was that she considers hiring a “body double” that could lip synch to her dialogue while she hid out of sight during the presentation. I could see out of the corner of my eye the other members of the NLP group look increasingly bewildered. When it came time to ask her for feedback from the session, I followed Frank’s lead in asking for three reactions, observations or reflections.

She commented that she now wasn’t able to see “the problem” in the same way and to the collective interest of all those present, voiced this observation with total confidence addressing a room of people whom she had met that evening for the very first time!

The art of apportioning blame!

Another strategy using provocative therapy is the therapist’s ability to teasingly apportion blame for the client’s apparent problem. The therapist makes the client ludicrously responsible for absolutely everything that has happened in the past, present and future!

All of the following are excellent scapegoats when apportioning blame for the client’s problem

- Astrology
- Karma
- Parents
- Age
- The unconscious
- Nature
- The media
- Men
- Women
- Everybody else!

I used astrology as a means of apportioning blame with one client with hilarious, but also highly successful results. The interaction was as follows -

Nick “So what astrological sign are you?”



Client "I am a Cancer"

Nick "Well that's the root of the problem. Cancer, as everybody knows is the duff sign in the zodiac. After all they even named a terminal disease after it, didn't they?"

The strategy of apportioning blame, often results in creating considerable shifts in the client's perceptions and of course when they begin to laugh about what they previously had considered a major difficulty, they can no longer view it in the same way. I have noticed that one of the major strengths of the PT approach is that with a skilled therapist the results are lightening quick.

An exercise using provocative therapy

There are a number of Provocative Therapy exercises and before commencing these Frank reminds us of the importance "to proceed with a twinkle in the eye and affection in the heart"

Here is one of my favourite exercises called

"What's wrong with that?"

Here the therapist emphasises the benefits of the clients dysfunctional behaviours and actually encourages them to do more of the same. The more the client begins to protest that the therapist's suggestions may not actually be helping, the more the therapist insists that the client acts, thinks and feels the same. The therapist will also wildly exaggerate the benefit of continuing in this manner and even offer "instant research examples" to support this suggestion!

I used this approach amongst others with the woman who indicated she had a fear of speaking in public. As soon as I made the comment "Well what's wrong with that,?" she became quite insistent that she had tolerated this problem for long enough and she was now finally going to take action to do something about it!

A Provocative Therapy Master Class

Earlier this year I was lucky enough to attend a small Master Class with Frank Farrelly and watch him up close. As the date of the seminar approached I found myself becoming more than a little apprehensive about what was to follow during the four day seminar. My apprehension was only matched by my curiosity from meeting someone who in my opinion was a significant influence on Dr Bandler and the creation of NLP.



A large part of the seminar consisted of delegates experiencing 25 minute interviews with Frank, while the rest of us observed and fed back comments.

The interviews certainly provoked a whole range of reactions!

Some delegates reported feeling “churned up” feeling “spaced out” and in some cases feeling “pissed off”. Frank was lightning quick in responding to each client’s responses and interestingly commented that he didn’t have predetermined ideas when relaying stories to clients, but it was clear as an observer that he was building rapport with each delegate on numerous levels whilst at the same time offering many wonderfully provocative considerations. He described how he would “see pictures” from talking to each client and would ask questions from what he noticed. Frank indicated that he simply started talking and let the conversation unfold. As an observer I noticed that he is highly intuitive when working with clients and made each delegate feel totally at ease while at the same time making suggestions that were both outrageous and highly amusing!

Creating timelines to shift internal maps

I noticed with “my NLP head” how Frank explores the delegate’s timelines in each individual session. I didn’t spot this at first, but after watching a few interviews with other delegates, I noticed a definite pattern emerge. Typically he would ask a person’s age or how long they had been in this particular situation. In my case he asked when I had joined the company where I work and how long I thought I would remain there. This strategy is another way in which the client reframes their situation. When he suggested that I would be in the same business for many more years he successfully provoked a reaction that polarised me into more urgent action about the situation.

Frank – “Well, you’ve been partners in business for how many years?”

Nick – “Seven years!”

Frank – “Seven years! God almighty, do you think that if you could have looked and seen if you could have thought it back then, you could have tolerated something like this for seven years?”

Frank – “Say no”

Nick – “no”

Frank – “How many more multiples of seven years will you be in this?”

The phrase “multiples of seven” really hit home and it was of course far more powerful expressed in this manner, than simply as “how much longer?”

Polarising the situation into a digital choice

Another strategy I began to detect was Frank’s ability to polarise the client into making a straight “digital choice” between two options. When one delegate



comments on how to avoid failure patterns Frank immediately suggests that in life there are the two camps of “winners and losers” Despite the client’s frustration in trying to suggest that this is a very black and white way of viewing the situation, Frank steadfastly refuses to budge and once again forces the client into reframing the subject matter. This over simplification also tends to introduce greater and greater absurdity into the situation, especially when Frank is completely congruent in presenting this view, so the client begins to reassess their own perceptions.

Frank is excellent at pacing his clients and quite brilliant at “analogue marking” with voice tone. As an established creator of audio material I am always acutely aware of how presenters use voice and rhythm to generate state changes and Frank certainly has an extensive range which he uses with precision when interacting with clients. I suspect much of this is done unconsciously on his part and during the sessions I witnessed he seemed genuinely surprised by some of the detail the “NLPers” feedback when asked for their observations and comments!

As I mentioned at the beginning of this article, I first heard about Provocative Therapy in a Dr Bandler seminar and it’s my view that Frank is one of the major influences on the creation of NLP. Having assisted and attended numerous seminars presented by Dr Bandler in recent years, I can clearly detect Frank’s influence and attitude in Richard’s when he interacts with test subjects during his NLP seminars. As mentioned Provocative Therapy is also an excellent tool for reframing client’s problems and the PT approach makes extensive use of metaphors, timelines, and generating rapport to produce profound and noticeable shifts in the client’s internal maps.

The first audio recording I ever heard of Frank was a rare cassette tape from the 1970s where Dr Bandler and John Grinder offer commentary and analysis after listening to one of Frank’s client sessions, so even way back then along with Milton Erickson, Virginia Satir, Fritz Pearls and Gregory Bateson, Frank Farrelly was someone definitely on their radar!

Where to find out more about Provocative Therapy

British Institute of Provocative Therapy	www.provocativetherapy.co.uk
Frank’s site	www.provocativetherapy.com
Human Alchemy site	www.human-alchemy.com
(My site with full Master Class review)	
Jaap Hollander’s site	www.iepdoc.nl

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