

---

## A case series of a client-led, non-confrontational, conversational method to address radicalisation

Jessica Ward<sup>a1</sup>, Alicia Brown<sup>b</sup>, Sara Tai<sup>c</sup>, Warren Mansell<sup>d</sup>

<sup>a</sup>Research Assistant, School of Health Sciences, University of Manchester, UK, <sup>b</sup>Regional Manager, Think Pacific, Indonesia, <sup>c</sup>Professor of Clinical Psychology, University of Manchester, UK, <sup>d</sup>Professor of Mental Health, School of Population Health, Curtin University, Perth, Australia

### **Abstract**

This exploratory case series provides foundational knowledge on applying a novel, therapeutic approach – the ‘Method of Levels’ (MOL) – to radical or non-mainstream views. Despite a lack of consensus on deradicalisation approaches in the literature, there is growing agreement and support for the use of empowering dialogue and a non-coercive approach that moves away from confrontational means of dealing with ideologies. In this case series, four people who self-identify as holding radical, or non-mainstream, views, attended a session of MOL and a post-MOL interview. The acceptability of MOL was assessed utilising qualitative and quantitative measures, with findings suggesting that participants found this an acceptable intervention due to the nature of the approach. This case series is an early step in the application of MOL to people with self-identified radical or non-mainstream views.

### **Article History**

Received May 17, 2024

Accepted Oct 20, 2024

Published Dec 27, 2024

**Keywords:** Deradicalisation, Radicalisation, Non-mainstream, Method of Levels

### **Introduction**

The London bombings in 2005 catalysed the mobilisation of ‘deradicalisation’ efforts in the U.K. (O’Toole et al., 2016). Deradicalisation is a concept that has received increased attention within academic enquiry as a method for countering violent extremism (Braddock, 2014). Although there are differing definitions of radicalisation within the literature, it generally refers to a psychological process whereby a person abandons their extremist ideology and are rendered a lower risk for re-engaging (Braddock, 2014). Within the U.K., different schemes have been implemented over the past 19 years, with the U.K. government having attempted to

---

<sup>1</sup> Corresponding Author Contact: Jessica Ward, Email: [jessicaward1006@gmail.com](mailto:jessicaward1006@gmail.com), Jean McFarlane Building, University of Manchester, 176 Oxford Rd, Manchester, M13 9PY

---

identify and intervene with individuals considered to be at risk of radicalisation, and those considered radical extremists (Weeks, 2021; Thornton & Bouhana, 2019).

*Deradicalisation efforts in the U.K. – a brief overview*

To provide a brief history of deradicalisation efforts within the U.K.: a revised version of CONTEST (the U.K.'s overarching counterterrorism strategy), published in 2006, sought to work 'upstream' by aiming to stop people becoming terrorists or supporting terrorism at different points in its trajectory via four pillars: Pursue, Protect, Prepare and Prevent (Macdonald, Whiting & Jarvis, 2024). The Prevent pillar, in particular, was surrounded by controversy, as it sought to dissuade British Muslims from adopting extremist views via a community engagement approach. Critics of this programme were concerned about its racialised agenda (Guest et al, 2020; Saeed and Johnson, 2016; Scott-Baumann, 2017), and the potential for exacerbating an 'other' narrative for Muslim communities (Macdonald, Whiting & Jarvis, 2024; Danvers, 2023). In 2007, Prevent was revised to include safeguarding those at risk of extremism, leading to the emergence of the 'Channel' programme, a multi-agency approach to support 'vulnerable' people identified by front-line workers, such as teachers or medical practitioners, and other members of the public (Macdonald, Whiting & Jarvis, 2024). With the enactment of the Counter-Terrorism and Security Act in 2015, Britain became unique in making such front-line workers in non-judicial sectors (education, health, and social care) legally responsible for counter-radicalisation via the Prevent Duty (Heath-Kelly & Strausz, 2019).

Currently, individuals considered 'at risk' are governed under The Channel Programme (HM Government, 2023), and those already engaged in terrorism-related activity are under the Desistance and Disengagement Programme (DDP) which was added to the work of Prevent by the 2018 CONTEST Strategy (HM Government, 2018). The DDP provides tailored support interventions with the aim of reintegration and rehabilitation, adopting a multi-agency approach. Moreover, a deradicalisation programme called Healthy Identity Intervention supplements the DDP. The most recent iteration of the CONTEST Strategy (2023) articulates three overarching aims of Prevent: (i) tackling the ideological causes of

---

terrorism, (ii) intervening early to support people susceptible to radicalisation, (iii) enabling people who have already engaged in terrorism to disengage and rehabilitate.

Limited data on the current deradicalisation efforts in the U.K. reveal that, although the U.K. government claims success of the programmes, this is based on individuals that willingly receive support, with statistics demonstrating that only a small number (under 10%) of referrals to Channel are provided support, and the DDP program is too new to make concrete evaluations (Heath-Kelly & Strausz, 2019). The importance of scientific evaluation in deradicalisation efforts is noted amongst academics, to properly understand the most suitable target groups, risks, practical difficulties, success expectations and actual effects (Krstic, 2019).

#### *Theoretical landscape of deradicalisation programmes*

Within the academic discourse on terrorism, efforts to explain terrorist attacks were initially limited, even stymied (Macdonald, Whiting & Jarvis, 2024). However, this explanatory void was soon filled by models of radicalisation, and scholarly research has since generated its own large and multidisciplinary body of work (Busher, Malkki & Marsden, 2023). This research has driven significant innovation in the field, leading to the generation of important insights – both empirically and conceptually – into how, why, when, and under what conditions people engage with radical worldviews (see Busher, Malkki & Marsden, (2023) for a comprehensive review of radicalisation research).

The Phoenix Model of Disengagement and Deradicalisation, developed by Silke et al (2021) offers a comprehensive framework, highlighting the multi-dimensional nature of disengagement and deradicalisation processes. The model emphasises the importance of individual-level factors, such as identity transformation and cognitive shifts; social and relational influences, such as peer support and community engagement; and environmental and structural factors, such as economic opportunities and supportive policies and legal frameworks. The strength of this model is that it is derived from a systematic review of the strongest contemporary research in this field; it highlights the important role of psychological support to facilitate identity transformation and catalyse change in disengagement and deradicalisation processes. However, it does highlight that there continues to be a patchwork

---

of evidence into how early interventions measure disengagement or deradicalisation. For example, Muluk, Umam and Milla (2020) reported the impacts of emotional expression training and cognitive flexibility training with 66 terrorist detainees in Indonesia, but the research did not attempt to measure if the detainees were fully disengaged or deradicalised. This suggests that mechanisms of psychological change in this population continues to be less understood, further highlighting the need for empirical evidence.

Despite the advancements encapsulated in the Phoenix Model (Silke et al, 2021), there continues to be the use of confrontational methods within deradicalisation and preventative interventions. For example, Khalil and Zeuthen (2016) note that countering violent extremism (CVE) approaches, whilst widely understood to describe a range of non-coercive and preventive measures, can also include community debates on sensitive topics, media messaging, and interfaith dialogues. Traditionally, approaches to deradicalisation have focused on security measures and ideological confrontation (Morrison et al, 2021), but the limitations of such approaches have been increasingly recognised over the past decade. Braddock (2014) outlined two psychological effects resulting from confrontational communicative practices. Firstly, in line with Psychological Reactance Theory (Brehm, 1966), communication strategies with persuasive intent can cause participants to revolt psychologically against the beliefs and attitudes being promoted. Secondly, that such communicative practices can arouse “discrete emotions” like guilt and anger, potentially leading to negative outcomes, such as anger directed towards programme personnel. This underscores the need for accepting and non-judgemental approaches.

A notable example of such an approach can be seen in the Proactive Integrated Support Model (PRISM) intervention in Australia (Cherney and Belton, 2018). This prison intervention, which stands out for its voluntary and needs-based nature, exemplifies the shift towards more individualised and supportive methods by varying its content on a case-by-case basis, and has been reported to have positive benefits. Some evaluative work on this intervention identified three main benefits reported by 12 prisoners who undertook PRISM: 1) having the opportunity to engage with programme staff in a non-judgemental manner, 2) developing skills to deal with stress and frustration that can result from being incarcerated, and 3) helping prisoners to self-reflect and gain insight into their offending (Cherney and

---

Belton, 2018). While these benefits underscore the effectiveness of individualised and supporting, non-judgemental interventions in a prison setting, they also highlight a broader need for similar approaches targeting individuals at risk of radicalisation prior to engaging in extremist acts. The success of PRISM, therefore, illustrates the potential for supportive and individualised strategies to be more widely adopted, marking a significant departure from traditional confrontational methods.

### **Method of Levels (MOL) intervention**

Given the case described above, a non-confrontational, client-led, therapeutic approach - 'Method of Levels' (MOL) is therefore introduced in this study. MOL is a conversation between a client and a listener in which the client identifies a problem or issue to discuss, and the listener asks questions at appropriate intervals (Carey, 2006). MOL therapy has been well described in a number of treatment manuals (Carey, Mansell and Tai, 2016; Carey, 2006; Mansell, Carey and Tai, 2012). It is a direct application of the principles of perceptual control theory, which states that a dynamic process of "control" is at the core of all living things (Powers, 1973). PCT suggests that people's behaviour is the attempt to maintain wanted perceptions of the self and the world, despite disturbances (Carey and Mullan, 2008). PCT recognises that psychological distress and emotional difficulties arise when people experience a reduced loss of control - a prolonged discrepancy between how they want the world to be and how they perceive it to be (Powers, 2005). It is believed that if awareness is directed and sustained sufficiently at the level above the conflict, effective psychological change (through a process known as reorganisation) can occur (Carey, 2006; Powers et al, 1960) (For more detailed accounts of PCT, see Powers (1973; 1998; 2005)).

MOL is therefore centred around exploring a person's thoughts, feelings, and behaviours in relation to their values and goals through curious questioning and the noticing of background thoughts by the listener (Carey, 2006). By shifting a client's awareness to higher-order goals and values that they hold, it is thought that the individual is then able to scaffold their way to a conclusion, promoting client control necessary for therapeutic change (Carey, Mansell, and Tai, 2015). MOL therapy is a fundamentally simple technique, which

---

focuses on two goals during the therapeutic session 1) help the client focus their awareness on a current thought, and 2) notice and encourage exploration of background thoughts the client is having while in conversation. A number of methods have been described for training and supervision in MOL (see Mansell, Carey & Tai, 2012) including self-evaluation, one-to-one practice, and supervision with MOL practitioners to reflect on the MOL sessions and the adherence to the two goals of MOL.

MOL has potential advantages over existing therapeutic approaches, which we hypothesise would be advantageous within a population of people that self-identify as holding a ‘radical’ or ‘non-mainstream’ view:

- 1) MOL is **non-coercive**, avoiding the use of leading questions and instead remaining open and curious. This is because a potential obstacle in helping people to become more aware of their own values is when a listener attempts to criticise, correct, or challenge what is said (Carey, 2006). As a primary goal of MOL is to maintain the clients’ focus on their current thoughts, MOL therapists maintain an empathic curiosity using short utterances and only the client’s choice of terminology.
- 2) It is **client-led**, starting by asking the client what they would like to talk about, which can be any topic of importance to the client (Tai, 2009). It also aims to give people greater choice and control over the interventions that they receive.
- 3) It is **transdiagnostic**, and therefore applicable to people presenting with multiple problems simultaneously and across different conditions and ideas. The transdiagnostic nature of MOL is also advantageous for being simple and manageable by relatively novice therapists and can be provided as a brief intervention not requiring diagnostic assessment (Bird et al, 2019).

The implication is that the success of MOL as a counter-radicalisation approach would rely on its ability to help a person shift their awareness to higher-order values and goals, to develop new understandings of their conflict. In this sense, it operates on the principle that the individual has the capacity to develop their own understanding of the problem, and MOL supports them to explore this at different levels of thinking.

MOL has been applied as a psychotherapy in a diverse range of settings, such as a brief, low-intensity approach (Bird et al, 2019; Grzegorzolka et al, 2019), in secondary care settings to support people with complex mental health problems, e.g., people experiencing first-episode psychosis (Griffiths et al, 2018) and in an acute mental health setting (Jenkins et al, 2020). Positive patient feedback has also been reported both verbally and through feedback questionnaires, with people finding MOL both acceptable and feasible as a therapeutic method (Tai, 2009; Jenkins et al, 2020).

### Aims

An in-depth pilot study was conducted over 11 months with three participants, to assess whether MOL can be delivered to a client group with self-identified radical, or non-mainstream, beliefs in the same way it has been applied to clients in other therapeutic contexts. Specifically, the researchers aimed to assess:

- 1) The acceptability of MOL sessions by analysis of participants' experiences of MOL and any measurement of therapeutic change in the participant, i.e., a reduction in distress.
- 2) Additional feasibility questions, as indicated by the number of participants that completed the study and the therapists' adherence to MOL.

### Methods

Full ethical approval was granted from the University of Manchester Ethics Committee (Ref: 2018 -3671-5859).

#### *Participants*

Three participants (two males and one female), with a self-identified radical, or non-mainstream, view were recruited to the study. Inclusion criteria were minimum 18 years of

---

age; a current student at the University of Manchester; a good understanding of spoken and written English; and having an issue that they wanted to speak to the researchers about. Exclusion criteria were Psychology students (to control for a potential conflict of interest); if they were under investigation for a safeguarding issue at the University of Manchester or if they were currently receiving treatment or medication for a serious mental health condition, to ensure the MOL did not interfere with treatment outcomes. All participants were recruited via research boards, word of mouth, and targeted advertisements in registered university societies. Potential participants were assessed for eligibility by completing an online screening tool (see supplementary material). All participants were given pseudonyms by the researchers – ‘Michael’ (Participant 1), ‘Antonio’ (Participant 2), and ‘Sofia’ (Participant 3).

#### *Research Design and Procedure*

It was important for the researchers to determine how MOL would be experienced in this context, prior to delivering it as a therapeutic intervention. Initially, the full project was piloted with one person who was already familiar with MOL and agreed to provide in-depth feedback about all aspects of the study (which we deemed a pre-pilot phase). The participant in the pre-pilot phase self-identified as previously holding radical views, and therefore the MOL session was conducted retrospectively. The feedback gained from the pre-pilot was used to strengthen the design of the study, including the materials and the procedure. In analysing the interview transcript from the pre-pilot, emerging codes were found to be consistent with the data from the pilot, and therefore this data is also included in the full, qualitative analysis (additional ethical approval was granted for this inclusion of data; Ref: 2018, 2671,6294).

As part of developing appropriate ethical and governance procedures, both principal researchers met with the Head of Risk and Compliance at the University of Manchester to discuss and seek advice on safeguarding procedures. It was agreed that if any participants disclosed any information, past or present, that revealed any harmful activity to others, researchers would complete a Disclosure of Information form, and this would immediately be passed on to the risk and compliance department and/or the correct authorities. Researchers also underwent risk management training with ST, learning de-escalation techniques and recognising trigger signals. Researchers and supervisors also completed online ‘Prevent’

---

training to gain a better understanding of warning signs that somebody may be vulnerable to radicalisation and the correct procedures to follow.

The use of the word ‘non-mainstream’ was introduced due to ambiguity around the term ‘radical’ in the literature, noting that explanations of the roots of the word ‘radical’ suggest ‘radicalisation’ can be positioned in relation to mainstream thoughts and activities (Schmid, 2013); hence the inclusion of the term ‘non-mainstream’.

The pilot study applied a descriptive case series design, including both quantitative and qualitative data. The case series involved baseline, intervention, and follow-up phases (see Table 1).

Two researchers conducted the full procedure, excluding the MOL sessions, which were delivered by two supervisors on the project (WM and ST) – two practicing Clinical Psychologists well-versed in applying MOL in a range of contexts. Prior to the meeting, participants were provided with a Participant Information Sheet outlining the study and the inclusion and exclusion criteria. A radical beliefs questionnaire was used to screen the participants for eligibility. All participants who were eligible to take part arranged a suitable time to meet for the MOL session. Participants were encouraged to ask the researchers any questions that they had regarding the project, and informed consent was established. Participants completed a demographics questionnaire and the pre-intervention PSYCHLOPS prior to receiving MOL, and an initial debrief sheet following the MOL session. There was a minimum two-week time period between the MOL session and the follow-up interview to allow the participant time to reflect upon their experience. In this meeting (Meeting 2), the participant was provided with a post-radical beliefs’ questionnaire and a post-intervention PSYCHLOPS to complete. The follow-up interview was delivered by one of the researchers and a final debrief sheet was given to participants with a list of referral contacts (Table 1 details the procedural order of research activity). All the meetings took place in a quiet room in one of two buildings on the University of Manchester campus and were audio recorded.

**Table 1.** *Procedural order of the research activity*

Measures and intervention	
Pre-meeting	Participant information sheet and consent form; online Radical Beliefs Questionnaire
Meeting 1	Demographics Questionnaire and PSYCHLOPS pre-intervention
Meeting 1	<b>MOL session</b>
Meeting 1	Debrief Form 1 *minimum two week interval*
Meeting 2	Post-Radical Beliefs Questionnaire
Meeting 2	PSYCHLOPS post-intervention
Meeting 2	<b>Evaluation Interview</b>
Meeting 2	Debrief Form 2

\*MOL = Method of Levels  
\*PSYCHLOPS = psychological outcomes profile measure

*Measures and assessments*

Assessments were conducted at baseline and 2 weeks post-intervention (Table 1).

**Radical beliefs questionnaire (screening instrument)**

The researchers provided the radical beliefs questionnaire to potential participants to establish that they had a self-identified radical, or non-mainstream, view and did not meet the exclusion criteria. The screening tool was developed by the researchers, with subscales adapted from Peters Delusions Inventory (Peters, Joseph and Garety, 1999) (see supplementary material). The radical beliefs questionnaire/screening tool was also completed prior to the first meeting (Table 1) to assess any potential change in the radical view over the duration of the study. The screening tool included:

- Two 5-point Likert scale questions assessing the level of distress and pervasiveness of the participants' self-identified radical view by asking how much distress the view causes in the person's daily functioning, and how often the person thought about this view.

- An assessment of whether the participant discussed their views with others and in what context (i.e., ‘friendly discussions’, ‘online forums’, etc.) to ascertain whether they were willing to communicate with others that do not share the same belief.

**The Psychological Outcomes Profile Measure (PSYCHLOPS) – Ashworth et al (2004)**

This four-item, patient-reported instrument measures sensitive change to therapy (Evans et al, 2010), assessing three domains: problems (“choose an issue that troubles you the most”; “how long ago were you first concerned about this issue?”), function (“choose one thing that is hard to do because of your issue”; “how hard has it been doing this thing over the last week?”), and well-being (“how have you felt in yourself this last week?”). Each item is scored from 0 to 5, where 5 indicates the most psychological difficulty, and scored out of a maximum of 15. The PSYCHLOPS was completed by all participants prior to the MOL intervention (Meeting 1) and prior to the follow-up interview (Meeting 2). No comparisons can be made between participants due to non-normative data, with each score on the PSYCHLOPS measure being unique to the participant.

**The Hill Counsellor Verbal Response Category System (HCVRCS; Hill, 1979)**

This is a qualitative coding scheme consisting of 14 categories of therapist utterances. The categories include: “minimal encourager”, “approval-reassurance”, “information”, “direct guidance”, “closed question”, “open question”, “restatement”, “reflection”, “non-verbal referent”, “interpretation”, “confrontation”, “self-disclosure”, “silence”, and “other”. For a full comprehensive list of the code descriptions, see Hill (1979). The HCVRCS allowed monitoring of therapist adherence to the therapeutic goals of MOL by assessing the types, and frequency, of therapist utterances. Research by Macintyre et al. (in prep) found that MOL therapists use significantly more open questions, closed questions, and utterances that referred to the clients’ non-verbal behaviour, compared to best-practice exemplars of other well-known therapies.

### Process evaluation

A qualitative evaluation explored the participants' acceptability to the intervention through semi-structured interviews developed by the researchers. The first section of the interview included questions related to the study materials (i.e., the advertisement and participant information sheet, and the experience of completing the questionnaires). The second section of the interview included questions exploring the participants' experiences of receiving MOL (*"can you tell me about your experiences of receiving MOL?"*, *"was there anything that would have made MOL more helpful for you?"*, *"please describe the experience of talking to the researcher"*, and *"you mention [problem] in the PSYCHLOPS as something you found difficult to do previously, has this changed in any way since the session of MOL?"*).

### Data Analysis

As this was an acceptability study with additional feasibility questions, no power calculations were carried out for measures of change (Leon et al, 2011). Scores in the radical belief's questionnaire were compared descriptively pre and post intervention. A change score between the pre-MOL PSYCHLOPS and the post-MOL PSYCHLOPS was calculated by subtracting the post-score from the pre-score.

To analyse therapists' adherence to MOL using the HCVRCS, the total number of utterances in each HCVRCS category were calculated per hour of each of the MOL sessions. The total scores were compared to existing data of therapist utterances in six other types of therapy (Macintyre et al, in prep) using z-scores to compare the mean number of utterances in each category, against the other therapies. Specifically, we used the categories of open questions, closed questions, and non-verbal referents as indices of MOL adherence that were shown to be more common in MOL than other therapies (Macintyre et al., in prep.). A Research Assistant, VM, who had received extensive training in MOL therapy, acted as a second rater for all of the transcripts. In the case that there were disagreements in the coding of therapist utterances, one of the study supervisors, WM, was consulted with to resolve any discrepancies. Inter-rater reliability between the two independent raters was calculated for each MOL session using Cohen's Kappa statistic, which indicated a good level of agreement ( $\kappa = .69, p < .001$ ).

Interpretative Phenomenological Analysis (IPA; Smith, 1996) was conducted on the transcribed qualitative interviews by one of the researchers (AB). AB was not delivering MOL therapy in this case series. IPA aims to provide detailed examinations of people's lived experience (Smith and Osborn, 2015), 'giving voice' to the participants to reflect on their concerns (Harper and Thompson, 2012). The analysis involved the researcher familiarising themselves with the transcripts at the individual case level (Larkin et al, 2006) and any preliminary observations were recorded. The researcher then started to code the data into emerging themes using NVivo qualitative analysis software, identifying higher-level, subordinate themes for each participant. The researcher then identified similarities and patterns across the dataset for all participants. To support theme development and limit subjectivity, the researcher had supervisory meetings with a supervisor (WM) to discuss initial observations and emerging codes within the dataset. This supported the development of a final diagram of superordinate and subordinate themes (Figure 1).

#### *Reflexivity statement*

Double hermeneutics were taken into consideration in the analysis (Harper and Thompson, 2012). It is acknowledged that the follow-up interviews were conducted by both researchers, and this may have influenced AB in their interpretation of the data. AB attempted to put aside their own preconceptions through a process of bracketing out. This involved keeping a reflective logbook throughout the data collection and analysis stages to detail their potential biases (as recommended in Smith, 2007).

## Results

#### Recruitment and retention

Eight people made contact regarding the pilot study, and four were excluded for not meeting the eligibility criteria. Of the four participants that were eligible to take part in the pilot study, three participants were retained for the entire study (two males and one female), with the other participant not attending the first meeting. All three participants were given the choice

as to how many MOL sessions they wanted, and all three participants chose to have one session. The qualitative findings also include the pre-pilot participant.

Self-report measures

Radical Beliefs Questionnaire

*Pilot participant [Rob]:*

- **Radical/non-mainstream view:** Rob was a Stalinist Communist.
- **Current problem:** He felt involved in something [weekly meeting with communist group] which involved people whom he believed to be disingenuous. Rob said that he felt trapped, didn't know where to go next, and was questioning his involvement with the people that he was associated with.
- **Radical view & PSYCHLOPS measures:** No information could be reported in observed changes due to Rob completing this in retrospect.

*Participant 1 [Michael]:*

- **Radical/non-mainstream view:** Michael felt that by practising his religion more, he would become disconnected from his current way of living.
- **Current problem:** Perception of a disconnection between his values, beliefs, and behaviour.
- **Questionnaire measures:** The level of distress reported to be caused by the radical view increased for Michael following the MOL intervention, with the pervasiveness of the view staying the same. Michael also indicated that the way that he spoke to others about his radical view remained the same throughout the study – through 'friendly discussion'.

*Participant 2 [Antonio]:*

- **Radical/non-mainstream view:** Antonio held the belief that political correctness in the U.K. was dangerous for society, and that those around him were too afraid to say how they truly felt.
- **Current problem:** Inability to discuss his views with other people.

- **Questionnaire measures:** Distress scores and pervasiveness of view reduced post-MOL intervention for Antonio. He also indicated that, prior to the MOL intervention, he did not discuss the view with others but described speaking about his view in friendly discussion following the session.

*Participant 3 [Sofia]:*

- **Radical/non-mainstream view:** Sofia stated that she believed there should be a limit to the time young children spent playing violent video games. Sofia believed this was the ‘norm’ in British culture, and within her own family who have been raised in Britain.
- **Current problem:** Tensions within the family environment, particularly when voicing her views on violent video games.
- **Questionnaire measures:** Sofia reported a decrease in both the level of distress and pervasiveness of the view post-MOL. Sofia also reported that pre-intervention, she discussed her view with others, but not post-intervention. It was later noted that Sofia believed that this was because she had had no opportunity to do so.

PSYCHLOPS

As indicated in Table 2, the pre and post PSYCHLOPS measure revealed a reduction in how much the participant’s issue had affected them in the past week (‘Problem 1b’) for all participants. There was a reduction in how much the issue had impaired their ability to do something over the past week (‘Functioning’) for both Michael and Sofia, but this remained the same for Antonio. The way the participant had felt in themselves over the past week (‘Wellbeing’) had improved for both Antonio and Sofia but declined for Michael.

**Table 2.** *Change scores on the PSYCHLOPS, pre and post MOL*

PSYCHLOPS measures	Participant 1 [Michael]		Participant 2 [Antonio]		Participant 3 [Sofia]	
	Pre-MOL	Post-MOL	Pre-MOL	Post-MOL	Pre-MOL	Post-MOL
Problem 1b (0 <i>not at all affected</i> – 5 <i>severely affected</i> )	4	3	3	1	4	1
Functioning (0 <i>not at all hard</i> – 5 <i>very hard</i> )	3	2	2	2	3	1
Wellbeing (0 <i>very good</i> – 5 <i>very bad</i> )	3	4	2	1	3	1
Total (0-15)	10	9	7	4	10	3

*Therapist Adherence to MOL - HCVRCS*

Post-hoc analyses of each participant’s MOL session revealed that the number of Closed Questions reached significance in Michael’s ( $z=2.04, p<0.05$ ), Antonio’s ( $z=2.19, p<0.05$ ) and Sofia’s ( $z=2.11, p<0.05$ ) MOL sessions. The number of Open Questions reached significance in Antonio’s MOL session ( $z=1.99, p<0.05$ ), but not in Michael’s ( $z=1.35, p=0.08$ ) or Sofia’s ( $z=1.58, p=0.06$ ), although the number of Open Questions was higher than in other therapies. The number of Nonverbal referents reached significance in Sofia’s session ( $z=1.83, p<0.05$ ), but not in Michael’s ( $z=0.43, p=0.33$ ) or Antonio’s ( $z=1.27, p=0.10$ ). See Table 3 for the number of therapist utterances in each type of therapy.

**Table 3.** *The number of therapist utterances in each type of therapy, coded by HCVRCS categories*

HCVRCS category	Michael	Antonio	Sofia	MOL best practice	CBT	TAP	PCT	EA	REBT	GT
Minimal	8	45	61	38	51	5	5	1	22	20
Encourager										
Approval-reassurance	0	0	0	0	0	22	1	2	0	2
Information	4	1	1	2	11	4	7	4	2	8
Direct Guidance	0	0	0	0	9	14	0	0	24	57
Closed Question	56	94	67	72	7	14	1	10	2	26
Open Question	44	84	52	60	27	23	1	6	6	39
Restatement	17	24	37	26	49	20	12	10	2	14
Reflection	2	7	5	5	9	16	28	4	2	6
Nonverbal	7	14	24	15	2	5	1	1	0	16
Referent										
Interpretation	0	0	0	0	9	14	24	16	30	37
Confrontation	1	6	1	3	7	5	4	0	14	30
Self-Disclosure	0	0	0	0	0	1	8	0	0	2
Silence	0	0	0	0	9	1	3	0	0	4
Other	3	0	5	3	0	0	1	8	4	4

CBT = Cognitive Behavioural Therapy; TAP = Transactional Analysis Psychotherapy; PCT = Person-centred Therapy; EA = Existential Analysis; REBT = Rational Emotion Behavioural Therapy; GT = Gestalt Therapy

The IPA led to four themes, each with two or three subthemes, as shown in Figure 1.

*Process Evaluation – Interpretative Phenomenological Analysis*

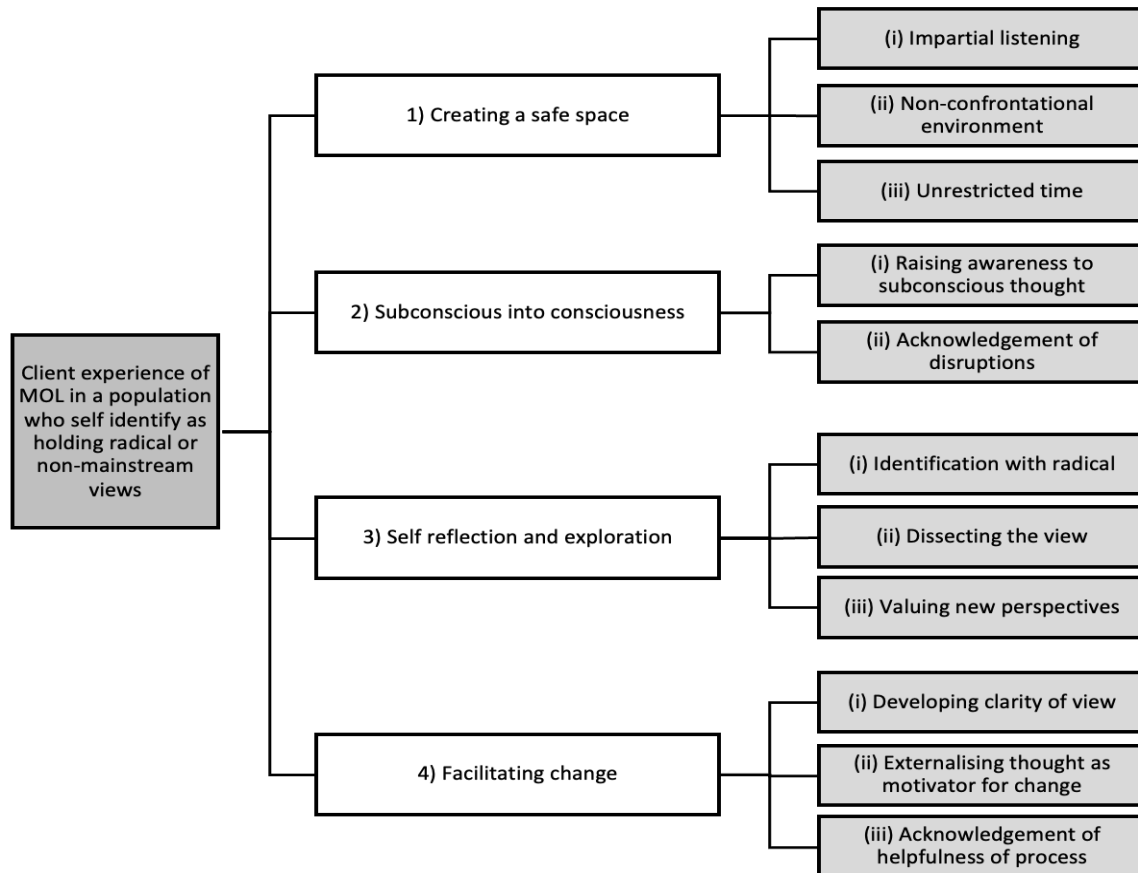


Figure 1. Overview of themes extracted in the analysis.

**Superordinate theme 1: Creating a safe space**

Creating a safe space captured the participants’ experience of the environment in which MOL was facilitated, and the perceived elements of safety within this. These elements enabled the creation of a physical safe space where the participants were able to talk freely to the therapist. This superordinate theme was comprised of three subordinate themes:

(i) Impartial listening

Participants described the role of the therapist as one which is impartial, suggesting a non-discriminatory, neutral stance. With Antonio implying the benefits of the therapist as one of guidance alone:

*I think they are of someone impartial...that was just there to try and guide you, but it's not going to do anything else, just there to guide you... (Antonio /210-211)*

Michael acknowledged the therapist's potent listening skills, from which the therapist was showing their commitment to understanding the opinion of the participant:

*...and obviously this is like, it's like hardcore listening, you're just listening, you're not commenting at all... (Michael /111-112)*

For Michael, this appeared to contradict his limited expectations of traditional clinical psychological interventions, where he suggests feedback and unsound advice is of the norm:

*From my knowledge of clinical psychology, I think like I think there is a lot of erm... advice that's given to people that may... may not be right advice (...) I think that this approach erm... completely putting that out of the window because all you're doing is listening... (Michael/101-109)*

For Rob, he described his extreme gratitude to discuss his “politically charged” views with an impartial listener. He spoke of how the therapist did not attempt to alter his opinion, nor transfer their own views onto him:

*Erm it was... it was...nice to be able to talk... to someone about something so politically charged... without the other person sticking their big fucking ore in you know about their political views... (Rob/164-165)*

(ii) Non-confrontational environment

Participants' motivations for joining the study highlighted a desire to discuss a problematic issue in an environment avoiding potential confrontation with associates. Rob spoke of the “attractiveness” of the study as the opportunity to speak with an individual whom he was not associated with:

*My motivation for coming would be... what was attractive about it was I'm going through some shit with the people I'm involved with at the moment and I need to talk to somebody about it... (Rob/68-70)*

Sofia described the importance of the environment, and implied a preference of her perception of the MOL setting to that of traditional therapy:

*Yeah I tried this study because I have this issue [...] I may have wanted to talk to somebody about it but I may not have necessarily entered therapy for it... (Sofia /55-58)*

Antonio alluded to an intense fear of the perception his views may hold within his social groups, suggesting this anxiety as a precipitating factor in his participation:

*In a way to be afraid of what they [friends and family] are going to think [...] well just that it was you could talk about... that talking could help or something... (Antonio /33-42)*

Rob spoke of the importance of being able to discuss his views in a neutral environment, “without the other person sticking their big fucking ore in” (Rob /164-165). However, paradoxically, Rob also discussed the potential barrier of the perceived association of the view and mental health, and implied the participant may feel accused of this inferred link:

*... the only thing I wonder is if people would...more...because it's a therapy it's a psychological study... whether people would worry if they were being accused of erm... there would be a conflation between my views and a mental illness... or mental health issues... (Rob /63-65)*

(iii) Unrestricted time

Participants spoke of the understanding of “*unlimited time*” (Michael /12) within the MOL session, allowing for valuable time for the participant to explore their own views. Rob used the analogy of digging down to his exploration of thought, within this period of unrestricted time:

*...oh yeah plenty of time for me to ramble on... which is good...I think it helps you dig down into your own thoughts... without being interrupted too much... (Rob /215-216)*

There was an important acknowledgement of the therapists’ enthusiasm to help, both in their contribution of time and their openness to this process:

*He was completely happy to... take as much time as it needed... (Michael /131-132)*

Antonio spoke of this unrestricted time as helpful, yet exhausting due to his overthinking of his own through processes:

*I think we went for the whole hour... so by the end of that hour... it was quite exhausting [...] but I think it really helped in a way... (Antonio /107-112)*

Some participants expressed awareness of unlimited time and their desire to continue talking, but individual constraints had stopped them doing so:

*Yeah well I mean there was plenty of time [...] but generally speaking you know... we could have probably kept going you know (Sofia /139-142)*

Michael spoke of how this unrestricted time allowed for him to not only discuss his view, but additional information, which he was originally unaware of:

*I talked about all the things I wanted to talk about and then possibly a few more things as well that I didn't think about before... (Michael /140-141)*

### **Superordinate theme 2: Subconscious into consciousness**

This theme documents the participants' experience of ways in which their subconscious thoughts were accessed within the MOL session, and how these processes were facilitated and guided by the therapist. This comprised of two subordinate themes:

(i) Raising awareness to subconscious thought

Participants described the therapists' role in facilitating awareness of deeper levels of thought:

*...they never really comment on what you're saying, they just sort of bring out your thoughts... (Michael /81-82)*

*... it helped me go deeper into what I was thinking... (Antonio /204-205)*

Sofia spoke of this awareness of the depth of her thought as a process of "branching out", using imagery to imply one main thought as a tree trunk, splitting into several branches of sub-thoughts:

*... and you know you're also kind of branching out I guess...but you're somehow always going a level deeper... (Sofia /129-130)*

Sofia suggested this cognitive process made her aware of subconscious thoughts, and indicated the sheer quantity of these thoughts:

*I felt like there was a lot there... much more than I thought there was... (Sofia 112-113)*

Michael spoke of how the MOL process enabled him to discuss thoughts which he previously found difficult to verbalise. He also implied that he was made aware of thoughts that he had not thought about before:

*I probably talked about things that I've not previously... certainly not verbalised and possibly not thought about in my head either... (Michael /142/143)*

This ongoing process of verbalising thought was described by Sofia as increasing her consciousness, and she spoke of how this made sense to her in the naming of MOL:

*...much more conscious from talking about it... and it was almost like... [laughter]... I mean it was really... it's like... so... and that's why I think the name probably makes sense... how I think about it now... the method of levels... like you start here and you do kind of go down down down down... (Sofia /122-125)*

(ii) Acknowledgement of disruptions

Participants were aware of the therapist observing their body language, with Sofia acknowledging this. She also identified the therapists' acknowledgement of her facial expressions as a helpful process in allowing her to reflect upon the purpose of this:

*I think he really watched my facial expressions and my gestures [...] but you know it just kind of made me step back and reflect on why I may have smiled or you know found it funny or whatever... (Sofia /148-151)*

Antonio also identified this acknowledgement as an unexpected, but helpful process of raising awareness to his conscious and subconscious thoughts:

*And... sometimes I would have like weird expressions or just laugh to myself... and she would ask why... and that took me by surprise because I never bothered about...*

*why... why am I doing this. So it made me be more conscious about my thoughts and my inner thoughts... (Antonio /196-199)*

### **Superordinate theme 3: Self-reflection and exploration**

This theme identifies the participants' experience of the facilitation of an environment where they were able to reflect on and explore their own thought processes and challenging thoughts. This includes three subordinate themes:

(i) Identification with radical

It emerged that participants identified in different ways with the term radical, and this may have influenced their reasons for participation in the study. Sofia identified with 'radical' due to the belief that her husband holds about her views, and made a direct comparison between radical and not "fitting in":

*... and so I kind of feel... feel like he [her husband] basically feels that some of the views I hold are quite radical... and don't fit in...you know... I feel like I don't fit in... so you know radical... because I just read it and thought hmmm I wonder if I fall into this... (Sofia /11-22)*

Rob expressed a high level of self-awareness in his understanding that his beliefs should be considered radical, and also made an implied link between radical and extreme:

*...do you have any views that may be considered radical or non-mainstream... I'm well aware that to be a right-wing communist is a bit of an extreme... I am self-aware in that perspective... (Rob /16-18)*

He also discussed the positive implications of the term "radical", in that many people would wish to associate themselves with:

*...and things like radical... I think it's a good choice of word really because people would actually like to think of themselves as a radical...so it's got positive connotations as well in that sense I guess... (Rob /32-34).*

Michael verbalised a lack of identification with the term 'radical'. He held a negative association with the term, but acknowledgement of the overlapping definition it holds with non-mainstream, and his association with this:

*I wouldn't define myself as somebody with radical views just bec...as I say it's got quite a negative connotation [...] because if you take radical as meaning non-mainstream then I feel like, probably everyone has some views that differs from the majority of people in society... (Michael /45-50)*

This negative association with radical, for Michael, appears to be influenced by the media portrayal; and, as implied by other participants, an inferred link between "radical" and "extreme":

*When you're talking about views...I don't know whether it's just me or maybe it's the way it's presented in the media like some people are presented as having extreme or radical views...even when they've not... (Michael /54-56)*

Sofia suggested the extreme intensity of her feelings of not belonging within her society, as the premise of her radical view:

*I think the radical made sense for me because in combination...yeah in combination...because I think because of the intensity of the feeling of not fitting in...it almost becomes radical you know... (Sofia /35-38)*

A feeling in which she used the metaphor of being somebody who is “*just is like a square trying to fit into a hole*” (Sofia/ 20-22), indicated a level of ostracization from the society that she lives in.

(ii) Dissecting the view

Participants spoke of how they were able to explore their thoughts within the environment of the MOL session:

*I think it helps you dig down into your own thoughts... (Rob/215-216)*

Sofia spoke of dissecting the issue, suggesting a scientific examination and detailed analysis of her thought process:

*I think it was helpful...yeah it was helpful because you know it seemed really like...it almost dissected the issue... (Sofia/109-110)*

In this process of examination, it emerged that Michael considered the rationality of his various thought processes, and was able to identify their development:

*Erm and think about your own, it makes you consider your own thought processes and whether they're rational, and what they're based on. Erm... which I think is important... (Michael/93-95)*

Sofia acknowledged the dissection of “layers” and her heightening awareness of the apparent thought interconnections resulting from this process; so much so that she identified all aspects of her life was in some way connected to this issue:

*I mean I found that it was funny that I started out with this issue and it felt like you know there was so many layers and so many connections...until it felt that basically*

*everything in my life was sort of attached to this issue...you know so yeah I felt like there was a lot there...much more than I thought there was... (Sofia/110-113)*

(iii) Valuing new perspectives

It emerged that participants developed a value of new perspectives of self-thought. Michael spoke of the MOL session taking him on a journey, in that he went in directions previously not explored:

*I think it did take me to other places and down other paths I wouldn't have originally gone down... (Michael/90-91)*

It emerged that Antonio was able to reflect, by the development of a more significant scope on the problem, and what it may have been that he was struggling with:

*...in organising my ideas and...in general it gave me better scope on what I was struggling with... (Antonio/129-130)*

**Superordinate theme 4: Facilitating change**

Facilitating change captures the participants' experience of the ways in which individuals developed a greater self-awareness, enabling acknowledgment of potential areas where change could be helpful, in assisting them to achieve their goals. This superordinate theme comprised of three subordinate themes:

(i) Developing clarity of view

Michael acknowledged how having the space to talk about a topic of importance allowed for clarification of this view:

*...talking about something as I mentioned before does help make it clear in your head... (Michael/164-165)*

Antonio discussed this as a process of facilitating self-introspection:

*...but I think it's more about you, and realising what is in your mind... (Antonio/148-149)*

The clarity of view gained in the process of MOL was attributed, by Michael, to discussing things of importance in his life:

*I don't know how exactly it works but I think talking about things does have...erm...positive effects on your overall like clarity of view... (Michael/84-86)*

Rob attributed this more specifically to the specific MOL process, and the therapists role in facilitating systematic analysis of thought:

*...yeah...yeah these... the discussion the way they...it's sort of just throwing your own thoughts out there for you to analyse as you're hearing them come out...if I'd have just sat down and talked to somebody they'd be all over the fucking place... (Rob/170-172)*

Sofia spoke of how she had developed a greater understanding and clarity of view be reorganisation of her thoughts. This process resulting in a clearing of the “*blurry mess*” which she believed her thoughts previously were:

*...so it makes it more...you get a slightly deeper understanding but also you know...but maybe a bit more organised...not that organised because just one time you know...but yeah definitely it's not this blurry mess... (Sofia/189-191)*

(ii) Externalising thought as motivator for change

Antonio spoke of his surprise as to how the process of externalising thought had been helpful to him:

---

*I was just surprised about speaking your mind out loud...in some way it helps, I don't know how...but it helps... (Antonio/ 258-259)*

The process of analysing thoughts as they are verbalised, was implied to be a constructive process by Rob. He spoke of “*throwing thoughts out there*” suggesting this process of externalisation as a facilitator to change:

*...yeah these...the discussion the way they...it's sort of just throwing your own thoughts out there for you to analyse as you're hearing them come out... (Rob/170-171)*

Sofia acknowledges how the structure of the MOL process enabled her to identify and externalise her problem:

*...but you know talking about it in this organised way kind of...you know made me identify it as a thing...you know as a thing that is happening in my life... (Sofia/181-182)*

This process of externalising thought to another individual was identified by Michael to cause vulnerability which, for him, would be a motivator for behaviour change:

*...but actually to admit that verbally to someone else and it... it sort of makes you feel a bit vulnerable and a bit...rubbish about it and think actually I do need to change the way I behave sometimes... (Michael/180-182)*

Antonio identified specific ways in which the MOL process has in fact facilitated change in his approach to the topic with his social circle:

*...and it has taught me to be more open about those topics and just you know...speak with friends about it... (Antonio/248-249)*

---

He attributed this to his deeper understanding and awareness of what exactly concerns him regarding his view:

*Err in the way that I know... what...bothers me about those topics and views from other persons [...] but now I'm actually aware of why it bothers me... (Antonio, 249-244)*

(iii) Acknowledgement of helpfulness of process

Sofia highlighted the helpfulness she found in the MOL process:

*I think it was helpful...yeah it was helpful... (Sofia/109)*

Rob attributed this helpfulness to the disclosure of information to the therapist, implying that sharing his concerns was beneficial:

*...and for me to just sort of...get stuff off my chest... (Rob/166)*

He expressed the significance of this process of disclosure as a physical relief to himself:

*...but to just sit down with someone and just...and...and let it all out it helps...there's a physical relief there... (Rob/174-175)*

Michael suggests the benefit of applying the intense active listening involved in MOL directly to other methods in psychology:

*...it's like hardcore listening, you're just listening, you're not commenting at all but I think this method could be important to have implications for further methods in psychology because I think a lot more listening could go on... (Michael/111-114)*

It emerged that the thought exploration evident during the MOL process also facilitated change following the session:

*...I actually thought about it a lot afterwards as well... (Michael/95-96)*

This was also apparent with Antonio, who spoke of how following the MOL process, he found it easier to talk about his view:

*...yeah it's changed now it's a little bit more easier to talk about those things...*  
(Antonio/231)

## Discussion

This study aimed to establish the acceptability, with additional feasibility questions, of Method of Levels (MOL) therapy for people with self-identified radical, or non-mainstream views. In this pilot study, MOL held promise as a therapeutic tool for people who self-identify as holding radical or non-mainstream views and have an issue they wanted to speak about.

Researchers were able to recruit the desired number of people for the pilot study (n=3), with other, in-depth case series recruiting similar numbers of participants (Spencer et al. 2023; Manasse et al. 2021; Anvari et al. 2023; Thorarinsdottir et al. 2022). The current study aimed to offer participants choice over how many sessions of MOL they wanted, as well as topics discussed. This is in line with MOL's governing principles of offering control to the person, to increase wellbeing (Carey and Mullan, 2008). All three participants' chose to have only one session of MOL. Previous studies found that people tend to book between 1 and 10 sessions (Griffiths et al. 2019). It is possible that the participants were influenced by the knowledge that they were participating in a master's project, rather than seeking professional help as a motive for taking part. Moreover, each participant spoke of the unrestricted timeframe of the session as being something that they favoured and found helpful.

### *Measures and assessments*

The radical view questionnaire administered at baseline, and after the MOL session in the study allowed participants to successfully articulate their view prior to the MOL session. The questionnaire elicited views that were quite varied, encompassing larger topical issues such as religion, politics, and cultural conflicts. This can be considered advantageous within the scope of this pilot study as it achieves the goal of capturing major variations in an under-researched population (Palinkas et al, 2015).

Due to the researchers developing their own scale that has not been tested or evaluated within the recommended theoretical and methodological rigour (Morgado et al. 2017), the results from the self-report measures can only be used to provide preliminary comparisons between the levels of distress and pervasiveness before and after MOL in a population that self-identify as holding a radical or non-mainstream belief. Advantageously, the researchers assessed the validity of the scale via a cognitive interview during the pre-pilot phase of the study. This allowed the researchers to ensure the respondents would understand and interpret the questions in the same manner as the researchers, and also that they could formulate an appropriate response. Moreover, the scale included questions adapted from Peter's Delusion Inventory, which is a well-validated and reliable instrument (Peters et al. 1999). Peter's Delusion Inventory is also an outcome measure consistent with the aims of MOL which is to reduce underlying psychological distress, rather than symptoms of a specific disorder (Griffiths et al, 2018). As there seems to be no outcome measure assessing a radical belief in the literature, the scale used in this pilot study can provide a foundation for a more advanced scale that assessed whether the belief that the person holds is persistent and pervasive in all contexts and settings of that person's life.

Consideration of the PSYCHLOPS measure of sensitive change before and after the MOL session revealed that all three participants experienced a reduction in how much their issue had affected them in the week prior to completing the measure. The level of functioning improved for Michael and Sofia but remained the same for Antonio. The levels of wellbeing improved for Antonio and Sofia but declined for Michael. Total change scores reduced for all three participants, indicating that the PSYCHLOPS acted as a sensitive measure of change following the MOL sessions. However, it should be acknowledged that due to the size of the

---

sample, quantitative scores are descriptive only and are not sufficiently powered to detect a difference (Nayak, 2010). Therefore, differences in distress or wellbeing scores during the two-week window before and after MOL can be attributed to various factors. In future research, incorporating more detailed self-report measures on the reasons behind changes in distress or wellbeing would help to more accurately distinguish the direct effects of the study from other unrelated influences not controlled for.

### *MOL sessions*

Analysis of the MOL sessions found that the therapists remained non-coercive and adhered to the therapeutic goals of MOL by using more ‘Open and Closed Questions’ than other types of therapies, when averaged across the sessions. This is in line with recent research by Macintyre et al (in prep). The number of ‘Nonverbal Referents’ was larger than other types of therapy, but this did not reach significance. A possible reason for this is that the researchers utilised the participants’ first MOL sessions and, as participants were unaware of the style of questioning used in MOL prior to the study, it is likely that the MOL therapists purposely avoiding picking up on too many disruptions in an attempt to build more of a rapport with the participants and allowing subtle adjustments to keep the conversation client-led (Mansell et al. 2012). In further support of this, it was noticed by the researcher that at the start of the sessions, participants were not always able to articulate a disruption when it appeared to occur and instead lost their train of thought when the therapist referred to the client’s nonverbal behaviour, but this improved as the session progressed. This is unlike Macintyre et al (in prep)’s study, in which the researchers utilised an MOL best practice video with a client who was already familiar with the style of questioning in MOL.

In terms of the qualitative interview regarding acceptability and the experience of MOL, it appeared that the participants were accepting of MOL as a method of talking about a problem in their life. Through the participants’ recognition of the therapist as non-discriminatory and impartial, and therefore ‘creating a safe space, a therapeutic alliance may have been formed, which is a significant predictor of outcome in psychotherapy (Krupnick et al, 2006). Some participants also reported participating in the study due to a desire to speak about their view within a non-confrontational environment, which may not have been

---

achieved elsewhere within social groups. This supports critique of the Prevent strategy, in the suggestion for alternative spaces where students are able to discuss controversial topics (Dudenhoefer, 2018). The theme of ‘subconscious into consciousness’ was both consistent with the aim of asking about disruptions in MOL, and with related approaches in effective psychotherapies, such as the process of focusing on the unclear felt sense in experiential therapies (Gendlin, 1998).

*“Self-reflection and exploration”*

Participants spoke of their experiences dissecting their view, inferring an almost scientific and detailed investigation. Within this process of self-introspection and evaluation, participants were able to consider the basis of their thought processes and explore how their thoughts were interconnected to several aspects and goals in their lives. Introspection has long been argued to be important for psychotherapy, with findings suggesting this as a potentially important mechanism for a range of psychological interventions (Nyklicek et al, 2020). Also, within the literature, core self-evaluations have been found to have predictive power over a range of psychological and behavioural outcomes, including emotional distress (Cross et al, 2023); anger rumination and forgiveness (Chatzimike and Collard, 2022); and also job outcomes (Judge et al, 2004).

*“Facilitating change”*

The participants were able to make sense of their experiences, regarding social, cultural, and/or political factors, alongside individual grievances which may have contributed to their problem. This supports historical claims that radicalisation must be understood within the social context of its occurrence (Cardarelli and Hicks, 1993). The process of externalising thought through disclosure to another person emerged as a motivator for change, resulting in reflection on previous and current behaviour. Some participants also acknowledged how the process had enabled them to overcome the barrier of speaking with friends and family about difficult topics, highlighting the potential benefits of MOL in supporting interpersonal relationships, discussed in the literature by McLelland and Mansell (2019). All participants acknowledged the helpfulness of the process, with some identifying this as a physical relief,

---

and others in the facilitation of behaviour change following the MOL session. This is in line with findings by Kidd et al (2023) who compared different psychotherapeutic approaches in a population of transgender and non-binary people and found support for self-reflection and, in particular, externalising thought processes which allowed a deeper understanding of drinking behaviours, and subsequent facilitation of more intentional behaviours, such as not drinking or drinking less.

### *Other considerations*

As this is an under-researched area, the findings are promising that firstly, it is possible to recruit participants that self-identify as holding a radical view to talk to a researcher as part of a research study, and secondly, that MOL could be effective in reducing psychological distress in this population.

The three participants that took part in the study attended both the MOL session and the follow-up interview and completed all outcome measures, highlighting the feasibility of the study. The three participants were also diverse in their demographic information and their differing radical views, potentially increasing the representativeness of the limited sample size.

The researchers decided to avoid including the specific domains we were considering in the advertisement wording (i.e., spiritual, political, social, ideological), to better understand how the participants understood their view without forcing their hand. The researchers also used the word ‘intervention’ when referring to MOL, rather than ‘therapy’, to further promote client control and minimise the risk of perceived power differentials (Zur, 2009). Minimising perceived power differentials is an important consideration for future research evaluating MOL in community settings, with the aim to train community leaders and members to deliver the intervention.

Several limitations of this pilot study should be considered. The sample size of the study was similar to other case series (Spencer et al, 2023; Manasse et al. 2021; Anvari et al. 2023; Thorarinsdottir et al. 2022) and was consistent with the aims of the study which was to provide preliminary findings of acceptability in this population, rather than statistical

---

inference, but the sample size does limit generalizability. A logical next stage for this research would be a feasibility trial with a larger sample, considering recruitment and retention.

Despite thorough feedback from conferences/experts in the field of radicalisation, the three participants in the study commented that although they were aware that their views differed from the mainstream, they were unsure as to whether their views fell into the remit of what constituted as ‘radical’. Schmid (2013) notes the ambivalence of the concept ‘radical’, exploring the change in its definition over the 19<sup>th</sup> and 20<sup>th</sup> century and its relativity. Moreover, as there is no current scale measuring the extent to which a belief can be considered ‘radical’, this is something that poses a challenge for future research in this area. Based on this, it would seem that the use of the word ‘non-mainstream’ was advantageous in our recruitment process.

An exclusion criterion applied in the study was for participants to not be receiving treatment for a mental health problem, to prevent the study from any therapeutic intervention. However, it should be noted that a radical or non-mainstream view, cannot be viewed without consideration of mental health problems, which can compound or elevate the pervasiveness of the view (Gill et al. 2021). As such, the acceptability of MOL for people receiving treatment for mental health problems, with a self-identified radical or mainstream view, is not known.

The qualitative data in the study included reflections on the acceptability of MOL and its specific therapeutic style and principles. However, it can be argued that the emergent themes also refer to broader and common aspects of other therapeutic interventions, such as creating a safe space, and self-reflection and exploration. It may therefore be argued that the benefits and acceptability experienced by the participants reflect common aspects of therapy. However, it should be noted that the researchers also analysed the therapist’s adherence to MOL and provided a breakdown of the technical aspects of MOL in comparison to other well-known therapies, which adds weight to the specific benefits of MOL, as seen in the literature (Jenkins et al., 2020; Griffiths et al., 2019; Churchman et al., 2019).

## Conclusions

This case series is an early step in determining the acceptability, with additional feasibility questions, of MOL for people that self-identify as holding a radical or non-mainstream view. Overall, the results indicate that MOL is an acceptable therapy for this population group due to being non-coercive and empowering. Limitations of the sample size and timeframe of the study indicate the need for further research to establish statistical inference of a reduction of distress within this population group, and for more information around the number of MOL sessions chosen by the participants when there are no time constraints, noting that there are no a priori assumptions as to how many sessions this should be. The application of MOL to people with self-identified radical or non-mainstream views outside of a university population should also be considered to establish the acceptability of MOL in different contexts, exploring radical views.

## Acknowledgements

The authors want to give thanks to Prof. Mark Dechesne, Leiden University, and Prof. Hilary Pilkington, the University of Manchester, for lending their expertise and ongoing support to this research.

## References

- Anvari, M. S., Kleinman, M. B., Dean, D., Rose, A. L., Bradley, V. D., Hines, A. C., ... & Magidson, J. F. (2023). A pilot study of training peer recovery specialists in behavioral activation in the United States: Preliminary outcomes and predictors of competence. *International Journal of Environmental Research and Public Health*, 20(5), 3902.
- Ashworth, M., Shepherd, M., Christey, J., Matthews, V., Wright, K., Parmentier, H., ... & Godfrey, E. (2004). A client-generated psychometric instrument: The development of 'PSYCHLOPS'. *Counselling and Psychotherapy Research*, 4(2), 27-31.
- Bird, T., Wild, A., & Mansell, W. (2019). Method of Levels: Findings of a pilot randomised controlled trial in primary care.
- Bird, T., Tai, S., & Hamilton, A. (2020). Method of Levels: findings of a pilot randomised controlled trial in primary care. [online] DOI: 10.13140/RG.2.2.27827.66080.
- Braddock, K. (2014). The Talking Cure?: Communication and psychological impact in prison de-radicalisation programmes. In *Prisons, terrorism and extremism* (pp. 60-74). Routledge.
- Brehm, J. W. (1966). A theory of psychological reactance.
- Busher, J., Malkki, L., & Marsden, S. (Eds.). (2023). *The Routledge Handbook on Radicalisation and Countering Radicalisation*. Taylor & Francis.
- Cardarelli, A. P., & Hicks, S. C. (1993). Radicalism in law and criminology: A retrospective view of critical legal studies and radical criminology. *J. Crim. L. & Criminology*, 84, 502.
- Carey, T. A. (2006). *The method of levels: How to do psychotherapy without getting in the way*. Living Control Systems Publ.
- Carey, T. A., & Mullan, R. J. (2008). Evaluating the method of levels. *Counselling Psychology Quarterly*, 21(3), 247-256.
- Carey, T. A., Mansell, W., & Tai, S. (2015). *Principles-based counselling and psychotherapy: A Method of Levels approach*. Routledge.
- Chatzimike-Levidi, M. D., & Collard, J. J. (2023). An integrated model of aggression: links between core self-evaluations, anger rumination and forgiveness. *Current Psychology*, 42(34), 30235-30249.
-

- Cherney, A., & Belton, E. (2018). An Evaluation of the Proactive Integrated Support Model (PRISM).
- Churchman, A., Mansell, W., & Tai, S. (2019). A school-based feasibility study of method of levels: a novel form of client-led counselling. *Pastoral Care in Education, 37*(4), 331-346.
- Cross, B. J., Collard, J. J., & Levidi, M. D. C. (2023). Core self-evaluation, rumination and forgiveness as an influence on emotional distress. *Current Psychology, 42*(3), 2087-2099.
- Danvers, E. (2023). Prevent/Ing critical thinking? The pedagogical impacts of Prevent in UK higher education. *Teaching in Higher Education, 28*(6), 1264-1279.
- Dudenhoefer, A. (2018). Resisting radicalisation: A critical analysis of the UK Prevent duty. *Journal for Deradicalization, 14*(1), 154-191.
- Evans, C., Ashworth, M., & Peters, M. (2010). Are problems prevalent and stable in non-clinical populations? Problems and test-retest stability of a patient-generated measure, PSYCHLOPS (Psychological Outcome Profiles), in a non-clinical student sample. *British Journal of Guidance & Counselling, 38*(4), 431-439.
- Gendlin, E.T. (1998). *Focusing-oriented psychotherapy: A manual of the experiential method*. Guilford Press.
- Gill, P., Clemmow, C., Hetzel, F., Rottweiler, B., Salman, N., Van Der Vegt, I., ... & Corner, E. (2021). Systematic review of mental health problems and violent extremism. *The Journal of Forensic Psychiatry & Psychology, 32*(1), 51-78.
- Griffiths, R., Mansell, W., Carey, T. A., Edge, D., Emsley, R., & Tai, S. J. (2018). Method of levels therapy for first-episode psychosis: rationale, design and baseline data for the feasibility randomised controlled Next Level study. *BJPsych Open, 4*(5), 339-345.
- Griffiths, R., Mansell, W., Edge, D., Carey, T. A., Peel, H., & J. Tai, S. (2019). 'It was me answering my own questions': Experiences of method of levels therapy amongst people with first-episode psychosis. *International Journal of Mental Health Nursing, 28*(3), 721-734.
- Grzegorzolka, J., & Mansell, W. (2019). A test of the feasibility of a visualization method to show the depth and duration of awareness during Method of Levels therapy. *the Cognitive Behaviour Therapist, 12*, e34.
- Guest, M., Scott-Baumann, A., Cheruvallil-Contractor, S., Naguib, S., Phoenix, A., Lee, Y., & Al Baghal, T. (2020). Islam and Muslims on UK University Campuses: perceptions and challenges.
-

- Hardy, K. (2019). Countering right-wing extremism: Lessons from Germany and Norway. *Journal of policing, intelligence and counter terrorism*, 14(3), 262-279.
- Harper, D., & Thompson, A. R. (Eds.). (2011). *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. John Wiley & Sons.
- Heath-Kelly, C., & Strausz, E. (2019). The banality of counterterrorism “after, after 9/11”? Perspectives on the Prevent duty from the UK health care sector. *Critical Studies on Terrorism*, 12(1), 89-109.
- Hill, C. E., Thames, T. B., & Rardin, D. R. (1979). Comparison of Rogers, Perls, and Ellis on the Hill Counselor Verbal Response Category System. *Journal of Counseling Psychology*, 26(3), 198.
- HM Government. (2018). *CONTEST: The United Kingdom’s Strategy for Countering Terrorism*. London: Her Majesty’s Stationary Office (Cm 9608).
- HM Government. (2023). *Counter-terrorism strategy (CONTEST) 2023*. Gov UK. <https://www.gov.uk/government/publications/counter-terrorism-strategy-contest-2023>
- Jenkins, H., Reid, J., Williams, C., Tai, S., & Huddy, V. (2020). Feasibility and patient experiences of method of levels therapy in an acute mental health inpatient setting. *Issues in Mental Health Nursing*, 41(6), 506-514.
- Judge, T. A., Van Vianen, A. E., & De Pater, I. E. (2004). Emotional stability, core self-evaluations, and job outcomes: A review of the evidence and an agenda for future research. *Human performance*, 17(3), 325-346.
- Khalil, J., & Zeuthen, M. (2016). Countering violent extremism and risk reduction: A guide to programme design and evaluation.
- Kidd, J. D., Kaczmarkiewicz, R., Kreski, N. T., Jackman, K., George, M., Hughes, T. L., & Bockting, W. O. (2023). A qualitative study of alcohol use disorder psychotherapies for transgender and nonbinary individuals: Opportunities for cultural adaptation. *Drug and Alcohol Dependence*, 248, 109913.
- Krstic, M. (2019). *Understanding Deradicalization: Methods, Tools and Programs for Countering Violent Extremism*.
- Krupnick, J. L., Sotsky, S. M., Elkin, I., Simmens, S., Moyer, J., Watkins, J., & Pilkonis, P. A. (2006). The role of the therapeutic alliance in psychotherapy and pharmacotherapy outcome: Findings in the National Institute of Mental Health Treatment of Depression Collaborative Research Program. *Focus*, 64(2), 532-277.
-

- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative research in psychology*, 3(2), 102-120.
- Leon, A. C., Davis, L. L., & Kraemer, H. C. (2011). The role and interpretation of pilot studies in clinical research. *Journal of psychiatric research*, 45(5), 626-629.
- Macdonald, S., Whiting, A., & Jarvis, L. (2024). Evidence and Ideology in the Independent Review of Prevent. *Journal for Deradicalization*, (39).
- Macintyre, V., Shariff, A., Brown, H., Mansell, W. (In Preparation). A feasibility study of method of levels therapy using a standardized coding scheme.
- Manasse, S. M., Lampe, E. W., Abber, S. R., Butler, R., Gillikin, L., & Trainor, C. (2021). Exposure-enhanced cognitive behavioral therapy for adolescents with binge eating: An initial case series. *Clinical Child Psychology and Psychiatry*, 26(4), 1124-1136.
- Mansell, W., Carey, T. A., & Tai, S. J. (2012). *A transdiagnostic approach to CBT using method of levels therapy: Distinctive features*. Routledge.
- McClelland, K., & Mansell, W. (2019). Resolving Interpersonal and intrapersonal conflicts: A comparison of the practice of mediation with method-of-levels psychotherapy. *Journal of Integrated Social Sciences*, 9(1), 1-38.
- Morgado, F. F., Meireles, J. F., Neves, C. M., Amaral, A., & Ferreira, M. E. (2017). Scale development: ten main limitations and recommendations to improve future research practices. *Psicologia: Reflexão e Crítica*, 30.
- Morrison, J. F., Silke, A., Maiberg, H., Slay, C., & Stewart, R. (2021). A systematic review of post-2017 research on disengagement and deradicalisation.
- Muluk, H., Umam, A. N., & Milla, M. N. (2020). Insights from a deradicalization program in Indonesian prisons: The potential benefits of psychological intervention prior to ideological discussion. *Asian Journal of Social Psychology*, 23(1), 42-53.
- Nayak, B. K. (2010). Understanding the relevance of sample size calculation. *Indian journal of ophthalmology*, 58(6), 469-470.
- Nyklíček, I., Zonneveld, R., & Denollet, J. (2020). Introspective interest and insight in the context of mindfulness-based stress reduction: a randomized trial. *Mindfulness*, 11, 2176-2188.
- O'Toole, T., Meer, N., DeHanas, D. N., Jones, S. H., & Modood, T. (2016). Governing through prevent? Regulation and contested practice in State-Muslim engagement. *Sociology*, 50(1), 160-177.
-

- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and policy in mental health and mental health services research*, 42, 533-544.
- Peters, E. R., Joseph, S. A., & Garety, P. A. (1999). Measurement of delusional ideation in the normal population: introducing the PDI (Peters et al. Delusions Inventory). *Schizophrenia bulletin*, 25(3), 553-576.
- Powers, W. T., & Powers, W. T. (1973). *Behavior: The control of perception*.
- Powers, W.T. (2005). *Behaviour: The Control of Perception*. 2<sup>nd</sup> ed.
- Powers, W. T. (1998). *Making sense of behavior*. New Canaan, CT: Benchmark.
- Powers, W. T., Clark, R. K., & Farland, R. M. (1960). A general feedback theory of human behavior: Part I. *Perceptual and motor skills*, 11(1), 71-88.
- Saeed, T., & Johnson, D. (2016). Intelligence, global terrorism and higher education: Neutralising threats or alienating allies?. *British Journal of Educational Studies*, 64(1), 37-51.
- Schmid, A. P. (2013). Radicalisation, de-radicalisation, counter-radicalisation: A conceptual discussion and literature review. *ICCT research paper*, 97(1), 22.
- Scott-Baumann, A. (2017). Ideology, utopia and Islam on campus: How to free speech a little from its own terrors. *Education, citizenship and social justice*, 12(2), 159-176.
- Silke, A., Morrison, J., Maiberg, H., Slay, C., & Stewart, R. (2021). The phoenix model of disengagement and deradicalisation from terrorism and violent extremism. *Monatsschrift für Kriminologie und Strafrechtsreform*, 104(3), 310-320.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and health*, 11(2), 261-271.
- Smith, J. A. (2007). Hermeneutics, human sciences and health: Linking theory and practice. *International Journal of Qualitative Studies on health and Well-being*, 2(1), 3-11.
- Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British journal of pain*, 9(1), 41-42.
-

- Spencer, S. D., Meyer, M. S., & Masuda, A. (2023). A case-series study examining acceptance and commitment therapy for experiential avoidance-related mixed anxiety and depression in a telehealth platform. *Clinical Case Studies*, 22(1), 78-96.
- Tai, S. J. (2009). Using perceptual control theory and the method of levels to work with people who experience psychosis. *The Cognitive Behaviour Therapist*, 2(3), 227-242.
- Tai, S. J. (2016). An introduction to using the method of levels (MOL) therapy to work with people experiencing psychosis. *American Journal of Psychotherapy*, 70(1), 125-148.
- Thorarinsdottir, K., Holmes, E. A., Hardarson, J., Stephensen, E. S., Jonasdottir, M. H., Kanstrup, M., ... & Bjornsson, A. (2022). Using a brief mental imagery competing task to reduce the number of intrusive memories: Exploratory case series with trauma-exposed women. *JMIR Formative Research*, 6(7), e37382.
- Thornton, A., & Bouhana, N. (2019). Preventing radicalization in the UK: Expanding the knowledge-base on the Channel programme. *Policing: A journal of policy and practice*, 13(3), 331-344.
- Weeks, D. (2021). Lessons learned from UK efforts to deradicalize terror offenders. *CTC Sentinel*, 14(3), 33-39.
- Zur, O. (2009). Power in psychotherapy and counseling: Exploring the 'inherent power differential' and related myths about therapists' omnipotence and clients' vulnerability. *Independent practitioner*, 29(3), 160-164.

### About the JD Journal for Deradicalization

The JD Journal for Deradicalization is the world's only peer reviewed periodical for the theory and practice of deradicalization with a wide international audience. Named an [“essential journal of our times”](#) (Cheryl LaGuardia, Harvard University) the JD's editorial board of expert advisors includes some of the most renowned scholars in the field of deradicalization studies, such as Prof. Dr. John G. Horgan (Georgia State University); Prof. Dr. Tore Bjørge (Norwegian Police University College); Prof. Dr. Mark Dechesne (Leiden University); Prof. Dr. Cynthia Miller-Idriss (American University Washington D.C.); Prof. Dr. Julie Chernov Hwang (Goucher College); Prof. Dr. Marco Lombardi, (Università Cattolica del Sacro Cuore Milano); Dr. Paul Jackson (University of Northampton); Professor Michael Freeden, (University of Nottingham); Professor Hamed El-Sa'id (Manchester Metropolitan University); Prof. Sadeq Rahimi (University of Saskatchewan, Harvard Medical School), Dr. Omar Ashour (University of Exeter), Prof. Neil Ferguson (Liverpool Hope University), Prof. Sarah Marsden (Lancaster University), Prof. Maura Conway (Dublin City University), Dr. Kurt Braddock (American University Washington D.C.), Dr. Michael J. Williams (The Science of P/CVE), Dr. Mary Beth Altier (New York University) and Dr. Aaron Y. Zelin (Washington Institute for Near East Policy), Prof. Dr. Adrian Cherney (University of Queensland), Dr. Wesley S. McCann (RTI International), and Dr. Daren Fisher (Hampton University).

For more information please see: [www.journal-derad.com](http://www.journal-derad.com)

Twitter: @JD\_JournalDerad

Facebook: [www.facebook.com/deradicalisation](https://www.facebook.com/deradicalisation)

The JD Journal for Deradicalization is a proud member of the Directory of Open Access Journals (DOAJ).

ISSN: 2363-9849

Editor in Chief: Daniel Koehler