

Incel Treatment Approaches

Active Listening [PC]

While it may be a challenge to accomplish, active listening is the key to addressing the problem with the incel. At the heart of his frustrations is a belief he is worth less than everyone around him and that he does not have value. To counter this belief, the therapist must emphasize the basic concepts taught to us in year one of our training; attending and focusing, really focusing, on what they are saying gives them an opportunity to feel heard and understood. If this sounds rudimentary, find a psychologist or social worker who has been offering therapy for a long time, perhaps even someone close to retirement or already in retirement. Ask them what was most effective in their practice. We guarantee they won't talk about technique. Instead, they will tell you about listening, caring for the person, understanding from their perspective, and reaching out to them with a sense of hope for a better future.

If you are not familiar with psychotherapy or clinical practice, this concept may seem surprising and somewhat pedestrian. You may reflect: Isn't there more to it than that? Didn't they learn something more in their years of study, mastering various theories and technical applications of treatment? Isn't there more to it counseling than just listening well to someone like a good old Aunt Ruth, offering a cup of tea with a sympathetic smile and assurances that, indeed, things will get better?

And we would say: Yes, of course. There is certainly more to the field of clinical psychology and psychotherapy than smiling knowingly and offering hope. Graduate training in research methods and various treatment theories provide an important scaffolding to the work we do. Knowing how and when to refer a patient for inpatient treatment, groupwork, medication support, and offering exercises and meditations they could do to improve their mental health. However, this is not the soul of good treatment. These technical skills and knowledge of theory are not sufficient. Learning to listen and project care to the incel, while offering hope for a better tomorrow; these are most essential concepts to bring him away from this dangerous, self-destruction indoctrination.

Carl Rogers (1961), the humanistic psychologist and father of the **Person-Centered Approach** to treatment offers the following: "...when someone understands how it feels and seems to be me, without wanted to analyze me or judge me, then I can blossom and grow in that climate" (P.62). Empathy and congruence are the essential qualities to help the incel find a new way of being. Empathy means seeing the world from someone else's eyes, understanding from their perspective. Congruence is about the therapist conveying a sense of genuineness and authenticity to the client. We tend to trust those who we can understand and who seem honest and direct about their goals.

At the heart of active listening is the therapist conveying understanding to their client. The clinician demonstrates an ability to listen in a non-judgmental manner that, in turn, creates a more fertile and supportive place for the incel to share his perspective with a decrease in defensiveness and hesitation. Imagine normal, household glass. The incel client enters the session with a gallon jug of water and sees the therapist has only a normal glass. He can't pour all the water from his jug into your glass. In other words, he refrains from sharing because he knows the clinician won't be able to contain the volume of information he needs to share. When the therapist adopts an open, non-judgmental, active-listening-based stance, it's as if they bring a five-gallon bucket to each session. It can contain what the incel client needs to share.

Rogers offers this in his book, *A Way of Being* (1980), "...empathetic listening. This means the therapist senses accurately the feelings and personal meanings that the client is experiencing and communicates this understanding to the client. When functioning best, the therapist is so much inside the private world of the other that he or she can clarify not only the meaning of which the client is aware but even those just below the level of awareness. This kind of sensitive, active listening is exceedingly rare in our lives. We think we listen, but rarely do we listen with real understanding, true empathy. Yet listening, of this very special kind, is one of the most potent forces for change that I know" (p.116).

Lost, Naked and Alone [ExT]

In his book *Existential Psychotherapy* (1980), Irvin Yalom explains that we each confront four ultimate concerns in life. These are 1) dealing with the vastness of the freedom of our choices, 2) the anxiety that exists when contemplating death, 3) wrestling with what it means to be connected with others yet ultimately alone, and 4) coming to terms with an ultimate meaning in our existence. While there is an overlap in each of these areas, Yalom offers this broad picture for clarity's sake and the expectation they will fold back into each other as the reader explores the different concepts.

These four challenges correspond well with the struggles faced by the incel. While a more advanced therapeutic concept, we believe it will be helpful to see how some of these struggles directly relate to the struggles the incel faces. They offer insight into some of the theoretical challenges they may be facing that underpin their sadness and rage.

Freedom: While freedom may seem initially like a novel and easy concept to accept, Yalom encourages us to look at the other side of freedom: How do we all cope with the freedom we have? What do we see when we look out into the infinite space of possibility? Like many of us, the incel struggles with the vastness of his choices. Get married and have a family or be the jet-setting playboy. Settle for a femoid that is less than his ideal Stacy and there must be a reckoning as all other options become unavailable for a time. Refuse this concept and date freely without restriction and miss out of the stability and ease that comes with being in a monogamous relationship. Everywhere you look, you are faced with more and more choices. How can someone look into his infinite options for life and choose a path that he can feel confident about? Yalom (1980) writes: "'Freedom' in this sense, has a terrifying implication: it means that beneath us there is no ground— nothing, a void, an abyss. The key conflict is how a patient struggle between groundlessness and our wish for ground and structure" (p. 9).

It is in this space that the "lost boy" described in chapter one looks around and tries to find a philosophy that resonates with his experience in sea of choices. Perhaps he becomes invested in some sort of anarchistic philosophy railing against structure, order, and, in the end, life itself. Perhaps instead he looks for the order and assurance given by seemingly wise and experienced experts offering the 'ultimate truth.' This may help explain the cult like following often attributed to the incel movement. While it may not be the answer, it proposes an answer. A solution against the unknown.

Death: We exist now, but one day will cease to exist. Death will come for all of us and there is no escape from it. The famous Dutch philosopher, Benedict de Spinoza suggests, "Everything endeavors to persist in its own being." With this idea in mind, it becomes important for the therapist to help the client resolve "the awareness of the inevitability of death and the wish to continue to be" (Yalom, pg.8). For the incel, his own death and potential non-existence may be a motivating factor to have a beautiful

woman on his arm. At least this makes sense to him as he looks around at a society that attaches a value to this “possession.”

Yalom describes this phenomenon as relates with patients facing terminal disease. He explains they cope with a “myth of specialness,” feeling as if medications won’t work on you because you are unique in the world, or that death comes for everyone except for you because of your distinction from others. The incel may become focused on achieving his sexual fantasies when faced with death and may embrace the fantasies of violence against others in an attempt to dominate death itself.

Helping the incel, finding a place of equanimity in his thoughts, may first require a real look at his own mortality. The stoic philosopher Lucretius offers a calming statement: “Where I am, death is not; where death is, I am not. Therefore death is nothing to me” (Yalom, pg. 45). This may require the incel to face some difficult and challenging conversations about his own mortality. We can look for ways to help incels explore their own mortality and find a larger sense of direction and meaning.

Isolation: No matter how close of a bond we form with each other, there remains a distance. We are individuals in a collective community. A struggle for the incel is how he copes with this separation and remoteness present in our everyday lives. It is an undeniable fact that each of us enters the existence alone and must depart from it the same manner. The incel struggles to exist between his awareness of his isolation and his desire for contact; his need for protection within the community juxtaposed with the knowledge he is alone and ultimately can only depend on himself.

Yalom makes a powerful observation in his discussions of existential isolation. He writes, “I believe that if we are able to acknowledge our isolated situations in existence and to confront them with resoluteness, we will be able to turn lovingly to others. If, on the other hand, we are overcome with dread before the abyss of loneliness, we will not reach toward others but instead will flail at them in order not to drown in the sea of existence” (p. 363, 1980).

Imagine those who have a fear of water or drowning. When learning to swim, they must put the fear of the water behind them. Those who face this fear, those who hold their breath and go under, realize they will be ok. Only by mastering their fear of the water has allowed them to experience the many joys of swimming, diving, Marco-polo, and the like. No one can learn to swim until they learn to overcome the fear of the water. Once the fear is released, they glide through the water and are comfortable to play underneath it. The water loses its ability to evoke fear. Only by letting go of fears, can they truly enjoy life. Yalom quotes Tolstoy early in the book saying, “he is dying badly because he has lived badly” (p. 33).

Meaninglessness: If we must die, and if we are each ultimately alone in our own, within an indifferent universe; then what meaning does life have? The dilemma for the incel is facing the reality he is a meaning-seeking creature who is thrown into a universe that has no meaning. For some, this existential dread becomes a contributing motivator for his fantasies of being part of a larger rebellion and punishing others. If he has ingested the blackpill and his life as an incel is a forgone conclusion, why do his actions matter; if nothing matters? If we all must die, then why should he restrain his darker thoughts?

Many have avoided this existential conflict by finding religion, a hope the afterlife will serve to create meaning for our earthly experiences. Others choose to pursue a career or create great art or literature to define their lives. Some lose themselves in the loving of another—a wife, husband, partner, child, or

friend. This love then becomes defining for them and staves off feelings and thoughts of meaninglessness. For the incel, this love is denied to them and the career path seems a poor second choice. The incel struggles to find a path to protect his mind from the inevitability of death and falls prey to a suicidal, desperate attack or 'going out in a blaze of glory' that offers the promise of meaning and purpose that has been denied him for his existence.

Engaging and Changing the Incel Story [Na]

Everyone has a story. There are five stories of murders included in Appendix B (Sodini), C (Rodger), D (Mercer), E (Roof), and F (Ferguson) to further the understand the indoctrination they bought into regarding racism, misogyny and the incel philosophy. It is in these stories, and the fifty attack cases included in Appendix A, that provides insight into the thinking, emotions, behaviors and social and environmental experiences that helped shape their rage and violence.

In order to redirect the incel away from their harmful beliefs, treatment providers must learn their stories. It is in these stories, often shaped by experience, that we become seen as an interested party and potential ally to their health and well-being. The approach to treatment known as Narrative Therapy, created by Australian family therapists Michael White and David Epston (1990), suggest that we use our stories to organize and give meaning to our experiences. As such, incels construct their meaning through the stories they share and treat these as the "truth" (Corey, 2001). Further, these stories are not static, but rather ever-changing, giving opportunities to therapist to alter the course of the incel. White and Epston (1990), write, "With every performance, persons are re-authoring their lives. The evolution of lives is akin to the process of re-authoring, the process of persons entering into stories, taking them over and making them their own" (Van Brunt, 2007, pp. 27–28; see White & Epston, 1990).

Psychologists, counselors and social workers can help their clients with incel indoctrination to examine their lives through the stories they tell, by assisting them in revising their stories in a manner that gives him more ownership and ability to gain control over negative past experiences. Narrative therapy helps separate the incel from the negative, damaging stories he tells himself and find new stories that lead to a more constructive outcome. White and Epston (1990) suggest these new, hopeful stories develop as creations between the client and the therapist. Their book, *Narrative Means to a Therapeutic Ends*, has numerous examples of techniques to bring the therapist and client together toward a common goal.

The first step of this process is for the therapist to externalize the story from the client. White (1988/1989) writes, "Externalizing is an approach to therapy that encourages persons to objectify, and at times, to personify, the problems that they experience as oppressive" (p. 5). Prior to any change, White and Epston (1990) suggest the behavior, fears, and worries must be separated from the client prior to any attempt to reconstruct them. It would be reasonable to understand the indoctrinated incel would hold onto his stories in fear that he would risk losing the very fabric of what gives meaning, direction, and purpose to his life. "As persons become separated from their stories, they are able to experience a sense of personal agency; as they break from their performance of their stories, they experience a capacity to intervene in their own lives and relationships" (White and Epston, p.16). By externalizing the story, like taking the carburetor out of the car to repair it, we provide the freedom to examine the problem and create new, unique outcomes to their stories, which was previously restricted. This process of "storying" his experiences, the act of adding detail, sensation, emotions to his narratives, offers clues to the meaning he ascribes to his life's pains, hardships and experiences.

Kopp (1995) expands on the narrative therapy approach and advises the therapist next focus on the language and metaphor used by the client. These narrative clues offer a critical connection to the incel's inner worldview. Dr. Corsini summarizes in the forward of Kopp's (1995) text, "the client and therapist, acting like detectives, look for clues to understanding the essence of the mystery by exploring and transforming the client's metaphoric language, hoping to find something that has little significance either to the client or to anyone who does not know the secret of the metaphor, but which, when the secret is revealed, becomes the key that opens the lock of the door that has stood between the person and freedom" (pp. ix-x). It is precisely these breadcrumbs of metaphor and language that offer insight and a framework toward the introduction more optimistic and constructive outcomes

Kopp (1995) offers an example of a patient who describes her husband's poor behavior. She describes a lack of attention, disrespectful communications about when he will be home and when he is away, and a lack of effort looking for employment. She shares, "he barges into the house like a locomotive" (p. xiv). Kopp pounces on this descriptive clue to create a springboard into the client's dissatisfaction with the marriage. He asks her, "If he is a locomotive, what are you?" She clarifies what was being asked and replies with, "a tunnel" (p. xiv). Kopp asks, "What if you could change the image so that it would be better for you, how would you change it?" She thinks a moment and then suddenly exclaims, "I'd be the derailer!" (p. xv). This "self-as-derailer" metaphor becomes a shared construct between the therapist and patient. It offers a focal point for the patient to shift from a passive model (the tunnel) to an active model (the derailer). This provides her ways to visualize new, unique, and optimistic outcomes.

For incels, it is these stories they tell themselves about being a failure, genetically insufficient to find a mate, unable to find personal value and self-esteem and the resulting anger and rage that feed into increasingly negative outcomes. By understanding and engaging in their story, the therapist creates opportunities to bring about lasting change.

Who Are You? [May]

A central theme in Rollo May's (1983) book *The Discovery of Being* is the focus on the immediacy of the moment, the inherent power in the individual's choice, and freedom from the deterministic view of the past experience and the specter of the unconscious influencing the present. To this end, the incel would be encouraged to take responsibility for his thoughts and actions. He should focus on the task of finding his meaning and place in the world rather than feeding his obsession with Chads and Stacy's and buying into an ultimately maladaptive, self-destructive philosophy.

May emphasizes the concept of *Dasein*, a German word meaning "being there," and the importance of the real encounter between client and therapist. This echoes Rogers' focus on genuineness and congruence in the therapeutic contact. May explains the client in terms of *potencia*, or 'being' as a source of potentiality. He writes: "'being' is the potentiality by which the acorn becomes the oak or each of us becomes what he truly is" (p. 97, 1983). May would encourage the therapist to ask an incel patient, "Where are you?" as opposed to "How are you?" This focus on directionality encourages the clinician to be more attuned to the incel's direction and potential rather than being distracted by their symptoms. In a true expression of the existential dilemma, the pain becomes a path to healing. The therapist sees the moon, not the finger pointing to the moon. The therapist sees what the incel can become, not just his current state.

In practical application, May encourages the therapist to focus on the direction, or “becoming,” rather than on the specific symptoms or problems the incel presents. May’s strength lies in presenting a theory that goes beyond the simple techniques, but rather looks instead to the direction or movement of the client/therapist interaction. How do each of us exist as true entities, true Dasein, willing to connect and experience each other’s humanness first, before any solution is introduced? He says it this way, “Knowing another human being, like loving him, involves a kind of union, a dialectical participation with the other. This Binswanger calls the ‘dual mode.’ One must have at least a readiness to love the other person, broadly speaking, if one is to be able to understand him” (May, 1983, p. 93). Here, it is the relationship that is healing, in the same way Rogers writes (1961, 1980), rather than any advice or solutions. May (1983) quotes Fredia Fromm-Reichmann “The patient needs an experience, not an explanation.”

The anxiety experiences by the incel is “the loss in the range of possibility” (May, 1983, p. 45). Incel reform is half-won when “the patient [can] focus on some point in the future when he will be outside his anxiety or depression” (May, 1983, p. 135). The incel’s anxiety can be seen as a manifestation of fear of non-being. As such, treatment focus should move away from mere symptom relief to helping the incel face his fear and place it in the appropriate context. Pathological anxiety can never be explained away, whether by argument, mesmerism or medication. Time and time again, we must nod across from the incel client and say, “You are right. Death is terrifying. There are too many choices. We are out of control.” The healing comes from the acknowledgment of pain, gaining power and comfort over life choices and finding solace in the revelation that we are all in this together.

The therapist missteps by focusing too much on symptom relief, whether it is the redirection of his needs or the supplanting of his desires, and not enough on the true underpinnings, or the purpose behind the symptoms. May (1983) offers this metaphor to explain the dangers of attending too much to the presenting mechanisms than the client’s potential: you are “teaching a farmer irrigation while damming up his streams of water” (p. 164). This kind of direct connection is overly simplistic. It is less than helpful to teach the incel to simply learn to keep his intense beliefs about incel ideas to himself if he wishes to stay enrolled in school or employed in the workplace. The underlying desperation and self-annihilating solutions offered by this failed philosophy remains.

Teaching the Incel to Think Differently [REBT] [Na]

As the relationship is established with the incel through rapport building and developing a relationship based on mutual respect, another approach to change involves assisting the client to learn how to think differently about low self-esteem, rejection from women, a negative self-concept, and actual and perceived unfair experiences. While inspiring hope and caring for the incel provides the energy and direction to bring about therapeutic change, the CBT approach offers the practical tools and techniques required to accomplish change and assist him in altering the way he interprets his interactions. The cognitive behavioral approach to therapy (Ellis, 2007; Glasser, 1975; 2001) rose in popularity as they brought with them an increased attention on empirically validated treatment to help clients think differently about their problems and, subsequently, behave differently and avoid a larger escalation to mission-oriented violence.

Identifying and managing the daily frustrations and slights experiences by the incel requires him to first identify how his body is experiencing biological changes as he becomes increasingly upset and

frustrated. These environmental stimuli are seen as irritations and annoyances, or ‘trigger events’, that elicit a biological reaction. This could be another male having success dating an attractive female, rejection following an attempt to ask out a woman, or bullying and teasing behavior experienced by the incel. As these events occur, his heart rate increases, breathing becomes faster, adrenaline is produced, and there is a diminished capacity for creative and rational thought. Dr. Nay (2004) describes the process which starts with the stomach and GI systems emptying of blood as digestion slows or holds to free up blood for the brain and muscles. This causes shallow breathing, chest heaviness, and feelings of suffocation. Senses may become more sensitive and magnified; movements toward you may seem more threatening. Muscles begin to tighten, particularly around the shoulders, neck, forehead and jaw.

These activating events are described in detail through the therapeutic approach called Rational Emotive Behavioral Therapy. This approach to treatment was developed by Albert Ellis (2007) and is useful to assist clients in identifying irrational thoughts they have in response to these activating events. The REBT approach can be described in terms of A-B-Cs: Activating events, Beliefs about these events, and the Consequences of these beliefs. Assisting the incel to see his irrational and catastrophizing thoughts is the first step to helping him discover alternative ways to process the world around him. This process begins with the incel identifying upsetting events that experiences and labeling these “activating events.”

These activating events happen in a variety of places. They occur through daily hassles which the incel encounters in his environment (daily work stress, chronic teasing from peers, financial worries, self-esteem), life changes (graduation worries, family divorce or conflict, being away from home the first time), environmental stresses (construction noises, delays in getting something he wants, watching others have success dating when he keeps failing, frustration from living in close quarters with other college students), chronic pain (from past surgery, illness, or injury), or acculturation stress (moving from another country or geographic region, living in a religiously different area). For the most part, these events cannot be prevented; they occur throughout our lives. Once the stressful activating events are identified, the therapist can then focus on applying techniques to improve the client’s ability to cope and reduce further escalation. The incel is encouraged to appreciate and accept the continual presence of upsetting experiences; that he has little control of the occurrence of these activating events and his energy would be better focused on finding alternative ways to conceptualize the activating event to increase more positive consequences.

The development of alternative explanations, or the ability to see these activating events from another perspective is a preventative step and a step toward moving away from aggressive and violent behavior. For example, we are less likely to be aggressive toward the driver in a car that cuts us off in traffic if we know the driver is rushing to be by the side of a dying parent in the hospital. The aggressive behavior is dissipated because the aggressor then sees himself acting in the same manner. This leads to the more positive consequence.

Making a Plan [Real]

Glasser (1975; 2001) founded a therapeutic system called Reality Therapy. In this system, he suggests the importance of creating plans with clients that will be achievable. To this end, he argues plans should be focused and short-term. A plan like “Kyle will stop being creepy toward women in the workplace” is too broad and difficult to monitor and put into action. The goal is so big it would be hard for him to

make adjustments to the plan or know if he is moving forward, static, or moving backward. A better plan would address what specific things he should avoid doing or things he should do more of to seem accessible.

The plan would then include practicing these new skills, identifying obstacles that would get in the way of a successful implementation. The plan would explore ways to increase his social skills, establish boundaries, and 'no-go' conversation zones and seek to improve Kyle's empathy and understanding why his current behaviors are off-putting to other office workers. Glasser (1975; 2001) outlines a process of change based on the understanding of and assessing the needs of the incel client. This plan is abbreviated with WDEP. This stands for identifying the Wants and needs, Direction and what they are doing, an Evaluation of their behavior, and Planning and commitment to change. When reviewing plans with the incel, it is suggested the plans be simple, attainable, measurable, immediate, consistent, controlled by the client, committed to by the client, and timely. Plans that are created by a therapist that do not have buy-in from the client or are too complicated or broad to be measured are doomed to failure.

Motivational Interviewing [MI]

Motivational Interviewing, or Motivational Enhancement Therapy (MET) was developed by Miller and Rollnick (1991) and used primarily with mandated alcohol treatment to help people change addictive behavior. Their approach is helpful in working with mandated students in on-going treatment and to help connect with those who are initially unwilling to explore a change in the way they behave. It is a proactive approach to working with those who don't yet see they have a problem, or if they do see they have a problem, aren't yet ready to tackle it or head in a new direction. The heart of Miller and Rollnick's approach centers on five key concepts that can be applied well to working with clients who are mandated to treatment.

The five techniques of Motivational Interviewing are not applied in any particular order, but instead organically as you build alliance with the client.

Expression of Empathy: This involves a conversation with them that attempts to both understand their perspective (empathy) and communicate an understanding of that perspective (expression of empathy). This expression of empathy respects their point of view, freedom of choice, and ability to determine their own self-direction. Suggestions for change are subtle and the ultimate goal is left in the hands of the individual.

Avoiding Argumentation: This is probably the easiest technique to understand, but the most difficult to put into practice. When you argue back with someone, neither of you are listening to the other.

Rolling with Resistance: Avoid meeting resistance to change head-on. Instead, try to engage them in new ways of thinking about the situation, perhaps trying to evoke new solutions to the conflict. Lack of motivation or an unwillingness to change are normal developmental responses, and interventions are designed to avoid being mired down in their lack of developmental growth and personal responsibility to change.

Developing Discrepancy: This is the process by which an individual understands that their current behavior won't help them achieve their desired goals. Explore the consequences of their actions in a

neutral manner, avoiding sarcasm or a condescending tone. They become aware of their choices and start to explore the advantages of choosing a different way to behave.

Supporting Self-Efficacy: This involves helping them understand that change is possible and there is the possibility of a better outcome in the future. This is done by encouraging and nurturing growth, finding opportunities to “catch them doing well” and praising this behavior in the hope of shaping future positive behavior.

How the Incel Will Experience Change [CT]

We all go through the same process of change, whether it be related to losing weight, exercising more, learning how to talk to women more effectively, reducing video game time or quitting smoking. This approach is called Transtheoretical Change Theory and it was developed by Prochaska, Norcross, and DiClemente (1994). Their book, *Changing for Good*, offers an excellent overview of this process. These change concepts are universally helpful when looking to answer the question “Why is it so hard for the incel to just learn how to talk to girls?”

The basics of the approach outline how we move through various stages before achieving lasting change. This process can help the incel client gain a sense of perspective and understanding about why they may be repeating difficult or frustrating behaviors.

Pre-contemplation: At this stage, the incel is unaware he has a problem and hasn’t thought much about change. The therapist’s goal is to help him increase awareness of the need for change. This is done primarily through non-judgmental, non-directive open discussion. The therapist helps the client understand how his behaviors may be impacting his life and others around him. Any advice, from behaving differently in class to joining a club or organization to make new friends will fall on deaf ears since he has no desire to change. In his mind, he doesn’t have a problem. He certainly doesn’t have a behavior that needs to be changed. Until the incel develops a desire to change his behavior to avoid negative consequences, any advice or positive suggestions will be ignored. The therapist needs to engage and explore, helping the incel to come to an understanding that what he is currently doing is causing enough problems in his life and lives of those around him to necessitate a change in his behavior.

Contemplation: This is the most common stage of change for an incel client. He has thought about change and may be getting ready for movement in the near future. He realizes his current behavior is not in his best interest but is not ready to begin a plan to change. He isn’t happy about his current state and wants things to be different but has not yet explored how to do things differently or take action to make change in his life.

In this stage, the therapist continues to motivate their client and encourages him to think in more detail about how his behavior is having a negative impact on his life and the lives of others. They should explore ways he might plan for change and what resources could be helpful in implementing change. The therapist’s role here is to continue to explore and push the client

closer to a plan for action. There should be less focus on the specifics of how this plan would be implemented, but instead a further exploration of why he wants to behave differently.

Preparation for Action: In this stage, the incel is aware of his problem and is ready to actively create goals to address the problem behavior in his life. Plans and goals should be focused, short term, and designed to be updated and altered to ensure his success. Plans should be measurable and easy to monitor to see if he is moving forward, static, or moving backward. The therapist can help him brainstorm and update his plans to ensure a better chance of success.

Action: This stage of change is where the incel puts his plans into action to change behavior. He will attempt to alter his negative behaviors and develop new positive behaviors to replace them. The therapist can support him as he tries to implement action steps and encourage him to keep trying, despite setbacks and the potential failures he may encounter.

Maintenance and Relapse Prevention: Here the goal is to continue successful plans and repeat those action steps that work, while adjusting those aspects of the plan that don't. Change has occurred for incel and there has been a reduction in problem behavior and/or success in achieving his goals. He needs to maintain the successful change and reduce the risk of falling back into bad habits. The therapist helps to bolster his success by identifying and encouraging an awareness of potential obstacles that could lead to relapse.