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The Wizard of Wisconsin Frank Farrelly's Provocative Therapy

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The Wizard of Wisconsin

Provocative Therapy. What is it? Even the term itself raises questions when the words 'therapy' and 'provocative' are used in a shared context. How does 'it' work? What makes it different from traditional psychotherapy? Where and from whom did it originate? Lots of questions, so let's get some answers.

The name 'Frank Farrelly' can often be heard spoken (by highly trained psychotherapists) in a state of mixed wonderment and awe, in sentences that are themselves liberally interspersed with the kind of language you'd usually expect to find on some of the wilder football terraces, male-dominated building sites - or even hen nights! How come? Well, it's all because Frank Farrelly A.C.S.W. (past Clinical Professor at the University of Wisconsin and Assistant Clinical Professor in the Department of Psychiatry at the University of Wisconsin) has developed a most powerful psychotherapeutic approach

which actually involves, precision directed 'locker room' language (his definition for the therapeutic expletives that sometimes take place) in order to elicit positive changes in his clients. As Frank Farrelly himself explains, the root meaning of the word 'provoke' means 'to draw out' and that's exactly what Provocative Therapy does. It draws the client out of their self-defeating / dysfunctional patterns by provoking them in such a way that they actually begin to assert their own self-worth. But why would client's in a Provocative Therapy session feel the need to assert their self worth? After all - isn't it likely that many of them will arrive for therapy feeling that they don't have much in the way of 'self worth' to account for, let alone enough assertiveness to 'assert' themselves with? Well - let me tell you - you'd be surprised. Very surprised.

Jest a Minute

Farrelly's trademark icon is that of the jester. It's an icon that is aptly chosen. Often you'll see

this icon displayed doing a headstand, while simultaneously balancing, on the upturned sole of one foot the 'comedy / tragedy' (or happiness and sadness) theatrical masks that developed in ancient Greece and which have since become the universal symbols for theatre (and role playing). Could they be implying that we (people) collectively spend a lot of time living, perhaps even hiding behind, various masks that we hope the world (others) will perceive to be our 'true' selves? Possibly, maybe, even to the extent that often times a person could even forget what is a mask and what is real? While on the other upturned foot rests that universal symbol of both change and balance - the Yin / Yang. Change - and balance (Hmm, maybe there is a deeper meaning to that symbol than is first apparent too?). The jester however, is himself exquisitely poised, while he balances these archetypal symbols and watches the world from his inverted position. But perhaps, just maybe, it's the world that is looking at the jester from the wrong perspective? Perhaps, just maybe, it is the world

(meaning most of humanity) which is looking at life from the wrong point of view? You could even suppose that the jester is in actual fact juggling the evocative masks and the Ying / Yang symbol and that too would be quite apt – because one of the meanings of the word ‘juggler’ is magician. And it is definitely psychotherapeutic magic that takes place when the ‘Wizard of Wisconsin’ is at work. Curiouser and curiouser! Also of interest to us; while the jester balances the masks, with honed adroitness born of years of experience he isn’t himself wearing one. This indicates very much that with Frank ‘what you see is what you get’, a no hiding, no double talking kind of guy. And in many ways that is exactly what you get when you have an interview with Frank. But, remember, looks can be deceiving – or at least not as revealing as they might be.

The Method to the... Sanity

Every psychotherapist / counsellor should have a copy of Provocative Therapy, by Frank Farrelly and Jeff Brandsma. It’s like a breath of fresh air in amongst a, sometimes, sterile, overly clinical, dissociated-from-the-client-as-a-human being field. However, in contrast, Frank Farrelly is above all ‘real’. He ‘rolls his sleeves up’ and, to use a popular phrase of the times ‘gets up close and personal’. And, every moment of every moment, every nuance, and every strategy is delivered in a finely tuned manner, in order to

develop the right kind of therapeutic response(s) from his client. He doesn’t miss a trick, although, one of his strategies is to give the impression that he does!

To watch Frank work (on the surface) is like watching an ‘average guy’ that you might find in any bar around the world ‘shooting the breeze’ with someone. Frank can be both your buddy and your adversary at the same time. He, as an adversary (devil’s advocate), will ‘draw from’ his client / interviewee a range of relevant issues that he then, often in seemingly preposterous and / or exaggerated ways, will begin to work upon. For example: if the client’s presenting problem is offered as a ‘molehill’ size case of ‘ABC’, Frank might get hold of it and suggest (artfully, and in ways that raise helpful questions in the mind of the receiver) that it is in actual fact a proverbial ‘mountain’ of a problem, maybe even a ‘catastrophic’ case of the same (...or perhaps not? After all, many clients indulge in ‘catastrophising’ when dwelling on their problems. So, Frank just does it for them and as a result of this provocation the client is challenged to realistically assess the nature of the situation. This, in turn can result in the seriousness of the original presenting problem diminishing in its destructive seriousness in the client’s mind, and therefore becoming much more readily manageable.) This often challenges the client’s stereotypical ideas of what

psychotherapy is all about. While they may have expected a mollycoddling approach, instead the problem is assessed, even seemingly maximised and then, in effect, given back to the client for them to look at again - albeit from a changed perspective. And so the dance begins. Frank (so it seems) also sometimes attributes deprecating qualities to the client. Often, at first, the client will agree. But within a short while they will usually begin to protest or disagree, sometimes quite loudly (in fact I was once reminded of the phrase, in one situation: ‘methinks thou dost protest too loudly’, meaning that Frank was acutely precise with his aim in relation to his understanding of the underlying problem and it triggered a powerful response as a result). As things unfold the client continues to assert herself / himself and makes rapid therapeutic value changes, due to the provocative approach and in the process of the dance, magic occurs. Now, this is a very simplified explanation of what takes place. It’s likely that no one article could come close to doing justice to the artistry involved; but it does provide something of a ‘taster’. Let’s then add a bit of seasoning to this taster, by drawing on some explanations written by someone with years’ of experience of observing Frank at work. The following descriptions, produced by Dr Jaap Hollander (who has himself hosted Frank Farrelly for training seminars for many years in Europe, and who is a

skilled exponent of Provocative Therapy principles) have been delineated from Frank's original book called 'Provocative Therapy', to explain something of the deep structure of what Frank does, and as a result they have since become known as the 'Farrelly Factors'. Below each bullet-pointed Farrelly Factor I have myself taken this opportunity to provide a few additional words that relay my own impressions of them (having seen Frank employing them in our live training seminar). Please bear in mind as you read, that the examples I've added relate to just one possible outcome that each Farrelly Factor could generate. In all likelihood, there are, in each instance, a myriad number of possible related themes that could unfold.

The Farrelly Factors

Don't help the client.

The therapist makes no effort to be helpful; he brings up irrelevant remarks, and wanders off onto side topics, meanders into surrealistic 'dreamscapes'.

Kerin: Often the client will expect the therapist to 'sort it all out' for them. By 'not helping' it can actually help the client to become more determined to find a solution.

Blame the client.

Make the client ludicrously 'responsible' for everything that happened in the past, the

present and the future. Give him in a ridiculously humorous way 'responsibility' for all types of things (cf. 'carnival hall of mirrors').

Life is to blame for the client's difficulties.

Everybody and everything else is responsible for what happens to the client. (cf. P.T. 'blame list'.)

Kerin: (Farrelly Factors 2 and 3) the client can start to take a reality check. If he / or she has been blaming others, by attributing blame for 'everything' to everyone and everything other than self it can encourage the client to become more realistic. Or, vice versa, by attributing 'blame' for 'everything' to the client it can achieve the same result.

Idiotic solutions will solve your problem.

Offer totally impossible solutions to the client about how to handle his problem. The more idiotic the solution, the better. The client then makes the effort to find the answer to his problems by himself.

Kerin: As Jaap says, the client begins to 'push' back in the other direction which is the direction that leads to real, workable, solutions.

Imitate the client, mimic the client.

Imitate the client (e.g. his affect), imitate his verbal and non-verbal behavioural

patterns. E.G. with the over-intellectual client the therapist becomes more and more abstract and increasingly difficult to understand; or, e.g., with the anxious client, therapist begins to (ineptly) attempt to control his obviously increasing 'panic'.

Kerin: this is another wonderfully helpful approach. By mimicking the client they get the opportunity to see what their behaviours communicate to others. Often, out of misplaced kindness, those closest to a person won't tell them about any 'quirky' behaviour patterns. If a person doesn't know about them - they can't change them. By 'playing them back' for the client to observe it starts to put them in a position of awareness, and this brings choice, and choice can bring change.

Go back and forth.

Play ping-pong. First explain to the client that everything else and everybody else are the reasons for his disaster; then, when he agrees, you begin to explain that he himself is the culprit – then switch back.

Kerin: Set up, upset, set down. A maxim in the field of psychotherapy is: set up, upset and set down. That is to say that you set the therapy situation up, upset the client's rigid dysfunctional system and then help them set down in a better state of being. That's what this principle can achieve. Because a client can arrive with very fixed and rigid beliefs if the therapist

'pushes' in one direction, the client may or may not relax those beliefs. If the client pushes and pulls in all directions it can begin to unravel fixed patterns and allow the client room for new ideas.

Interrupt the client.

To interrupt the client is especially suitable when the client is boringly repetitious. It doesn't matter how, when or with what topic you interrupt the client.

Kerin: This, to NLPers, can be known as a 'pattern interrupt'. The more lost the client becomes in the same old story of 'woe and misery', the more miserable and woe begotten they are likely to become. By interrupting it shocks / shifts them out of the old, self-draining pattern and allows room for new and better states of being to occur.

What's wrong with that? (More of the same).

The therapist shows the advantages of the client's dysfunctional behaviour and encourages the client: 'do, think, feel more of the same' in an exaggerated manner, giving crazy 'proofs' and 'instant research' to support this.

Kerin: this can cause the client to be even more clear about why they don't like the dysfunctional behaviour and become even more determined to stop / change, etc.

Unifactoral hypothesis to explain everything idiotically.

The therapist gives only one explanation for the symptoms and problems of the client and from then on uses everything the client says to support the hypothesis. E.G. the client says the reason for her problem is that she is becoming old; from then on, the therapist interrupts every client statement as evidence that she is aging rapidly.

Kerin: this can cause the whole issue to become so ludicrous that it's no longer an issue.

Communicate about the client's communication patterns.

E.G.: Client reports in a low voice, how he yells at his children. The therapist ludicrously expresses disbelief in a virtually inaudible tone of voice that the quiet-spoken, gentlemanlike client could possibly yell or scream.

Kerin: in this example the client is not, often 'quiet-spoken' and 'gentlemanlike'. What he is saying and how he is saying it to Frank do not match what he does at home. And Frank mimics his incongruent response (to the presenting problem) issue in such a way that says at a deeper level, 'be real'.

Red-green-colour-blindness.

Find the point where the client is extremely sensitive (often body-image). When the client signals 'STOP!' just keep going (i.e., approach what the client avoids).

Kerin: The client can grow stronger by learning to deal with what they hide from.

Overemphasise the client's assets to the total exclusion of his problem.

When the client has a strong asset (E.G. physical beauty), you can dismiss his problems and say: 'for a handsome guy like you these problems don't even count!'

Kerin: even though what is said is unrealistic, the way it is said can begin to help the client to 'lighten up' and review the problem(s) in a more realistic way. It's likely (as in any interview with Frank) that liberal helpings of humour will have been involved which will support such a change of perspective.

Amuse and amaze.

The therapist acts as if the client's task is to interest and entertain him. He shows marked boredom with the client's story, he barely suppresses yawns, and says, E.G.: 'This problem must bore you to death', or 'you can imagine how tired I get, listening to this crap all the time.'

Kerin: The client will likely have replayed their 'problem' over and over to themselves. Many will have 'done the rounds' and repeated it time-over to many other counsellors and psychotherapists too. It can even become linked to their sense of identity ('my problem is me and I am my problem'). By expressing 'boredom' at the 'crap' the client no longer gets any potential 'secondary gain' from telling the story (Frank 'isn't listening') and it's likely that they will start to shift their own perception of the problem. Something that's so crappy it's boring can't actually be so serious – can it?

Minimize the client's problem.

Therapist: 'Resign yourself to your problem, it's so common and frequent that every second person has it.'

Kerin: I seem to remember that Carl Rogers said something along the lines of: 'what is most private and most personal is often most general'. Many clients think that only they have ever had a problem like 'their' problem. By minimising it (which, in this case, is actually taking a reality check) as in the above example, it can provide an immediate source of relief. After all – if 'every second person has it' then they're pretty normal. This could also be an instance in which Frank would adopt the 'buddy' role. Like he was talking with a pal in a bar over a drink or two. Perhaps along the lines of: 'Hah! Why worry, I mean,

every other person has it. All the research says that.'

Maximise the client's problem.

The therapist ineptly anticipates the catastrophic fears of the client. E.G.: 'What you're going through now is nothing. Just wait – the symptoms will increase.' Or the therapist, shocked, gasps 'you did WHAT??!! Or, your catastrophic fears are not so bad – just wait and see how good your wife feels when you are dead!'. Etc.

Kerin: This can generate a 'Yeah right! I don't believe you.' kind of response. The client knows Frank is joking and, they then begin to do a reality check and in the process, particularly with the introduction of Frank's obvious humour, this helps the client to relate to the issue(s) as more manageable.

Illustrate the impact of the person's behaviour on others (affective, verbal, etc).

If client is aggressive and loud show that you are afraid of his threatening behaviour. If client is seductive, pretend to be overwhelmed by his / her attractiveness.

Kerin: By bringing the affect that the client's behaviour is likely to generate in others to the table, albeit in a directly indirect way, it can enable the client to become aware of what they're doing and this in turn allows for the potential of

them making positive changes in the way they behave.

Ludicrously misinterpret the client's weakness and strengths.

Example: If client is timid, humorously suggest that his not responding indicates a serene calmness and self-assurance and compliment him on this.

Kerin: The client could respond by saying: 'No, it's not. And you know it's not. It's because I'm timid. I always have been'. And, in this example, it brings the real issue out into the open, in a way that allows the client to verbalise it. Once this occurs, in effect, 'all the cards are on the table'. What is avoided has been approached (by Frank) in an indirect way, so that the client has made steps to approach it, and then the healing can continue to occur.

The Hyper Factor

Frank Farrelly is an exceptional hypnotherapist. Although, you could be forgiven for thinking that hypnotherapeutic principles have nothing to do with the way he works. However in much the same way that the, now, legendary Dr. Milton Erickson employed hypnosis in ways that people often didn't understand were occurring; so too does Frank. I noticed when watching Frank that he employed what I have called (for want of a better expression) 'hyper themes'. This is to say that Frank works on many levels. There will be the direct level

of the 'banter' described above in the Farrelly Factors, relating (or not as the case may be) to the client's presenting problem(s). Then, on another level, there will often be some metaphorical work, which can, without too much difficulty, be consciously noticed and understood. However, often, I detected a theme (akin to a 'life metaphor', directly tailored to the client) which operated at such a global level, that, to the client, it was actually 'too big' to be consciously noticed. In NLP terms we would say Frank 'chunks up'; to the nth degree. And he does it in a way that becomes ever more difficult to detect, but which is increasingly bringing ever more powerful therapeutic elements to the client's unconscious awareness.

Many interviewees commented after their session with Frank that they felt a bit 'spacey', or words to that effect. Almost as if they had been in some kind of Altered State of Consciousness (ASC). Frank, therefore, deserves to be counted amongst the hypnotherapy greats, as well as his special recognition within the field of psychotherapy in general.

But What's He Really Like?

That, then, in short-form, is an introduction to the realm of Provocative Therapy, as developed by Frank Farrelly. But what's Frank like as a person? Well, although my time with him over the seminar was relatively short, over the four days we spent together Gill (my wife) and I

did have the opportunity to meet both Frank and his wife June on a social level a number of times. Basically, my opinion of Frank is that he is an approachable, down to earth person. He has genuine empathy and a warm desire to help people get the best out of themselves and their lives. He's highly educated, widely read and full of life experience. He is truly a 'one off'. And he has, almost as a hallmark, a devilish (meant in all the best ways) sense of humour.

Step This Way

In conclusion: wherever you live, if Frank Farrelly is coming to a place near you make sure you take the opportunity of seeing him in action. You'll learn a lot, you'll laugh a lot and you'll have an experience that's akin to an amazing roller coaster ride, through the field of psychotherapeutic wizardry.

Farrelly Factors used with kind permission of Dr Jaap Hollander. Websites: <http://www.iepdoc.nl> and www.provocatiefcoachen.nl (where a full description of all 39 Farrelly Factors can be found). Provocative Therapy is written by Frank Farrelly A.C.S.W. and Jeff Brandsma and is published by: Meta Publications (ISBN: 0916990036) Frank Farrelly lives with his wife June in Madison, Wisconsin, USA. You can visit Frank's website at: www.provocativetherapy.com.



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Kerin Webb is the author of: [The Language Pattern Bible: Indirect Hypnotherapy Patterns of Influence](#) and [Making Your Dreams Your Reality](#).

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