Stillpoint Therapy

The practice reasoning behind the Stillpoint concept: who Michael Deane appears to be, who recognises themselves in him, what he believes counselling is useful for, and why the finished website behaves and looks as it does.

PRACTICE

Michael Deane — counselling for adults in Lewes, East Sussex, and online

CENTRAL PROPOSITION

A regular, unremarkable hour with no entry requirement attached to it

METHOD

Reconstructed from the finished concept. Evidence and inference are separated throughout

STATUS

Stillpoint Therapy and Michael Deane are fictional. September 2026

This one was written backwards, and had better say so.

WHAT PRACTICE CLARITY IS

Practice Clarity is the reasoning a website should be able to point back to: who the practitioner is, who they work well with, what they believe the work does, and what therefore has to be true of the page. Normally it is produced first, from interviews, and the website follows from it.

Stillpoint is a portfolio concept, so the order was reversed. A concept site existed; this document was reconstructed from it, and the site was then rebuilt to agree with the argument the document had found. Both were finished together.

This edition describes the finished website, not the earlier draft. Where the two disagreed, the closing page says which one changed.

HOW TO READ THE MARKS

> Quotations set like this are verbatim from the concept's own pages, and are attributed to the page they appear on.
>
> EVIDENCE

INFERENCE Anything not stated by the concept carries this mark. It is offered as strategic reading, not as fact, and the reader is free to disagree with it.

Everything else is description: what the site does, checkable by opening it.

Every row of the translation tables on pages 10 and 11 was checked against the finished implementation. Where the site did not do the thing, the site was changed rather than the sentence.

FICTIONAL PRACTICE — 1 OF 2

Stillpoint Therapy does not exist and Michael Deane is not a real person. No discovery process took place and no client work is represented anywhere in this document.

The training, registration, supervision and insurance described are part of the fiction. No membership number, awarding institution, supervisor or insurer is named, here or on the site, and none should be inferred.

WHAT IS NOT HERE

- No invented credentials or registration numbers
- No biography beyond what the concept states
- No outcomes, testimonials or case material
- No claim about the studio's commercial service

Three lines carry the whole positioning, and have to be read together.

> Somewhere to stop for a while.
>
> Sometimes the thing that brought you here is obvious. Sometimes life simply no longer feels quite like yours.
>
> Most people who come here are not in crisis. They are managing. They are going to work, answering messages, doing the things that need doing.
>
> They have simply reached a point where something needs saying out loud, and there is nowhere ordinary to say it.
>
> HOME — THE OPENING SCREEN, IN ORDER

Michael's own account of what the hospice taught him says the same thing from the practitioner's side, and the bereavement page names the mechanism directly.

> people mainly need somewhere to put things down
>
> sealing it off costs energy you cannot spare
>
> ABOUT · LOSS & BEREAVEMENT

The first line offers a **place** and a **duration**, and nothing else: no method, no outcome, no promise about who you will be afterwards. The second removes the requirement that you be able to name the problem. The third removes the requirement that you be in trouble. The fourth supplies the actual reason the practice exists — not that these people cannot speak, but that the settings available to them have run out of room.

The concept is careful about an asymmetry that is easy to miss. It does not undramatise the experience; it is unusually blunt about how bad things are — "People are kind for about a month. Then everyone goes back to their lives, and you are still in it." What it undramatises is *therapy* — "two people in chairs having a serious conversation, which is a fairly ordinary thing that has been made to sound strange".

> A regular, unremarkable hour in which something that has become unsayable everywhere else can be put down and said properly — with no entry requirement attached to it.
>
> PROPOSED CORE PROPOSITION

Bereavement and life changes are the two doors, not the definition. Described as "counselling for bereavement and life changes in Lewes", the practice loses the part that makes it distinctive: it is organised around the absence of anywhere to speak, not around a list of presenting problems.

Quiet is the method here, not the temperament.

> I am quiet in the room. I ask questions when they are useful and stay out of the way when they are not. I do not talk in the language of therapy, and I will not ask you to.
>
> HOME

Identity statement. An experienced counsellor who treats sustained attention as the whole of the skill, and who has removed from the work — and from the way he describes it — everything that would require a client to perform.

Tested and set aside: warm and empathetic are true of any competent therapist and are claimed nowhere on the site. Passive is wrong — he interrupts avoidance. Austere is wrong too; the writing is dry rather than cold, and repeatedly funny in a way that only works if he likes people.

DEFLATIONARY	The hospice taught him that the work takes “far less cleverness and far more patience than I had assumed”; the evidence for the therapeutic relationship is “the least glamorous finding in the whole field”; a section is titled *There is less mystery to it than people imagine*. Eighteen years deep, and never staged.
QUIET BY METHOD	“I ask a lot fewer questions than people expect. When I do ask something, it is usually because I have not understood, not because I am steering you somewhere.” Silence is claimed as competence, not tolerated as a gap: “I am comfortable with silence. If you go quiet, I will not fill it for you unless you want me to.”
CORRECTABLE	The unusual half of the directness is the second half. “If I think you are avoiding something, I will say so, and you are free to tell me I am wrong. If I have got something badly wrong, I would rather know.” The client’s right to overrule him is built into the description of the work.
UNFRIGHTENED	Eleven years in hospice and bereavement services, and copy that goes where sympathy cards do not: relief and anger after a death, and a grief with no social permission. The therapeutic claim rests on it — change is what happens when something is said “to someone who is not frightened of it”.
BOUNDED IN PUBLIC	No couples, families or children; no assessment or diagnosis; no reports for courts, employers or insurers; not an emergency service; second floor, no lift. INFERENCE Publishing the limits is a trust device rather than a disclaimer. A practitioner who names what he will not do is more believable about what he will.

Difficulty becomes unbearable largely because it becomes unsayable.

Said out loud, repeatedly, to someone unfrightened by it, the thing does not get smaller. It simply takes less of a life to carry.

> That is not a technique; it is what happens when something gets said out loud, repeatedly, to someone who is not frightened of it.
>
> THERAPY

> What tends to change is not the size of the loss but how much of your life it takes to carry.
>
> LOSS & BEREAVEMENT

Two corollaries run through the site: that much of this is not illness — “Grief is not an illness. Neither is realising at fifty-two that you no longer recognise the life you built. These are problems of meaning, and they respond to being thought about rather than treated.” — and that the relationship, not the model, is the active ingredient, which is why the integrative training is explained in one paragraph and then set aside.

WHAT MICHAEL BELIEVES	WHAT MICHAEL DOES	WHAT THE CLIENT EXPERIENCES
Sealing something off is what costs. Speech is the work.	No exercises, no worksheets, nothing to do between sessions, no rating your mood out of ten. The hour is for talking.	Nothing to prepare, revise or perform. The only task is the one they came to do.
The relationship does most of the work, so it has to be examinable.	Invites contradiction, reviews the work out loud every couple of months, and treats “this isn’t working” as useful information.	Doubt can be spoken to his face without ending anything and without becoming a failure.
Most of this is meaning, not pathology.	Declines diagnosis, assessment, reports and health insurance, because insurers require a diagnosis, session limits and reports.	Arrives as a person with a situation rather than a patient with a condition.
Carrying capacity changes; the loss does not.	Promises no recovery, closure or stages, and refuses stage theory outright.	No schedule to fall behind, and no way to be grieving wrongly.

> Nobody needs to be told that grief comes in stages, because it does not, and being told that it does tends to make people feel they are doing it incorrectly.
>
> LOSS & BEREAVEMENT

Entirely capable on the outside; out of anywhere to put it.

VISIBLE FROM OUTSIDE	Full functioning. Work, messages, the school run, the estate paperwork. Nobody is worried about them. Adults, individually; a lot of people in their forties, fifties and sixties. Rather more than half of them men.
HAPPENING INSIDE	Something has ended, accumulated, arrived late, or never got said. In the concept's own registers: grief that arrived late; a marriage that has become silent; the sense that you are "living a life that belongs to somebody else".
WHY ORDINARY SUPPORT RUNS OUT	Four distinct reasons appear in the copy. Kindness has a half-life — "kind for about a month". The material is repetitive and they will not raise it a fifth time. It is socially inadmissible: relief at a death, an ex-partner's death, drinking, or a complaint that "would sound ungrateful". Or the people they would tell are the subject.
WHAT THEY ACTUALLY WANT	Modest and specific. To say a thing properly, once, to someone who will not flinch. To understand what happened. To stop being the only one holding it. Not transformation. The site never offers any.

THE THREE ROUTES, AND WHY THE THIRD IS UNUSUAL

The homepage offers exactly three: *After a death*, *When things change*, *If therapy is unfamiliar*. The first two are circumstances. The third is not a problem at all — it is an objection, given equal weight, a full page and a permanent place in the menu.

INFERENCE For an audience that has deliberated for years, unfamiliarity *is* the presenting problem. Putting it in an FAQ would treat the largest barrier as a footnote.

> Most people who come here have been thinking about it for somewhere between six months and nine years.
>
> IF THERAPY IS NEW

The obstacle is not the difficulty. It is the entry requirement.

Nothing is required in advance. Everything is disclosed in advance. The second half is what makes the first half believable.

These are people who are managing. What stops them is not doubt about whether therapy works, and not usually the fee. It is a suspicion that the price of admission is becoming a different sort of person — one who has a diagnosis, a vocabulary, a narrative, and a feeling ready on request.

INFERENCE That is the strategic centre of Stillpoint, and it is why "a calm site for a calm therapist" is not a sufficient reading. Calm is a by-product. The practice's actual offer is **admission without credentials**.

THE SUSPICION	"a reasonable suspicion that they might be asked to perform an emotion on demand" Not an objection to help. An objection to the manner of it.
THE LANGUAGE	The concept publishes its own blacklist: "No inner child, no journey, no holding space." It also refuses to require the word "feelings", "which a lot of people find faintly ridiculous".
THE PICTURE IN THEIR HEAD	The television version — a couch, a notepad, someone asking how that makes you feel. The site names it and dismantles it in one sentence rather than pretending the reader has not seen it.
NOT BEING ENTITLED TO IT	The private thought is *this probably isn't bad enough*. The site answers it outright: "You are allowed to come here without a diagnosis, without a crisis, and without a clear reason."
IRREVERSIBILITY	Not information — commitment. So the first step is made reversible and the exit is blessed: "Plenty of people stop there, which is a perfectly good outcome."

The reciprocal obligation follows. If the site asks nothing of the reader emotionally, it must give everything factually. Vagueness would be the same demand in disguise: it would require them to enquire, to explain, and to ask.

It makes an observation, and then declines to interpret it.

CORE MESSAGE

You do not have to become a different kind of person, or explain yourself first, to use this.

SUPPORTING MESSAGES

- **Nothing is required in advance.** No diagnosis, no crisis, no clear reason, no vocabulary. "Two lines is enough."
- **Everything practical is published, in full.** Fee, address, days, stairs, cancellation terms, what is written down and who could ever see it.
- **Difficulty is described accurately, not softened.** Relief, anger, guilt, drinking, an unmourned parent, a death nobody counted.

TONE OF VOICE

Plain · specific · deflationary · unhurried · dry · unpersuading. With one quality most therapy writing lacks entirely: exact, unshowy humour — "the thing you built your identity on can be taken away by email"; "Your body has started making decisions without consulting you." The jokes are never at the reader's expense, and they are the clearest evidence that the restraint is not coldness.

WHY THE COPY STOPS EARLY

Its most characteristic move is to say a true thing and then not follow it with consolation. "People are kind for about a month…" — and nothing comes after it. "Consulting room, second floor. The building is older than the practice by about two hundred years." — and nothing comes after that either.

This does two things at once. It leaves the reader to supply their own case, so the writing fits a bereaved husband and a redundant fifty-five-year-old without addressing either by name. And it demonstrates the room: a thing can be said here without anyone rushing in to soften or solve it.

INFERENCE The space after the sentence is doing the same work Michael says he does in person. It is the page not filling the silence.

LANGUAGE TO USE

- Ordinary nouns and verbs, no register above the reader's
- Real numbers: 55 minutes, £70, £45, 20 minutes, 48 hours, two working days
- Observations the reader recognises before they agree with
- Admissions of limit — what he will not do, and what he cannot
- The reader's own words, including their scepticism

LANGUAGE TO AVOID

- The concept's own blacklist: inner child, journey, holding space
- Safe space, healing, transformation, empowerment, authentic self
- Stages, closure, or any implied timetable for grief
- Reassurance offered before it has been earned
- Anything that reads as an argument for having therapy

Nothing is being asked of me yet.

Four questions, in the order the anxious reader actually asks them. Each is answered by something the site does rather than by something it says about itself.

INFERENCE The sequence matters. A reader who is told what to do before they have been told what it will be like reads the instruction as a sales step, and leaves.

FEEL	Unhurried. Unobserved. Not required to perform, or to have an emotion ready. Taken seriously without being made into a patient. Allowed to stop reading, stop scrolling, or stop after one session. Allowed to say it badly. Not “calm”. Calm is the by-product. The operative feeling is *nothing is being asked of me yet*.
UNDERSTAND	What Michael is like to sit with; what an hour actually contains; what it costs, where it happens and how to get up the stairs; and whether this kind of work applies to them at all. The site answers “what will this be like?” before “what is therapy?” — the order the anxious reader asks in.
TRUST	Built by disclosure rather than assertion. Eighteen years and eleven in hospice work are stated once, flatly, in a ledger. Registration, supervision and insurance are given as facts rather than badges. Prices are published in a table. The exceptions to confidentiality are listed in full, including the ones that are not flattering. The strongest device is on the Fees page, where NHS talking therapies, Cruse and local hospices are recommended by name in the one place where a sale is at stake. Nothing else on the site proves as much.
DO NEXT	*Arrange a first conversation* — never “book now” and never “start therapy”. An email or a voicemail, replied to within two working days, then twenty free minutes whose stated purpose is to work out whether to meet at all. INFERENCE For someone who has been deliberating for years, the obstacle is not information but irreversibility. So the next step is made small, reversible, and free, and the site blesses the exit.

Every visible decision has somewhere to land.

STRATEGIC INSIGHT	WEBSITE CONSEQUENCE
Michael's method is subtraction: he removes whatever would make a client perform.	The interface subtracts too. One typeface across the whole site; no icons, no cards, no testimonials, no badges, no pop-ups, no cookie banner and no analytics. The site is made of type, rules and five photographs. Restraint here is not a taste preference — it is the same decision as not filling the silence.
He is credentialled and refuses to stage it. His quiet is confidence, not diffidence.	Emphasis is carried by *scale*. Display type runs to 60px, while colour and capitals are never used to emphasise anything: one calm voice, saying something large. An earlier draft held the whole site to near-uniform size. That read as timidity rather than restraint, and was changed.
He will not tell anyone how their grief or their divorce is supposed to feel.	Colour is almost entirely absent: ink, fog, paper, stone. The single rust accent appears only on links, hover, focus and the dot of the wordmark's second *i*. Colour is reserved for things you can do, never for mood, so the site issues no emotional instruction.
These clients are wary of being depicted, and of aspirational imagery.	No people anywhere, and no portrait of Michael. Four landscapes on the whole site — an estuary, a sky, low water, reeds in mist — and one plaster wall standing in for the consulting room, captioned with a fact about the building's age rather than staged as an interior.
Atmosphere is for the pages about experience. The pages that answer questions do not need any.	Home, About, Loss & Bereavement and Life Changes carry one photograph each. Therapy, If therapy is new, How it works, Fees, Contact and Privacy carry none. The rule is visible enough to read as a decision.
Atmosphere alone would leave the reader with nobody to meet.	The dark field is spent three times on the whole site: Michael's introduction on the homepage, and the direct question-and-answer blocks on Loss & Bereavement and on If therapy is new. It never falls on the last section of a page, where the footer already supplies weight, so it never becomes a rhythm.
The reader is deliberating rather than shopping, and has usually been deliberating for years.	Whole bands carry a single sentence at display size, over a hairline rule whose one mark sits at a golden section. The page declines the commercial instinct to fill every viewport with persuasion, and lets the reader stop mid-page without being chased.

Quiet does not mean vague, and restraint does not mean hidden.

STRATEGIC INSIGHT	WEBSITE CONSEQUENCE
Emotional restraint has to be paid for in practical certainty.	The four irreducible facts — 55 minutes weekly, £70 with a small number of places at £45, Lewes Tuesday to Thursday and online Monday and Friday, and a free 20-minute first conversation — sit in the footer of every page. The answer is never more than one screen away. The atmosphere is allowed to be quiet because none of the facts are.
Being made to ask the price is a small indignity.	Fees are a plain table on a page in the main navigation, opening with the reason for its own existence. On a phone that table becomes a stacked ledger rather than something to scroll sideways. "There is no form and no means test. You tell me it would help, I take you at your word, and we do not discuss it again."
A first decision is only useful if it is small.	Three routes rather than a service list: two circumstances and one objection. The primary action is worded *Arrange a first conversation* everywhere it appears; no call to action on the site says book, start, begin or discover.
For this reader the largest barrier is unfamiliarity, not the problem.	The objection has its own page, its own place in the menu and footer, and one of the three homepage routes. It is addressed to anyone who has never had therapy; Michael's note that more than half his clients are men sits inside it as the evidence for why it exists, rather than being the door you have to walk through to reach the answers.
A short list can be read whole; a long one has to be scanned.	Five items in the header — About, Therapy, How it works, Fees, Contact. The three routes are reached from the homepage, the Therapy page, the footer and the menu, which on a phone is a numbered index of all nine pages.
Contact is the point of maximum reluctance, and the risk there is irreversibility.	The Contact page is built around one line — *Two lines is enough* — with a short form, an optional telephone field, a plain consent checkbox and a stated reply time. What happens next is described before anything is submitted, so nobody sends a message into silence.
A portfolio concept must be unable to do harm, and must not be mistakable for a real practice.	The enquiry form has no destination: submission is cancelled in script and, with scripting off, its *dialog* method means no submission occurs at all. The practice's own email address and telephone number are plain text rather than links; the emergency and helpline numbers are real and live. Every page is noindex, the structured data describes a portfolio concept rather than a healthcare provider, and a fixed tab names the Studio on every screen.

Eight fields, for anyone who has to make a decision about this practice.

PROFESSIONAL IDENTITY	An experienced counsellor — eighteen years, eleven of them in hospice and bereavement work — who treats sustained attention as the whole of the skill. Quiet by method rather than temperament, direct enough to be told he is wrong, and unwilling to use the language of therapy at a client.
IDEAL CLIENT	An adult who is still functioning perfectly well and is carrying something that has run out of anywhere to be said — a death, an ending, a change they did not choose — and who is wary of therapy's manner rather than its usefulness.
DEFINING BELIEF	Difficulty becomes unbearable largely because it becomes unsayable. Said out loud, repeatedly, to someone unfrightened by it, it takes less of a life to carry.
CORE MESSAGE	You do not have to become a different kind of person, or explain yourself first, to use this. Nothing is required in advance; everything is disclosed in advance.
VOICE	Plain · specific · deflationary · unhurried · dry · unpersuading
DESIRED FEELING	Unhurried · unobserved · taken seriously · allowed to stop
VISUAL DIRECTION	An editorial object rather than a website. One serif across everything, with emphasis carried by scale and never by weight or colour; ink, fog, paper and stone with a single low rust reserved for things you can click; a fixed frame with a marginal label rail, a narrow reading measure and ledgers that run the full width; landscape and surface photography with no people in it, used only where a page is about experience; charcoal fields spent three times and never at the foot of a page.
WEBSITE PRIORITY	Let someone decide whether they could sit opposite this particular person — then make the first step small enough, and reversible enough, to take today.

Never ask the visitor to be more certain, more articulate or more distressed than they are.

THE CHAIN, READ BACKWARDS

A quiet, deflationary practitioner › clients who are competent, private and out of places to speak › whose obstacle is the entry requirement rather than the difficulty › a belief that speech, not technique, changes the weight of things › writing that observes and then stops › a site that asks nothing in advance and publishes everything › a restrained editorial surface that issues no emotional instruction.

Read in either direction, every visible decision has somewhere to land. That is the test this document exists to pass.

WHERE THE SITE HAD TO CHANGE

- The opening screen now carries all three positioning lines together, not one of them
- Display type was enlarged: uniform small type read as diffidence rather than restraint
- Photography was cut from nine plates to five, and confined to the pages about experience
- Eight navigation items became five; the practical facts moved into every footer
- The gender-addressed route became the unfamiliarity route, with the note about men kept inside it
- The enquiry form, which previously posted to a live form handler, was made inert
- Structured data describing a real healthcare provider was removed

FICTIONAL PRACTICE — 2 OF 2

Stillpoint Therapy and Michael Deane are fictional. The practice does not exist, no client work is represented, and no qualification, registration, supervision arrangement, insurance, address, telephone number or email address on the site or in this document is real.

Sources. All quotations are verbatim from the finished concept's ten pages and its implemented design tokens. Nothing has been added beyond what the concept states.

Alexander Watson Studio — Practice Clarity, portfolio edition, September 2026.