



Psychotherapy Guidebook

# PROVOCATIVE THERAPY

Frank Farrelly  
Jeffrey M. Brandsma

# **Provocative Therapy**

**Frank Farrelly and Jeffrey M. Brandsma**

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# Provocative Therapy

*Frank Farrelly and Jeffrey M. Brandsma*

## DEFINITION

Provocative Therapy is a system of verbal psychotherapy wherein the therapist engages in a wide range of behavior, largely in the role of the Devil's Advocate. Through the use of several provocative and humorous techniques, paradox, and nonverbal acceptance, the therapist attempts to elicit, often through the client's resistance, behavior that is self- and other enhancing.

## HISTORY

Therapists and theorists have long noted the utility and influence of humor, paradox, provocation, and play in selected ways with various cases. The systematizing of this form of therapy occurred in the experiences of co-author Frank Farrelly, as he worked at the Mendota State Hospital in the psychotherapy research project with Carl Rogers from 1961 to 1963. The basic parameters and techniques were conceptualized and defined in the clinical experiences of the following years, resulting in a book to communicate its status in 1973- 1974.

## TECHNIQUE

Many techniques are employed to elicit the following behavior from clients: 1) affirmation of self-worth, both verbally and behaviorally; 2) appropriate assertiveness in tasks and relationships; 3) realistic defensiveness; 4) psychosocial reality testing and discrimination learning; 5) risk taking in relationships, especially with regard to feelings of anger, vulnerability, and affection.

Some of the most common sets of techniques are as follows: 1) provocative (and paradoxical) verbal communication, wherein the therapist amplifies and encourages self-defeating behavior, ideas, and attitudes in a humorous context; 2) nonverbal (often qualifying) communication, such as a twinkle in the eye, selective use of touch, smiling, intonation, and so on. Nonverbal communication combines with the provocative verbal communication, which means that at least two levels of communication often occur, therefore, at times, contradictory messages are sent, such as saying one thing and meaning another. These qualifiers often convey the therapist's empathy for and contact with the patient; 3) humorous techniques that include banter, exaggeration, reduction to absurdity, ridicule, sarcasm, irony, and relevant jokes. Despite humorous denials verbally, humor is one of the chief mechanisms of conveying sincere warmth and caring; 4) confrontation and feedback both in terms of the social consequences of one's attitudes and

behavior and in terms of the immediate subjective perception of the client by the therapist. This can be done directly or indirectly, in straightforward or metaphoric terms; 5). dramatic techniques, such as role playing various fantasized scenarios, with the therapist modeling the patient's negative behavior and playing along with the client in "larger-than-life" fashion, suggesting ridiculous solutions to problems.

Provocative Therapy has identifiable theoretical roots in Client-Centered and Rational-Emotive Therapy, but with very different application. There are some descriptive, theoretical, and practical conceptions similar to those of Victor Frankel, Jay Haley, and Watzlawick, Beavin, and Jackson. These are more fully explored in the book *Provocative Therapy*.

## APPLICATIONS

In clinical practice there have been no restrictions on age, sex, educational background, social class, or degree of problem. Settings have ranged from traditional ones to less formal encounters. The therapy has been employed in groups, individually, and with families and couples. This approach, in addition, was developed on state hospital in-patients and employed with persons having diagnoses from all the functional diagnostic categories. In the hands of a competent therapist, it is thought to be particularly appropriate for character disorders, psychotics, and the

inarticulate.