

# Homeopathy, contrarianism and Provocative Therapy

*Mary, Mary, quite contrary,  
How does your garden grow?*

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## Homeopathy and contrarianism

At the very centre of homeopathic theory is the principle of contrarianism. Towering above everything else written about this fascinating subject is Hahnemann's famous maxim *similia similibus curentur*: Let likes be cured by likes. This statement is contrary to gut instinct and obvious logic. If you burn yourself, your first instinct is not to put your hand under a hot tap. If you find yourself struck with gastroenteritis and vomiting, it is not obviously logical that you need to take a dose of a poison that can cause diarrhoea and vomiting. Nevertheless, whenever a homeopath prescribes a medicine such as *Arsenicum album* or *Veratrum album* for such a condition, he (or she) is consciously or unconsciously embracing contrarianism.

In this article I am going to describe a branch of psychotherapy, called Provocative Therapy, which also embraces contrarianism. Many homeopaths who have undergone Provocative Therapy (capitals used to distinguish it from orthodox therapy that is for some reason 'provocative') or seen it demonstrated have described it as 'homeopathic'. Moreover when one sees the process in action and how patients react to it, it becomes clear how allopathic many other forms of psychotherapy and counselling are.

In my book *The Homeopathic Conversation* and in a chapter of

the book 'Passionate Medicine', I describe my personal journey through medical school, hospital medicine, general practice, homeopathy and the start of my interest in Provocative Therapy. Both descriptions are intentionally personal. Every person's journey towards becoming a doctor, homeopath, therapist or healer of any sort is unique. The combination of reasons that results in us even choosing to help others with their health differs enormously from practitioner to practitioner.

When I submitted the first draft of *The Homeopathic Conversation* to a couple of publishers, they felt uncertain about writing on such a subject in the first person. Some even offered to publish it if I would be prepared to re-write it in more of the form of a traditional textbook. A traditional textbook on how to talk to patients? I declined the offer to describe the homeopath-patient relationship objectively because I felt it would be much more honest and revealing to write about it subjectively. This is why I write about my experiences with Provocative Therapy from a similarly personal perspective.

## Homeopathy and life stories

I became a medical doctor because I wanted to work with people. The story of people's lives has always fascinated me. I've yet to be bored by anyone who is prepared to talk

honestly about their journey through life. My professor of anatomy, Phillip Tobias (also a physical anthropologist) graphically described this journey as 'from sperm to worm, from womb to tomb and from erection to resurrection' (Tobias, 2005). Everyone seems to agree life is too short and over far too quickly. We all want to make the most of it. Tobias, also an inspiring lecturer, philosopher and anti-apartheid activist was a profound influence at medical school – alas only for one year. The rest of the six years there seemed to have been filled with mind-numbing detail, most of which all doctors soon forget. Being forced to memorise lists was not particularly pleasant but in the end I do admit that it was a great privilege to attend medical school and learn how to diagnose and treat many conditions. A privilege, yes – enjoyable and inspiring, alas no.

This lack of inspiration is not only confined to medical schools. Many general practitioners and hospital doctors suffer from 'burn-out', the very antithesis of inspiration. The profession is being assailed by rules and regulations that include being taught how to put patients into boxes also called diseases. Heaven (or expensive lawyers) help you if you don't give them the treatment written on that box by the authorities that be. Of course, it is essential to be able to



diagnose a patient as being in a box called appendicitis and give them the treatment (surgery) written on that box. Sometimes the mechanistic approach is irreplaceable, but for many of the patients arriving at the doctor's surgery in pain or anguish, this 'box and treat' approach is far from sufficient.

Regrettably, medicine appears to be moving *further* in the direction of being a science rather than an art. This movement towards a mechanistic and reductionist view of the body and mind will never even get near answering the question asked in a cartoon that appeared on a stamp about a decade ago. On this wonderful first class stamp is a simple line drawing of

a patient and white-coated doctor. The patient asks the question: 'Have you got anything for the human condition?' At the time I managed to find a reason suddenly to write to almost everyone I knew!

When I started to study homeopathy, it was not the remedies that fascinated me, it was its total respect for the human condition. *The Organon* is essentially holistic rather than reductionist. The contrarianism expressed in *similia similibus curentur* puzzled rather than worried me. In the broad context of the wonderful things Hahnemann was saying, I found it easy to suspend any disbelief and read on – and on.

Classical homeopathy behoves the practitioner to listen to the whole life story of the patient. What makes homeopathy so fascinating and totally respectful of the human condition is that we want to know all about the patient's *subjective* experience of his illness and life in general. A symptom is what a patient feels. It is his subjective experience of pain, discomfort or anguish. A sign is what a doctor sees, palpates, hears or even smells and therefore more objective. In homeopathic practice some signs are regarded as symptoms. Examples are warts, cracked nails and various lumps and bumps on the body and even these are considered of lesser prescribing importance to a classical homeopath than symptoms such as anxiety about health or feeling worse for consolation. To classical homeopaths, the things that affect the whole person are essential to understanding the case. This is why we want the patient to tell their story of their illness in their own words and without interruption. To prescribe classically we need to hear their subjective account of their lives.

#### The idea of the holistic stimulus

Other holistic systems of health also apply what my first mentor Eric Ledermann (see Recommended reading) aptly termed a 'holistic stimulus'. This concept implies that the organism is capable of healing itself but for some reason is not doing so. Holistic medicine aims merely to stimulate the whole organism to do what it is capable of doing. This is why holistic practitioners match their remedies to the whole person (or animal) rather than to the disease. A disease cannot be stimulated to heal itself but an organism can be stimulated to heal a part of itself that is in 'dis-ease'.

Homeopathy and acupuncture, for example, both aim to stimulate an inner energy called the 'vital force' and 'chi' respectively. Acupuncturists will also take a history but much of the information they use to decide on a treatment comes from their subtle taking of the pulse and examination of the tongue. Classical homeopaths have to base their prescription of a remedy on their patients' subjective and therefore extremely personal descriptions of the stories of their illnesses and the stories of their

▷ lives. This is what I love about homeopathy: The basis of most of our prescriptions is the patient's 'autobiography' or the story of their life. And as I said earlier, I love listening to honest accounts of people's lives. I felt blessed that homeopathy had provided me with a way of choosing medicines based on my understanding of my patients' accounts of their lives. What I didn't know at that time was that listening carefully to patients' stories would be of fantastic help to another form of therapy. This was the strange-sounding Provocative Therapy that I would study after some 15 years of practice as a classical homeopath. What I also did not know is that Provocative Therapy would use contrarianism in a remarkably similar way to homeopathy. In addition I would find that homeopathy and Provocative Therapy can be used synergistically in clinical practice. But I jump ahead in the story. What exactly is Provocative Therapy?

**Psychotherapy, contrarianism and Provocative Therapy**

When I take a homeopathic case, I see a movie inside my head, a movie of that patient's life. I have the opportunity to check details with the patient but in the end will prescribe a remedy based on my analysis of what is going on in that movie. The contrarianism and paradox of homeopathy is that I will try to prescribe a remedy that is capable of making many of the things that happened in that movie, happen in healthy volunteers proving that remedy or unlucky people poisoned by that substance in its gross form. Before a homeopath can apply this contrarian principle s/he must listen very carefully to the patient's account of his illness and life, his or her history. The other requirement is to acquire knowledge of materia medica. This is necessary in order to match the pathogenesis of a homeopathic remedy (or how symptoms develop in provings) to the unfolding of the patient's story (or the movie of his or her life).

Provocative Therapy requires the practitioner to see such a movie of a patient or client's life. However instead of giving a remedy capable of producing some of the scenes in that movie, we actively encourage

the patient to do more of the psychopathological things they are doing in that movie. But how do we do this? Moreover, how do patients stand for such 'treatment'?

**Frank Farrelly's Provocative Therapy**

One day in the early 1960s a client-centred psychiatric social worker by the name of Frank Farrelly went to work as normal at Mendota State Psychiatric Institute. He expected it to be as normal a day as one could hope for, working with in-patients suffering from severe psychoses including chronic schizophrenia. He had no suspicion whatsoever that later that day he would create a completely new branch of psychotherapy that would utilise a combination of reverse psychology, cutting edge humour, warm-hearted affection and contrarianism to effect radical change in thousands of people's lives.

He sat down with a schizophrenic patient for the 91st (sic) interview. 91 seems a lot of consultations but it's quite plausible in a situation where you are seeing the same patients every day for many months. In this particular case, the 90 interviews had had very little if any effect on the quality of the patient's life. He was still heavily medicated and gave his doctors



Frank Farrelly

Photograph kindly supplied by [www.provocativetherapy.info](http://www.provocativetherapy.info); for more details on Frank Farrelly's work, seminars and products for sale, please visit [www.provocativetherapy.info](http://www.provocativetherapy.info) or [www.tranceformingnlp.com](http://www.tranceformingnlp.com).

**Provocative therapists use clinically formulated reverse psychology and humour**

every reason for keeping him institutionalised – which of course they did. In other words, his prognosis was terrible. He had got into the habit of telling Farrelly and all his carers that he would never get better, that his situation was hopeless and that there was no way out of his predicament. Farrelly had tried Rogerian client-centred therapy, (which uses unconditional positive regard, authenticity and empathy) on this man for many months but alas to no effect. Farrelly had no

new ideas in mind when the patient continued his story of hopelessness in this particular interview.

On this particular day, without knowing why, Frank Farrelly said something to his patient that conformed to no known form of therapy or counselling and apparently contravened the central principles of many types of therapy. He said: 'Okay, I agree. You're hopeless. Now let's try this for 91 interviews. Let's try agreeing with you about yourself, from here on out!' The effect on the patient was instantaneous and dramatic. He sat bolt upright in his chair, stared Farrelly in the eye and loudly proclaimed his disagreement with this pronouncement of his prognosis. It was one thing for him to feel desolate and hopeless, quite another for his therapist to *agree* with him! Farrelly was amazed at this turn-about in his patient's demeanour so he continued in a similar vein 'empathising' with the hopelessness of his patient's condition. The patient now continued as he had always done, to disagree with Farrelly. However, in the past he had disagreed with Farrelly's comments about hope and recovery, now he was disagreeing with his therapist telling him that his situation was indeed hopeless. To do this he had been provoked into trying to convince his therapist that there was hope after all!

Six consultations later this man was discharged from the unit and never had to return. To Farrelly's astonishment, his patient had been provoked into stating, owning and enacting the solution to his problems. Frank Farrelly had unwittingly founded a completely new type of psychotherapy based on a totally contrarian principle. He called it Provocative Therapy.

**Provocative Therapy and homeopathy**

Farrelly started to use this contrarian approach in his work at Madison State Institute and was amazed at the results. It appeared that when patients were 'encouraged' to continue in their self-defeating patterns of behaviour they were strongly provoked into asserting their determination to replace those faulty patterns with healthier ones. Moreover they followed through and put into everyday practice what they had asserted in the sessions of Provocative

Therapy. In his seminal work on the subject, *Provocative Therapy* (1974), Farrelly describes several of the cases that led him to realise that he had discovered a new modality of psychotherapy. He has lectured on Provocative Therapy internationally ever since. In actual fact, 'lecture' is an inaccurate word to describe what Farrelly does at his seminars. He demonstrates the process with live interviews in front of psychotherapy students. Once seen the process is never forgotten. In *Provocative Therapy*, Farrelly defines the first central hypothesis of his approach:

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.

Well of course, as soon as I read this, the similarity with the central principle of homeopathy jumped out of the page. Homeopathic remedies, which are capable of producing the very symptoms the patient presents, when given to the patient should make the situation worse. Instead we see the patient's health move in the *opposite* direction to what we would expect. Yes, our medicines are potentised but nobody can explain exactly why or how that makes a difference. Indeed many homeopathic remedies work well in low potencies and even mother tinctures and their action is homeopathic. Indeed we may even say that homeopathic remedies provoke the organism to heal itself in the very areas that the remedy might otherwise have a chemical effect.

At this point it is important to define exactly what is meant by the word 'provoke' in the context of Provocative Therapy. In colloquial use, the word is usually understood to mean 'to incite anger or lust'. However, in Provocative Therapy the word is understood by its literal meaning derived from the Latin, *pro vocare*, which means 'to call forth'. This can be understood as meaning to evoke, elicit, stimulate or catalyse. The patient is stimulated (by a psychotherapeutic approach utilising the contrarian principle) to do what he needs to do in order to recover. Of course if there is no capacity to heal, then nothing can provoke the patient to get better. A patient can only be

provoked into doing what he was capable of doing but for some reason was not able to do.

This is very similar to what I believe homeopathic remedies do to the human body. They provoke the vital force to do what it needs to do to heal the organism.

## Only ever provoke when you have affection in your heart and a twinkle in your eye

The vital force (or the natural ability of the body to heal itself) can only do what is possible in an individual. It cannot make you grow a new limb or heal extremely advanced cancer, in most cases. Homeopathy can only stimulate (or provoke) the body to heal what it was always capable of healing but for some reason was not doing so. And homeopathic remedies have a clinical effect, which is contrary to what we would expect. Thus homeopathy is one of the finest examples of the contrarian principle in action.

Homeopathy has sometimes been compared to vaccination and radiotherapy with regard to their contrarian approaches. In the case of vaccination, I think the comparison is spurious. Vaccinations use small quantities of viruses and bacteria specifically to stimulate the body to produce antibodies to be ready to knock out the offending micro-organisms if they get into the blood. To me this is not contrary to what we would expect and therefore is *not* an illustration of the contrarian principle. Exposing the body to radiation however, does indeed illustrate the principle. Radioactivity can certainly cause cancer but when applied to the right patient in appropriate dose (potency?) it can shrink tumours and sometimes affect an outright cure.

The aim of Provocative Therapy in clinical practice is to provoke

the patient to change his or her behaviour for the better. In his book Frank Farrelly describes five distinct goals of what types of behaviour we want to provoke.

1. Affirm his self-worth, both verbally and behaviourally.
2. Assert himself appropriately both in task performances and relationships.
3. Defend himself realistically.
4. Engage in psychosocial reality testing and learn the necessary discriminations to respond adaptively. Global perceptions lead to global, stereotyped responses; differentiated perceptions lead to adaptive responses.
5. Engage in risk-taking behaviours in personal relationships, especially communicating affection and vulnerability to significant others with immediacy as they are authentically experienced by the client. The most difficult words in relationships are often 'I want you, I miss you, I care about you' – to commit oneself to others.

Thus, provocative therapists focus on getting their patients to change their behaviour for the better and use clinically formulated reverse psychology and humour to achieve this. We are not overly concerned about how and why these changes happen, only that our patients feel healthier and happier.

We know that Hahnemann showed little interest in spending long periods of time in trying to work out exactly how and why homeopathy stimulates health in patients – as he states somewhat provocatively in a footnote to the very first paragraph of *The Organon*.

His mission is not, however, to construct so-called systems, by interweaving empty speculations and hypotheses concerning the internal essential nature of the vital processes and the mode in which diseases originate in the interior of the organism, (whereon so many physicians have hitherto ambitiously wasted their talents and their time); nor is it to attempt to give countless explanations regarding the phenomena in diseases and their proximate cause (which must ever remain concealed), wrapped in unintelligible words and an inflated abstract mode of expression, which should sound very learned in order to astonish the ignorant – whilst sick humanity sighs in vain for aid. Of such learned reveries (to which the name of

▷ theoretic medicine is given, and for which special professorships are instituted) we have had quite enough, and it is now high time that all who call themselves physicians should at length cease to deceive suffering mankind with mere talk, and begin now, instead, for once to act, that is, really to help and to cure.

Similarly, Provocative Therapy is less interested in analysing *why* a patient is unhappy (very much the province of psychoanalysts and analytic psychotherapists) than it is in provoking patients to enact meaningful changes in their lives.

**Clinical Provocative Therapy**

Provocative Therapy is certainly not the random use of jokes to cheer patients up. Neither is it the blind use of reverse psychology. Provocative Therapists employ carefully designed clinical tools to provoke their clients to articulate the solutions to their problems.

I will give you a few examples of these tools but first I must draw

your attention to Frank Farrelly's **Golden Rule of Provocative Therapy**: Only ever provoke when you have affection in your heart and a twinkle in your eye. The patient must be left in no doubt whatsoever that you care for them and have a positive therapeutic outcome in your mind at all times. When s/he knows this and even feels it viscerally, you are in a good

**How to learn more about Provocative Therapy**

Recommended Reading:

*Provocative Therapy*, by Frank Farrelly and Jeff Brandsma, Meta Publications, 1974.

[www.provocativetherapy.co.uk](http://www.provocativetherapy.co.uk) is the website of the British Institute of Provocative Therapy.

[www.provocativetherapy.com](http://www.provocativetherapy.com) is the website of Frank Farrelly, founder of Provocative Therapy.

For more information on Eric Ledermann, the profound doctor, homeopath, psychiatrist and medical philosopher, see [www.wholeperson-medicine.co.uk](http://www.wholeperson-medicine.co.uk).

position to be able to lampoon their unhelpful behavioural patterns with these tools. If you provoke without the 'twinkle in the eye and affection in the heart' anything you say may be experienced as cruel and even sadistic. The provocative process works because the patient feels that as a person he is supported and cared for. It is only his behaviour that deserves the jokes, humour and reverse psychology.

*1. There is no solution to your problem*

This is the tool that Frank Farrelly used on his very first essaying of Provocative Therapy. The patient had rejected helpful and insightful suggestions as useless. But when told that perhaps his case was a lost cause, he found himself rejecting this too! This left him with the job of coming up with the solution, which he duly did. Perhaps people don't like taking advice because few of us appreciate being told what to do.

### 2. Do more of the same!

Addicts of any sort and people indulging in bad habits can cheerfully be encouraged to continue indulging and even indulge more. When dealing with people with alcohol problems, I often tell them that if I had their life problems I would drink much more than they do! They get the message and assert their intention to stop. This is very different from anyone who 'advises' them to quit.

### 3. Play the blame game

Most adult people's problems are to a large extent of their own making. Even if other people are treating them terribly, there is still an element of them allowing others to do this or not taking active moves to protect themselves. Of course I would never say this to a patient in Provocative Therapy. Instead I would enthusiastically encourage him to blame his partner, the world and his dog for his problems. The government, bosses, schooling, weather, star sign, bad luck, deities can all be blamed but nothing is more clinically effective than encouraging patients to blame their parents for their problems. It's amazing that when a therapist warmly excuses a patient from any responsibility for finding themselves in their predicament, they suddenly start suggesting meaningful changes they can make in their lives.

### 4. What's wrong with that?

This is a powerful thing to say to patients as it implies they don't really have a psychological problem at all. They are then left in a situation where they have to say exactly why certain behavioural patterns are serving them badly. A man who was a serial adulterer was 'congratulated' on his pulling power and told that it was natural for men to sleep with as many women as they could. This provoked him to talk about how he felt about being dishonest with his family and various lovers. This is completely different from anyone else pointing out the obvious disadvantages of his chosen lifestyle. This way he rightly assumes ownership of any changes in his behaviour that he has been provoked into asserting during the consultation.

There are many more tools that can be used to provoke patients

into asserting, owning and enacting the solutions to their problems. They are easily learned by students attending a brief course in Provocative Therapy and when put into practice with 'affection in the heart and a twinkle in the eye' never cease to amaze practitioners with the results they produce in patients.

### Using Provocative Therapy in the homeopathic clinic

Patients can politely be invited into having 5-10 minutes of Provocative Therapy in the clinic. If they agree, and many do in my experience, this brief consultation can often be of immense help in gaining valuable homeopathic information. This is because what a patient *demonstrates* in front of you, particularly after being warmly provoked, is much more reliable homeopathic information than what he or she chooses to tell you. Every homeopath knows that when a patient spontaneously laughs, cries or blushes after saying something, something very important is being conveyed about their case.

After attending a Provocative Therapy workshop, many practitioners have felt confident enough to invite their patients to try something new. Of course, if a patient is doing well there is no need to do this. However if you have a case that is proving difficult to crack, it may well be more productive to invest a few minutes in trying something new than simply asking more and more homeopathic type questions or asking the patient to describe their symptoms again.

Personally I have found that homeopathy and Provocative Therapy work very well together. One patient who agreed to have a 20-minute session of Provocative Therapy started to pull and loosen her collar when therapeutically provoked. This suggested a snake remedy which proved to be beneficial. Another patient, with unexplained abdominal pain, when encouraged to live the life of a libertine, went on and on about how she did not love her mother but felt that it was her duty to look after her. When this was added to the homeopathic information, the remedy, *Kali carbonicum* emerged. In *The Homeopathic Conversation*, I mention the case of a man who was absolutely furious because I had kept him waiting about

*For your diary*

### Provocative Therapy and Art Therapy for Homeopaths

*Using Humour and Imagery in taking the case.* Brian Kaplan and his wife, Hephzibah, an art psychotherapist, will present a highly interactive and experiential day workshop on how techniques used in Provocative Therapy and Art Therapy can enhance the work of homeopathic practitioners. Participants will learn and practise how to incorporate humour and image-making in their taking of the homeopathic case.

Venue: Ainsworths Centre

Date: Saturday 16 September 2006

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15 minutes. This, when added to the fact that he was a recovering alcoholic and workaholic, made the diagnosis of *Nux vomica* very clear. The visible demonstration of anger, bordering on rage, was more valuable than anything that he could have told me 'about his personality'. In this case my provocation was completely inadvertent and therefore without the requisite warmth and humour but it was nevertheless very helpful when it came to analysing the case.

### In conclusion

Homeopathy and Provocative Therapy are similar in that they both utilise the contrarian principle in clinical practice. Many homeopaths find that Provocative Therapy is consistent with their homeopathic philosophy. Having learned how to use some of the methods of Provocative Therapy in their clinics, many have found that Provocative Therapy is enjoyable and energising to use. More importantly it can yield valuable homeopathic information, leading to more accurate prescriptions.

### REFERENCES

- Tobias, P. (2005) *Into the Past*. London: Picador  
Farrelly, F. and Brandsma, J. (1974) *Provocative Therapy*. CA: Meta Publications

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