

# Farrelly Factors (The)

## What is this?

The Farrelly Factors are 39 behaviors, strategic patterns and mental activities used by Frank Farrelly, the founder of Provocative Therapy, when he is working with a client. The factors differ greatly in terms of their level of abstraction and their importance in therapy, but they have one thing in common: they are all practical, i.e. they all describe things one can actually do (behaviorally, emotionally and cognitively) in provocative therapy. Although this list is not exhaustive, together the factors provide a detailed description of the therapist side of the provocative interaction.

## History of the factors

The Farrelly Factors were defined by Jaap Hollander, with help of Graham Dawes and Rene Duba. In 2000 the present formulation was evaluated word for word by Frank Farrelly himself. In this session he slightly edited the wording of many of their formulations. He changed 'Undermine Favorable Feedback' for instance in 'Ineptly Undermine Favorable Feedback'. After 2000 Jaap Hollander refined some factors and added others. These new versions of the Factors were published in books like 'Provocatief Coachen' (in Dutch) by Jaap Hollander and Jeffrey Wijnberg. However, the older version in this document still offers quite an adequate description of provocative coaching.

## Seven sections

The factors are divided in seven sections:

I. Ongoing behaviors (things the provocative therapist does all the time or most of the time)

II. Conditional Behaviors (things with which the provocative therapist reacts to certain behaviors of the client, if-then statements: if the client does X, then the therapist does Y)

III. General Provocative Tools (things the provocative therapist sometimes does)

IV. Reacting to Problem Statements

V. Reacting to Self Concept Statements

VI. Therapists/Consultant's Internal Processes (what the provocative therapist does mentally to enable him/her to do what s/he does)

VII. Strategic Patterns

## **I) Ongoing behaviors**

### **1) Make Physical Contact**

Maintain both eye contact and physical contact (repeated touch, stroking, patting, friendly gentle 'punching', et cetera).

Lean towards the client. Do this most of the time, but especially when the client seems to want to avoid eye contact because s/he is embarrassed or in a strongly emotional state.

### **2) Use a Joking Tone of Voice**

Speak in a joking, teasing tone of voice. Actually, use three major voice tones:

1. Joking

Generally, and as a starting point, speak in a teasing, joking

tone of voice as if you were saying: "We both know better than this".

## 2. Hypnotic

When the client enters in a confused state however, change your voice tone. Start giving positive suggestions in a low, hypnotic tone of voice (e.g. eternal therapeutic truths of an abstract nature, like "People need to be able to defend themselves, or the world will use them as a doormat"). Here ideally your tempo matches the breathing - or other physical processes - of the client.

## 3. Quasi frustrated

When the client keeps repeating the same statements, start talking in an quasi frustrated tone as if you were saying: "You are an impossible case for this tired old therapist".

### **3) Nonverbal Mirroring**

Precisely mirror some of the clients nonverbal behaviors (posture, tone/tempo, typical gestures). Frank doesn't do this consciously, but when you observe him, you'll notice he definitely does it most of the time. Use this nonverbal matching;

1. for rapport
2. to stimulate your own reflections and associations on the emotional state and the essential beliefs of the client.

### **4) Use Anecdotes**

Illustrate issues with short metaphors, quotes, proverbs and anecdotes. I have some detective books that Frank has left at our house. As he reads them, he underlines good strong one-liners. Collect these and use them over and over again. Don't be afraid to

repeat yourself. Because, as the famous Dutch author Gerard Reve once said: "You accuse me of repeating myself, but then I ask you: who else should I repeat?" Another great source of one-liners are Ashly Brilliant's books.

When Frank hears a good joke or a good anecdote or movie scene, he savors imagining how he uses this with a client.

### **5) Focus Intently on the Client**

Focus your attention completely on the client. Ignore outside stimuli as much as possible. This is probably something most good therapists and trainers do. One of our master practitioners modeled a similar process studying Al Pessso. He calls it 'the envelope' Concentrate on the client. It may help to see the client as an explosive device you are dismantling. I mean, that's the level of concentration I am referring to.

### **6) Don't Help the Client!**

Make no effort to be helpful. Don't think up any serious solutions to problems. Don't give any serious advice!

### **7) Don't Keep Track of the Session(s)**

Bring up irrelevant remarks, wander of into sidetracks, forget what was said a moment ago.

### **8) Be Easily Distracted. Be very Dumb**

React in a dissociated, distracted manner to statements the client emphasizes or presents with emotion. You react especially strongly to statements that seem important to you but that the client offers in an offhand manner or in a manner that seems to say

'I don't really want to talk about this now", or "This is not really important". To statements that the client emphasizes on the other hand, you have just the opposite response: you repeat them in a listless, bored tone of voice, you forget them, you ask for irrelevant details (thereby showing you don't understand them) etcetera. Frank seems to presuppose that the client cannot learn much from repeating what he already knows. Don't be too smart or intelligent. The intellectual analysis of the clients problem is only valuable - according to provocative therapy - if combined with a strong emotional state.

### **9) Remember that You are Provoking Appropriate Behaviors**

Keep in mind, that 'provocare' is Latin for 'eliciting'. Provocative therapy is a good example of the old NLP adagium that "the meaning of your communication is the response you elicit".

What responses do you want to elicit?

1. Assertive Behavior
2. Self Affirmative Statements
3. Appropriate Self Defence
4. Psycho Social Realty Testing
5. Expressions of Warmth, Caring, Affection, Friendship, Love

You know that the session went right, when you elicited enough of those responses.

## **II) Conditional Behaviors**

### **10) Go for the Emotion**

If the client shows low emotional involvement, then vary your own

behaviour until you elicit a strong nonverbal reaction.

Emotional involvement is paramount in provocative therapy. Simply try to get as strong an emotional reaction as you can (anything short of the client getting up and leaving). Blushing, vehement head shaking, puzzled or angry facial expression, exaggerated disdain, verbal interruptions like "Now wait a minute here!". That kind of response. This is one of the reasons why Frank talks about sex so much. By placing the themes the client comes up with 'in the bedroom', you are pretty sure to get a strong emotional response.

### **11) Red-Green Color Blindness**

If the client reacts with strong emotions and s/he asks/demands that you stop, continue. You know you are doing good in provocative therapy if the client demands that you stop it. That's you signal to continue along the same lines with renewed energy.

### **12) Describe the Clients Strong Nonverbal Reactions**

If the client shows strong nonverbal reactions, describe these nonverbal reactions to the client and/or ask the client to specify feelings and thoughts. "You blush, you throw you body backwards in the chair, what???"

### **13) Ask for Specification**

If the client doesn't finish a sentence or gives a vague statement, then ask for specification. "What???" "What are you saying? I can't hear you!" "You say you have reasons to stay married. Name three!"

#### **14) Trance Work**

If the client is in a confused or expectant or trancelike state, then proclaim universal truths in a slow, solemn tone of voice.

When you do all or many of the above mentioned behaviors, the client will get confused. As Milton Erickson would say: his/her habitual frames of reference are being depotentiated'. In plain English: what works in a normal conversations doesn't work here. Clients will often demonstrate many of Erickson's 'trance-indicators' like breathing changes, eye blink slowing, internal focus, absence of movement, et cetera. In provocative therapy you can use these moment just as a hypnotherapist would. Change your tone of voice and start giving solemn suggestions. Say highly abstract truths like "Deep inside people know what they feel" or whatever is appropriate for this client. Please note: in these moment you are not provoking, you are giving direct suggestions in a non-joking manner.

#### **15) Responding seriously to traumatic experiences**

When the client reports traumatic experiences, like being raped or shot or loved ones dying, don't behave provocatively immediately. First talk about what happened exactly, get the details of how and when and where and how long. Then congruently give your own response to the traumatic experience, for instance that it never should have happened. After that, you may gradually start responding provocatively to the clients reaction to the traumatic events, for instance to the fact that someone plans on feeling guilty for the rest of his/her life.

### **16) Reflect incongruence**

Reflect the clients incongruence in your own behavior. For instance when the client says he wants to exercise more, but s/he says it without any nonverbal expressions of being motivated, say in a tired tone of voice: "Yes, sigh, you are so motivated", exaggerating the tired nonverbals in your own body language.

## **III) General Provocative Tools**

### **17) Interrupt the Client**

Interrupt the clients story (and train of thought) with unexpected, "snappy" lines. Don't worry about the client finishing their sentences or their line of reasoning. Don't be polite. Just interrupt, even if there seems no way you could possibly have reached any sensible understanding of what they are saying. Frank usually interrupts the clients after one or two sentences.

### **18) Mimic the Client**

Mimic the client in a theatrical fashion.

### **19) Illustrate the Impact of the Clients Behavior on Others**

React very strongly, in a theatrical fashion to the behaviors of the client. For instance, when the client has a very authoritarian, self important air, act very insecure and impressed ('I don't hardly dare to say anything to someone of your stature'). If the client acts very seductive, pretend to be hardly able to keep your sexual impulses under control.

### **20) Misinterpret the Clients Confusion or Other**

## **Communication Problems**

Claim that the problem is a sign of a great asset. For instance when the client can hardly speak from embarrassment, claim that he is quietly and serenely planning a perfect response.

### **21) Lamely Protest Claims of Progress**

Sadly suggest, with deep sighs, that "it's soooo difficult to change". Ineptly deny or regret ludicrously any progress the client reports. Use whatever kind of ridiculous reasons you can come up with to claim that the client will never change will never reach his/her goal, etcetera. If the client reports improvements don't believe him/her/it (voice twisted faces skepticism). It's just a temporary relapse into sanity. Soon the problems will return with renewed vigor. Humor is essential here! Absolutely crucial.

### **22) Ineptly Undermine Favorable Feedback**

Humorously and lamely undermine favorable feedback the client receives from others. In almost a whining tone of voice: "Well, ..... they are just telling you that..... maybe..... because they know you can't ..... handle the truth." You want them to be able to counteract your denial of their progress. "If you don't believe me, you can ask my brother...."

### **23) Have them Repeat Strong Conclusions**

When the client voices a strong statement expression, a new insight, a decision or a major operating value, have them repeat it. Pretend you don't understand. If possible: misunderstand.

### **24) Broadly and extensively dramatize your fantasies**

When you are talking about absurd solutions, or other absurd aspects of the clients' situation, make a kind of theatre play out of them. Don't just mention them, but act out the different roles as if you were an actor playing all the different roles in a play. Go into as many details as you can think of.

## **IV) Reacting to Problem Statements**

### **25) Do Some More of That, Think Some More of That, Feel Some More of That!**

What's wrong with that? But that's the best thing to do! Encourage problematic behaviors, thoughts and moods by describing absurd advantages (or absurd disadvantages of changing them) or overemphasizing the clients capability to cope. When I lost 40 pounds, and we had some floods from the river Waal, near my home, Frank wrote to my wife: "Do you realize Anneke, that Jaap, now that he lost all this weight, makes a much less effective flotation device when the dikes break?"

### **26) Daliesque Solutions**

Give absurd, off-the-wall, Daliesque, surrealistic solutions. It doesn't matter how absurd. To a male client who was drowning in self-pity: "You could buy a wheelchair. Don't spend you energy on walking! You can have a PA system attached to your wheelchair announcing loudly, "Make way! Here comes The Sufferer Of The Year!" On the telephone to a homeless drunk recently released from a Wisconsin prison who was asking him for a place to stay and shelter from the bitter winter winds: "I know how you can get a warm bed and good food within three minutes. Leave that phone

booth at that busy intersection. Walk out in the middle of traffic, Drop your pants, pump your cock, and point at the heavens and scream over and over, as loud as you can: "Jesus is coming and so am I!" And help will arrive within minutes.

### **27) Absurd Explanations**

Give absurd explanations. I have trouble getting in touch of my feelings. Where are you from? I'm from Friesland. Ah, there you have it! That province is so flat and windy, it blows the emotions right from the Frisian people! It's genetic and cultural. My research shows that 86 percent of Frisians don't even have emotions!

### **28) Overemphasize the Clients Assets to The Total Exclusion of his Problem**

Take an asset the client obviously has (for instance: good position in society, physical beauty, intellectual development, et cetera). Then claim that for a person with such an enormous asset, the problem he has presented is totally trivial and unimportant. What does it matter if nobody likes you? In your position you don't need people to like you!

## **V) Reacting to Self Concept Statements**

### **29) Your Such a Fat Fuck Anyway**

Exaggerate perceived negative self-concept Client: "I have trouble sleeping". Frank: "You can say that again! Your eyes look like two pissholes in a snowbank"

### **30) Exaggerate Negative Body Image**

To a markedly obese female patient: "Oh my God, the Goodyear Blimp has slipped its moorings!"

### **31) Exaggerate Cultural Stereotypes**

Use any cultural stereotypes that fit the client or the people who are important in his narrative. "Yes, but you are a woman! A woman is supposed to be weak, that's the only way to get guys to help and protect her!". Another example: "What do you do?". "I train managers". "YOU?!?!, you train managers?". "Yes." "YOU?!?!, well, are they baby managers? Are they basket cases?".

## **VI) Therapists/Consultant's Internal Processes**

### **32) Get into the 'Giggling' State**

Get into an emotional state in which you are very sensitive to the funny, the absurd, the incongruent, the ridiculous in what the client says and does.

Frank likens this to that state in puberty where you are giggling with friends about just everything.

### **33) Be Warm**

Maintain warm, understanding feeling state towards the client. Feel for the client like you would feel for a good old friend or a good family member. Provocative therapy should be like 'Affectionate banter between close friends'.

### **34) Listen to your Own Inner Guides**

Imagine wise persons standing behind you, talking with you about

this client. Listen to what they say. This is the spiritual side of provocative therapy. Imagine/see/hear guiding spirits telling you things about the client.

### **35) See Internal Television Sets**

Internally see a ring (like a semicircle) of large screened colored television sets (depicting the client, his life, his work and his relationships). Pay attention to the one with the brightest colors and/or the loudest sound (or the one you find most interesting, like funny or embarrassing situations with important others). At the same time you are looking at the client from the corner of your eye, scanning and monitoring his reactions. Occasionally walk into one of the sets. Describe what you see and hear and feel (and smell).

Strategy: Watch and listen to client. Say words to yourself to label your experience of the client and his situation. Use these words to find vivid associated images. See these images behind or next to the client. Talk about these images.

## **VII) Strategic Patterns**

### **36) Reverse the Blame between Client and Life**

Teasingly blame the client (if the client blames life, the system, society); bombastically blame life (if the client blames him/her self). Change this around if the client changes, always staying in the opposite position.

To a business coach who complains that he doesn't focus on the needs of his clients enough: pounding his fist on the arm of the

chair "That's the trouble with business these days! If only the damned customers would stay away and wouldn't interfere, businesses could operate much more smoothly".

### **37) Take Sides**

Choose one side of a conflict. Exaggerate its advantages and justification. Claim that the disadvantages are a fact of life that the client has to live with. When the client starts protesting, suggest he can't change or flip to other side of conflict.

### **38) Demand that the Client be Interesting**

Demand that the client be interesting and amusing.

### **39) Act Crazier than the Client**

When an eight year old kid is brought to him with a burping problem, Frank will try burping more than the kid.

Jaap Hollander

2000; Essentials of Provocative Therapy.