PROVOCATIVE THERAPY

GOALS:

The Provocative Therapist attempts to create both positive and negative affective experiences in an effort to provoke the client to engage in 5 different types of behaviour:

1. To affirm self worth.

2. To assert themselves appropriately, both in task performances and relationships.

3. To defend themselves, realistically and appropriately, against the excessively negative definitions of them by significant others.

4. Psycho-social reality testing.

5. Communicating, with authenticity and immediacy, positive messages to others - of warmth, caring, friendship, caring, sexual attraction, love - as these are experienced by the client.

ASSUMPTIONS:

- People change and grow in response to a challenge.

- Clients can change if they choose.

- The psychological fragility of clients has been vastly overrated both by themselves and others.

- The client's maladaptive, unproductive, antisocial attitudes and behaviours can be drastically altered whatever the degree or severity of chronicity.

- Clients have far more potential for achieving adaptive, productive, and socialized modes of living than they and most clinicians assume.

- Adult or current experiences are as at least if not more significant than childhood or previous experiences in shaping client values, operational attitudes and behaviours.

- The client's behaviour with the therapist is a relatively accurate reflection of his/her habitual pattern of social and interpersonal relationships.

- People make sense; the human animal is exquisitely logical and understandable.

- The judicious expression of "tough love" toward the client can markedly benefit him or her.

- The more important messages between people are nonverbal. It is not what is said, but how it is said that is crucial.
CENTRAL HYPOTHESES:

1. If provoked by the therapist (humorously, perceptively, and within the client's own internal frame of reference), the client will tend to move in the opposite direction from the therapist's definition of the client as a person. (Self-Concept)

2. If urged provocatively (humorously and perceptively) by the therapist to continue his or her self-defeating, deviant behaviour, the client will tend to engage in self- and other-enhancing behaviours which more closely approximate the societal norm. (Behaviour)

CAUTIONS:

- Caring is crucial. The therapist's own internal question must be: "How would I say this to my very best friend?"

- Laughter is an essential ingredient. If your client is not laughing at least some time during the interview, it is not Provocative Therapy.

- Get yourself into a warm, caring, loving space before the interview.

REFERENCES:

1. Provocative Therapy, by Frank Farrelly and Jeff Brandsma


CHANGING BEHAVIOUR:

We need to avoid pain and seek pleasure. However, we are not driven by reality, but by our perception of reality (i.e. our fear that something will lead to pain or belief that certain actions will lead to pleasure).

TO CHANGE BEHAVIOUR, YOU MUST CHANGE WHAT YOU LINK PAIN AND PLEASURE TO. To change focus on: (i) How not changing will be more painful than changing; (ii) How changing will bring you pleasure.

NEURO-ASSOCIATIVE CONDITIONING: HOW TO CHANGE ANYTHING IN YOUR LIFE.

1. Decide what you really want and what's preventing you from having it now.

2. Get LEVERAGE: Associate massive pain to not changing now and massive pleasure to the experience of changing now! Find lots of reasons for the change.

3. Interrupt the limiting pattern.
   One of the key distinctions to interrupting a pattern is that you must do it in the moment the pattern is recurring.

4. Create a new empowering alternative.

5. Condition the new pattern until it is consistent.
   Rehearse the new behaviours with tremendous emotional intensity. Remember, your brain can't tell the difference between something you vividly imagine and something you actually experience.
   Reinforce the desired behaviour immediately.
   Utilize fixed and variable schedules of reinforcement.

6. Test it!
   Ecology: Study the consequences of adopting this new pattern for you and those around you.

From: Anthony D'obbin, Awaken the Giant Within, 1991, pp.128-155
Law of Requisite Variety: In any system (whether of humans or machines), the individual with the widest range of responses will control the system.

The Ultimate Success Formula:
1. OUTCOME: Know what you want.
2. ACTION
3. SENSORY ACUITY: Notice results (feedback)
4. FLEXIBILITY: Change until...

i.e. You have a desired outcome for the communication. You notice what responses you are getting, and you keep changing what you do or say until you get what you want.

Communication:
7% of impact is determined by verbal content.
38% of impact is determined by voice tonality.
55% of impact is determined by body language (posture, gestures, eye contact).

The Four Stages of Learning:
1. Unconscious Incompetence. UI
2. Conscious Incompetence. CI
3. Conscious Competence. CC
4. Unconscious Competence (Habit) UC

* Although this stage is uncomfortable, it is the stage where you learn the most.

3 Rules of Brief Therapy (from de Shazer):
Rule Number 1: If it works, don’t fix it.
Rule Number 2: If you find what works, do more of it.
Rule Number 3: If what you are doing isn’t working don’t do more of it, do something different (In Farrelly’s terms “invent another therapy!”)
PARADOXICAL INTERVENTIONS

1. REDEFINING / REFramING: Involves a shift in the meaning of the problem so that behaviour that was once viewed as negative is now viewed as positive.
   * What makes reframing so powerful is that one cannot (as in the familiar figure-ground reversal) return to one's former view of reality.

2. SYMPTOM PRESCRIPTION: The client is directed to perform the problem behaviour deliberately or in some cases even to exaggerate it.
   PARADOXICAL INTENTION was defined by Victor Frankl as "a procedure in whose framework patients are encouraged to do, or wish for, the very things they fear - albeit with tongue in cheek. In fact an integral element in paradoxical intention is the deliberate evocation of humour."
   Clients encouraged to do "MORE OF THE SAME."

3. RESTRaining: Inhibiting change - Encouraging client to change slowly, slower than s/he wishes.
   Stressing the negative consequences of changing or urging them to consider carefully the benefits of remaining just as they are.
   Predicting/prescribing a relapse.

4. POSITIONING: Therapist agrees with, and even exaggerates client's negative position, in order to encourage them to shift from this position.

5. UTILIZATION TECHNIQUES: Approach pioneered by Erickson. Rather than being a set of specific strategies, entails a particular way of looking at client problem behaviour and using that behaviour in the service of change. Accepting what clients bring to therapy - using the client's existing motivation, beliefs, and behaviour to lead to change. Respond to the response you get from clients, rather than "sticking to the game plan". Every response can be utilized in some way to lead the client nearer to the goal.
   BASIC APPROACH: HAVE THEM DO WHAT THEY'RE ALREADY DOING, BUT DO IT IN A DIRECTION.

WHY PARADOXICAL APPROACHES WORK:
1. Creates a "THERAPEUTIC DOUBLE BIND". In effect, the client cannot fail in his/her efforts, because the alternatives are win/win.
2. It creates a shift in the client's perception of his/her symptoms.
3. To request that they continue what they're already doing doesn't compound the problem, whereas many other 'solutions' do.

"The trick is to put yourself in their place, to understand their language, to speak in their language until it makes sense. If their choices don't make sense, you don't understand them ... What we call paradox is the way people see the world." (Greenwald)

COMPLIANCE-BASED: Works because they follow prescription - disrupts cycle
DEFIANCE-BASED: Works because they defy eg. Jo & Neal
HUMOUR AND PSYCHOTHERAPY

Dr. Lawrence Kubie (1971), a highly regarded psychoanalyst, condemned all use of humour in psychotherapy as inevitably destructive.

Kubie argued that the use of humour could divert the patient's stream of feeling and thought from spontaneous channels, act as a defence against the patient's anxieties, lead to doubts about the therapist's seriousness, distort transference phenomena, and blunt the vigilance of self-observing mechanisms.

Robin Haig, in his studies on humour, found that 96% of patients felt better if they saw a humorous side to their problem, whilst 94% found that humour helped if they were "feeling down".

Haig offers the following advice to therapists about the use of humour in therapy:
"In a situation in which humour is introduced by the therapist in the form of a humorous comment, joke or anecdote, it is important to appreciate the potentially constructive and destructive aspects of humour... (and) to only introduce "active" humour to a patient who is known is some depth by the therapist and at an appropriate time, and to precede the active humour with a "play signal" (alteration of tone of voice, facial expression, or other form of body language) or to inform the patient that this is a funny story or joke. If the patient accepts the play signal, then the therapist may proceed, but then he should closely monitor the response of the patient."

(Robin Haig, The Anatomy of Humor, 1988)

Consider the following statements by Farrelly on humour:

"Humor is compelling and influential. It has impact. It changes people's minds. We suspect it's compelling quality comes from the deeply paradoxical nature of our existence; people are more suggestible and compliant during the orgasm of laughter. We suspect that a humorous statement is just as likely to be remembered as a serious statement. Humor continues to influence us over time." (p.99)

And again:

"In psychotherapy, the therapist deals with pain and suffering, problems that often have tragic consequences for the client and his or her significant others. However, the tragic mask alone does not adequately symbolize the human condition: the provocative therapist holds that the addition of the comic mask is necessary to more completely reflect the entirety of our lives and struggles. And laughter is the sound of victory." (p.92)

(Farrelly and Brandsma, Provocative Therapy, 1974)
Not long ago Richard Bandler called Frank Farrelly "the wildest clinician I have ever seen." Was Farrelly going to be too wild for England? The fear that he might be put the brake on Philip Booth's eagerness to invite him over for a workshop. However, he has now been here and England survived.

Philip's caution was not unreasonable, though, because Farrelly could be misunderstood, on the one hand, as aggressively ripping into the client or, on the other hand, as providing entertainment at their expense. This is not what the client experiences, but I've heard of people seeing videotapes of him in action and simply being appalled. I've heard audiences at the beginning of his workshops express a wide range of concerns (which tend to dissolve as the workshop progresses). However, I've not seen anyone who actually took the seat beside him feel they were in any way abused. The perspectives of videotape, audience, and client are very different. Even sitting up close in an audience people will cringe (as they laugh) when he makes fearfully negative comments about the client. Then at the end of the mini-session when he asks for their reactions to him the client will frequently say that Frank had put into words just what they thought about themselves.

The client sits down encased within the citadel of their concern, be it built of bones, glittering marble facades, granite slabs or straw. Then Frank Farrelly rolls in like a high speed movie of a fiesty demolition crew in action. Cognitive constructs crumble.

He suggests absurd advantages to continuing with the problem behaviour, blames the client if the client puts the blame for the problem outside themselves) or blames life or the system (if the client is blaming him/herself), and offers idiotic solutions which are either patently unworkable or would be worse than the original problem. Whatever the client says he wings back a provocative response exaggerating the problem, or denies either that it is a problem or that the client can do anything about it anyway, or he redefines the
problem or the client in ways they don't want to hear.

If we act in response to representations in our heads then it is no surprise that clients will act differently after Frank has locked in a dramatic set of vivid full-colour holographic representations. This is the 'cortical implant'. The client's mind is batted about between lurid images like a ping pong ball. Frank doesn't pay a lot of attention to what the client WANTS but goes for what the client NEEDS. He goes straight for the psychological jugular. The client can start talking about a problem which Frank seems to totally ignore as he pumps out questions and provocations which send the client spinning (you could see their cognitive world suddenly lurch and dump them into a trance state).

You can't talk about a Provocative Therapy workshop without saying that, despite (or because of) the fact that he was dealing with real personal issues, it was great fun and often riotously entertaining. It's the psychotherapeutic equivalent of rock 'n roll. As Carl Rogers said, "Boy, you don't let people get set; you keep them off balance."

Frank came across as a man ready to test his chops with anyone. He's created Provocative Therapy and run it through a huge range of diagnostic categories, across different social classes, ages and nationalities and continues to believe that anyone who has a brain can be helped. This is not vapid optimism, he's tangled with the toughest. Yet he retains a very positive and life-affirming stance: "Yes, there's pain and suffering but the ultimate truths do not lie in anger and pain. Life is also the theatre of the ridiculous and the absurd. Laughter has more truth than tears and depression."

The workings of Provocative Therapy cannot be understood without recognizing that at the core of Frank's approach is his care for the client and his commitment to their best interests. Carl Rogers clearly understood this and supported the development of Provocative Therapy. He commented to Frank, "People are like dogs; they know whether you like them." So while the words may sound like a blistering attack, the parallel communications of voice tone and that twinkle in the eye convey caring and build a deep rapport.

Some participants were surprised to find him less savage than they'd expected from reading his book. Of course, the print is shaved down to one mode of communication and cannot adequately convey the non-verbal support and warmth, but it may also be that he reined himself in first time around in a new country. Whatever the case, he does have a wider range than may at first be apparent. As he says, "I can be a teddy bear or I can chew ass like a sabre-toothed tiger."

The case for Provocative Therapy is well-put in the book of that name, so the emphasis of the workshop was on seeing it in action. Frank began with an impressionistic ramble in the associative landscape through which, what he calls, his 'butterfly mind' flits. He delights in characterizing himself as an old
codger with 'brain slippage' who needs to get the synapses firing in the morning. Actually, he admits that his mind has always worked like that. Yet when he demonstrates a provocative interview you get to see that butterfly mind home in like Muhammed Ali.

Over the two days Frank did nine sessions with individual participants, each lasting 25 minutes and followed by discussion. There was also a 'micro-teaching' where we looked at the video of one of the sessions and he enlarged on what he was responding to and why. This gave us plenty of opportunity to see his approach in action.

Provocative Therapy is sophisticated simplicity. Perhaps its central principle is that people need to take responsibility for the choices they make. They are always making choices (whether they recognize it or not, whether they like it or not, and whether they want to or not). The psycho-social reality is that those choices have consequences which they then have to live with. Having worked extensively with criminals, the insane, and the criminally insane, Frank doesn't hold the view that they are not responsible for their actions. Yes, we might be sympathetic to them and we might come up with convincing aetiologies for their behavior but, nonetheless, they are having to live with the consequences - one consequence being that they are in prisons or mental homes.

The workshop ended with a rapid scan through Frank's ideas on psychotherapy in the 21st century. For some participants this may have been more provocative than the provocative interviews themselves. He quoted Freud as having said that if he had his life to live over again he would devote it to the study of psychic abilities for that is where the truth is about the human person. Frank feels that an integration of psychic studies and psychology is inevitable. Whilst he recognizes that there is as much rubbish in the field of psychic studies as in any other field his own experiments have convinced him that this is the wave of the future. The long history of denial will have to end. As more and more people blow the whistle on the inadequacies of the current paradigm, many rock-solid truths will crumble. Perhaps it should come as no surprise that 'rock-solid truths' don't cut much ice with Frank Farrelly after the years he's spent vapourizing the rock-solid and limiting subjective truths of his clients.
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