

ARC, an OASIS: Providing a Humanistic Counselling Service in a Devon NHS Medical Practice

Catherine Davies

SYNOPSIS

Arc is a community-centred counselling charity focused on de-pathologizing the grief inherent to our very existence, as inevitable, unplanned or even tragic changes disrupt our lives and attachments. What makes this pioneering service unique is that it has found a natural home at the busy medical practice it serves in rural Axminster, East Devon, UK. Since 2007, it has tirelessly committed itself to providing a profoundly humanistic, relational model of talking therapies within this NHS setting. It has supported over 1,200 General Practitioners' referrals with 10,000 counselling hours so far, valiantly adhering to core principles of no waiting list, no cost to service users, no prescriptive limitation of sessions and no discharge policy.

Remembering the Early Days

'It starts like a child's dream

One believes that it is Sunday and Spring' (translated from French lyrics)

'Ça commence comme un rêve d'enfant,

On croit que c'est dimanche et que c'est le printemps'

Julien Clerc¹

Trying to capture Arc's infancy brings me back to the lyrics of this popular song I knew so well growing up. Looking back over a decade, I easily attribute the natural existentialism of Arc's aspiration to my French roots. I am not referring to the philosophical work of Sartre or Camus, but rather my much earlier unconscious absorption of Edith Piaf's defiant retrospection 'Non, je ne regrette rien',

or Jacques Brel's haunting anthem of anticipatory grief, 'Ne me quitte pas'² ('Don't leave me'), which were the soundtrack of my family's era and part of my ancestral heritage.

Unsurprisingly within an integrative counselling training, my introduction to the work of Irvin Yalom and placement with the bereavement charity Cruse inspired my counselling philosophy and the instinctive early concept of Arc: I knew from the start, as far back as 2005, that I wanted to create a service to respond to the intrinsic life challenges and conflicts that leave us all torn between life and death, love and loss, freedom and responsibility.³

Early professional anxieties around being perceived as inviting co-dependency, 'two by two', did prevent me

from calling the service 'Ark'. I stumbled across other definitions of Arc, a metallurgic process to weld two pieces using energy, but it was Leonardo da Vinci's force originating from two weaknesses that best captured both the inter-subjective and inter-connectedness of my intent. Any interpersonal relationship rests essentially on the relationship we have above all with ourselves, and any observer's bias influences the outcome of their experiments. We are both one and the world.

Even more quintessentially, an arc is also an architectural design, a structure evocative of doors, gateways and thresholds: these profound archetypal bridges unconsciously support our rites of passage. They invite us to surrender our over reliance on cognition. They intuitively engage us, beyond the known and comforting familiarity of our own archaic formulations, on a quest of truly transformative individuation.

'What ails thee?' is a profoundly archetypal inquiry, rooted as it is in centuries of oral tradition at the root of the Holy Grail legends. Working as I do alongside clients diagnosed with life-altering illnesses or suffering through painful separations and readjustments, the inquiry undeniably includes what ails me also. Yalom puts it so beautifully,

I cannot say you and your problems. Instead, we must speak of us and our problems, because our life, our existence, will always be riveted to death, love to loss, freedom to fear and growth to separation. We are all of us, in this, together.⁴

What ails and what heals are at the core of the healing art of talking therapy, bridging our commonality and restoring, even if only momentarily, the healing potential of transpersonal connection. This vocational pursuit is the legacy of centuries of philosophy, spirituality and science in the quest of lessening human suffering. It is a promotion of being in relationship with self and other that attempts to transcend the sums of both individual parts for the greater good. I still often revisit these early core philosophical roots and aspirations, that Arc should be a repository and melting-pot of individual and collective conscious and unconscious stories, emotions, dreams and regrets in a subjective world that has often become either indifferent at best, godless, or even malevolent.

Libby came to Arc having burned out all her habitual resources fighting a cancer that had prematurely robbed her of a lifelong career dedicated to vulnerable others. In the long drawn hours of her second palliative chemotherapy, she could not help but surrender to the despair and fear that imposed stillness evoked in her.

The external world went on, seemingly unheeded by her vulnerability and diminishing, whilst her internal world stalled on her own noticeable absence: Libby had spent so long taking care of others, she had become self-effaced to the very brink of invisibility. During one session, in carefully chosen words of poetry, she unknowingly put her finger on the pulse of Arc's archetypal intent:

I have no fear of death – but I shall welcome a helping hand to see me through.

For it is said that just as everyone has a guardian angel, so to each one comes somebody to help us over the stile.

Once I am over, I know a door will open on a new loveliness and freshness of colour, form and light which is far more beautiful than anything I have ever seen or imagined.

Oliver Hall – The Wind in the Oak⁵

Integrating to the Medical Practice

The Practice in its present form was established in 1934.

The premises, a purpose built health centre, is believed to be one of the earliest privately owned purpose built health centres in the country. The Practice [catchment] covers an area of approximately 100 square miles with a patient list size that has grown to approximately 12,000 patients, equally divided between Axminster residents and its surrounding rural parishes.

(Practice's brochure)

Arc opened its doors at Axminster Medical Practice on Tuesday 2 January 2007, a tentative counselling pilot project in the field of loss, unresolved grief and broken attachment. Its aim was to attempt to provide an integrated, and yet independent, counselling provision in its specialized field, and as such make a contribution to the overall NHS provision of mental health. The general mood and consensus, even amongst the visionary GPs who support the idea, was of cautious anticipation.

The inauguration proved a low-key affair: I simply took office in a dedicated room shared with four other NHS therapists, all trained in different modalities. It rapidly became apparent that the demand for Arc's services would exceed its anticipated projection. An expanding clinical team of Arc volunteers quickly challenged the practical logistics of sharing one room. I had to start migrating daily from available office to office, carrying the essential tools of my trade: referral files, tissues and clock. The sand tray and plethora of metaphorical objects were left behind, unused, gathering dust in the counselling room. Yet, this was a very exciting, rich time of cross-pollination of ideas, as we all endeavoured to develop a common language that happily transcended the pitfalls



Inauguration of the Arc Charity Shop on 24 March 2012

From left to right: **Catherine Davies**, Founding Trustee and Clinical lead; **Mike Booth**, Executive Trustee and Data Controller; **Gareth Pratt**, Treasurer; **Helen James**, Shop Manager; **Andrew Moulding**, cutting the ribbon, **Mayor of Axminster** and Arc's Patron – Photograph reproduced courtesy of *Pulmans Weekly News*

of our professions' seeming battle of modalities and stimulated the broader formulations of our therapeutic endeavours.

From 2009, the prevalence of Improving Access to Psychological Therapies in Primary Care, IAPT, gradually changed the topography of the counselling landscape away from the practice to the neighbouring market town of Honiton, ten miles away. It also uncomfortably singled out our project's relational clinical provision against a procedural stepped-care approach of low- to high-intensity cognitive interventions. In an uneasy climate of quasi-ultimatum, the then Primary Care Trust introduced Recovery as the only viable regional alternative to IAPT. Our service, representing smaller organizations in the voluntary sector, jumped at the chance to take part in a regional Recovery steering group and, in doing so, stumbled across a seal-approved framework that could easily channel our humanistic aspirations within an NHS setting.

Recovery does not adhere to 'one size fits all', but

celebrates diversity, choice and individually tailored processes. It moves away from an expert-patient relationship, to an equal partnership where struggles and challenges are simply viewed as part of being human. Recovering is about 'discovering, and often re-discovering, a sense of personal identity separate from illness or disability',⁶ grief, illness or age. It is about building a meaningful and satisfying life, as defined by individuals themselves. As such, clients are naturally trusted to assess, promote and maintain their emotional wellbeing and therefore don't require to be discharged.⁷

These Recovery values, principles and standards plainly gave the budding charity that we had just become, in January 2009, a congruent, operational model that transcended the political debate. It helped our five newly appointed executive trustees to concretize our charity's governances.⁸ 'Putting Recovery at the Heart of All We Do'⁶ allowed us to restore broadly understood channels of communication: it allowed us to re-instate, albeit through the back door, our person- and community-centred approach with its acknowledged debt to Carl Rogers.

Simultaneously, four years of further study alongside Dr Richard Erskine, the American Founder of the International Integrative Psychotherapy Association, invaluable linked my counselling philosophy to a relational, integrative theory of motivation, personality and methods.^{9,10} This clarity gave me a language of practical professional aptitude. It emboldened me to better articulate Arc's clinical work within the NHS culture created by IAPT. What I paradoxically discovered under the layers of different terminology, formulation and treatment was the same commitment in my colleagues to be attuned to the client, inquiring of the narrative, attentive of the emerging life scripts and challenging of the script beliefs. No one ever fundamentally disagrees that the therapeutic process is, above all, an alliance and an empathically tended responsive space: there, the shape-shifting emotions, life patterns and meanings of our archaic relational deficits inevitably emerge, and a more fertile ground is prepared for actualization. No one ever fundamentally disagrees that 'it's the relationship that heals, the relationship that heals, the relationship that heals'.¹¹

But when does actualization constitute clinical effectiveness or a measurable change? In an overstretched NHS mental health provision, the pressure might still remain to label grief as pathological, and reconfirm denial and avoidance as viable strategies through the promotion of quick fixes with 'experts' who

are often exhausted by their heavy workloads and might have little relational resources left. What I have learned through my training, and lived through my own therapy, is that we need to be wary of describing lasting progress as a movement forward, as an act of doing, a getting away from, often out of momentary discomfort. With the advent, in the NHS, of more Mindfulness-based interventions, a more holistic notion of progress might be developing: of movement inward, of benevolent attendance to mind, body and feelings, and their correlation. On occasions, progress is about taking our time to respond in the Now rather than react to the Then – breathing, perhaps; being still, even – being brave enough to allow ourselves to feel authentically. This is the sort of therapeutic progress that might not so easily translate into measures of clinical depression and anxiety like the PHQ9 or GAD7.

It was Peter's febrile, uncontrollable agitation that brought him to my office: at age 17, coming to talk to a middle-aged woman with a foreign accent didn't come naturally, so he brought his guitar and took me through the musical autobiography of his fatherlessness. Song after song, Peter disclosed simultaneously his heart's 'full of silent yearning and heartbroken disappointment'¹² until he could finally 'stay': stay in the emotion of one chord, one moment, one word, and give us both the time necessary to assimilate his loss. 'Stay' is the last song Peter composed during his therapy. He wanted to capture his moment of epiphany: the verb was both a pleading, unanswered prayer that would never be fulfilled and at the same time, a quality of being and presence that helped him tolerate the former.

The best way to communicate Arc's ethos in a clinical environment that is still generally goal oriented, directive and measured was to highlight the service's capacity to operate within a biological, physiological, social, psychological (and existential) model of emotional health. This holistic approach was primarily achieved through Arc's assimilation to the medical practice, the visionary foresight of its GPs and their remarkably supportive endorsement, as they gave Arc its clinical home: the use of two dedicated rooms and all services. Since 2009, Dr Barry McKenna, Executive Chairman and Arc's spokesman, has been the conduit integrating the service with a traditional semi-rural practice:

In the first instance, both organizations recognized the growing pressures that NHS Mental Health Services are under, resulting in unmet needs for our patients. Arc's physical incorporation, in sharing buildings, reception and IT, was an efficient response to the practical and

financial imperatives of reaching our common goal: to promote a culture of counselling integration, characterized by fluid, responsive interaction transcending differing methodologies.

This climate of refreshing transparency greatly ensures our swift response to patients' developing medical and psychological needs. It is as a result, in part, of the procedural clarity that follows each referral: the patient's progress is tracked through formal entries in their medical record-keeping, the referring GP routinely informed of initial contact and meeting dates, start, progress and end of therapeutic contract, the possible need for further medical reviews or the necessary involvement of safeguarding agencies. These short process notes enhance continuity of care by preventing an unnecessary artificial divide between physical and emotional health. The other component is rather more informal: the patients' spontaneous feedback to their doctors of their therapies' progress and outcomes. Arc has successfully established its integration by adhering to sound principles of accountability, information, communication, mutual trust and respect and has proven it can do so without in any way compromising the confidential content of the work. Arc's mission statement is to demystify the provision of emotional support by providing a grassroots counselling service dedicated to accessibility, flexibility and availability. The service is a success because its goals are simple and, as we are demonstrating, achievable.

Mike Booth, as Arc's Executive Director, Trustee and appointed Data Controller, is in charge of managing the clinical database that produces the service's statistics:

I have two anniversaries marked in my diary to celebrate their impact in my life. The first date is my referral to Arc back in 2007, when the service was still in its infancy and a pilot project. I got to my initial meeting burned out from years of dealing with unresolved life issues with CBT, pharmacology, two stretches with Relate and, the last in the long line, a limited series of sessions with the practice counsellor here in Axminster. In contrast, my therapy with Arc was completely adapted to my individual needs, got to the real nub of the problem and gave me, at long last, self-understanding and awareness. Hey, I know I still have these life issues, but you know what? They don't bother me in the same way any more.

The second memorable event happened in 2009 when Arc transitioned into being a registered charity. My day job is in the IT industry, so I offered my help in monitoring the high standards of clinical response and care. I took on the

responsibility of creating a database that can answer most questions in the form of anonymous clinical statistics. It is a practical tool that clearly demonstrates whether we are meeting our objectives. It is also useful in demonstrating Arc's clinical credentials to a wider public.

- Half of all referrals are contacted within a week, and have their first session within two weeks
- Three quarters are contacted within two weeks, and have their first session within four weeks
- Amazingly, 15 per cent of referrals are contacted on the day of referral itself, supporting evidence that Arc has the capacity to react faster when it is needed
- The average number of sessions with clients who engage is 8 to 12.

It is always with great gratitude that I remember that I once was one of these typical clients, referred by my GP and contacted by my Arc counsellor within a week for a session the following one.

So amidst all the differing theoretical frameworks and clinical practices, Arc manages to still adhere to its humanistic stance that suffering need not automatically be medically diagnosed and managed but be supported as a very natural, albeit painful, response to the challenges of life itself: that grief is actually the necessary catharsis that signals the need to adapt to life's impermanence; that unless we flexibly move, we paradoxically perpetuate the very suffering we want to avoid. It is essential that it does so without causing a rift or gap in clinical communication.

Integrating to the Community

Axminster boasts a wide range of active voluntary and community organisations operating in and around the town. This **superb volunteer base and community spirit** is a considerable strength and can do much to underpin progress on behalf of the community.

Vision of Axminster 2030 – East Devon District Council¹³

Arc belongs to the community it serves, not least of all because of the generous financial sponsorship from the outset by the town's established charities. Being totally self-funded, our charity needs to raise £34,000 a year to stay afloat. The central responsibility to manage Arc's finances falls to Gareth Pratt, Treasurer and Executive Director:

When I recently heard the quote 'for the sensitive among us the noise can be too much',¹⁴ it brought back to me the past memory of a dear friend of mine, whose sudden and unexpected suicide stunned us all at the time. I am often left wondering now whether accessing a service like Arc could have saved his life. I have witnessed first hand the

priceless support Arc has offered lifelong friends, two brothers who needed long-term therapeutic backing in adapting to tragic, life-altering diagnoses. In this human context, £34,000 to change and support our yearly average of 200 lives seems rather insignificant at £170 per person. And yet for our charity to singularly fundraise every penny is an incredible challenge:

- £16,000 covers Catherine's current wage for both her roles as full-time psychotherapist and clinical lead to five voluntary experienced counsellors and two student placements. This present salary is only marginally above the minimum wage but a vast improvement on the £4,000 she earned over 2007 and 2008. Arc's longevity very much depends on our longer-term capacity to properly finance this key clinical and managerial role for decades to come.
- £11,000 covers the provision of all clinical supervision.
- £2,000 covers insurance and professional memberships' costs.
- £5,000 covers other costs to professional services or individuals: accountants, training workshops to meet Arc's required CPD, locum counsellors etc.

Our Chairman Dr Barry McKenna is also our most prolific individual fundraiser, canoeing 500 miles in four consecutive Devizes to Westminster races, raising £7,800 so far and therefore supporting 45 recoveries. I just wish Arc could be rolled out across the country.

In February 2012, our full executive committee addressed the threat that we might not survive past three months of the most stringent budget. That evening, we unanimously voted in favour of opening our own dedicated charity shop right in the centre of Axminster, and we achieved this in the frenetic following four weeks. This bold decision, a last-ditch attempt to avoid closure, paradoxically turned out to provide Arc with a much-needed secure base. It enhanced the service's integration to the overall network of other local charitable provisions. Food banks, befrienders, drivers, job clubs, voluntary opportunities, training schemes, senior citizen meals, local interest groups, citizen advice etc. are all examples of resources that might better remedy social or practical anxieties, either alongside or instead of talking therapy alone.

The success of our charity shop is in no doubt down to the passionate endorsement of its management and its 20 volunteers. It serves not only to achieve a greater financial security but also gives Arc a street presence, an essential meeting place, a constant point of contact between our community and our service. In

our charity shop's café, £1.50 will buy you a hot drink and a home-baked cake. It is a metaphorical water hole, an opportunity for all service users, volunteers, supporters and customers to share stories, and often even their counselling experiences, or to catch up on the latest fund-raising anecdotes: a donated necklace of antique Murano glass beads raises an unexpected £270, a golden Muslim prayer book, £395. The shop directly fulfils our goal to de-stigmatize counselling by integrating itself to the heart of the community in many practical ways: it takes on the sale of second-hand uniforms for the local secondary school and creates work-experience opportunities for Year 10 students across the region. It bursts open not only the stereotypical mystique of counselling hushed secrecy but inevitably also the powerful aura that most clients attribute to their therapists. This is especially true for the Arc therapists who work and live in the community. Becoming a community counsellor or psychotherapist, on the same terms, say, as a community doctor, midwife or nurse, no doubt presents some dilemmas that need to be supported in supervision, but the benefits greatly outweigh the challenges.

Arc's very visibility in the community truly defines the service's accessibility, and this transparency by no means conflicts with our ethical responsibility to protect confidentiality: it is still Arc's trusted invisibility, its work behind closed doors at the medical practice, that brings the service so close to people's hearts.

Conclusion

From the early conceptual days of my intentions, to the charity Arc has now become, a lot has been achieved that can be joyfully celebrated, a lot of hurdles conquered and lessons learnt about the hard work, passion and persistence born out of the desire to adequately respond. More will undoubtedly come as our dedicated team turns its attention to ensuring Arc's longevity for years to come – our greatest challenge yet. I feel indebted to so many clinicians, supporters, service users and volunteers who tirelessly endorse the project, and without whom Arc simply wouldn't exist. Stripped to its bare bones, our common motivation has always been to create and support a standard of service and therapy to which each of us would want to be referred at times of personal loss and painful readjustment.

My lifelong friend Michel Clerc lost his battle against cancer and died 6 months before Arc opened its doors. I dedicate my own contribution to Arc's work to the loving memory of an extraordinary man who devoted his entire

professional life to humanitarian work with Médecins Sans Frontières, and who was the very best of friends. 5



Catherine Davies: Since completing her training, life, death and unresolved loss have been a main emphasis of Catherine's work. She works full time in a medical practice in East Devon, England,

for the counselling charity she founded in 2007. Her approach as a Relational Integrative Psychotherapist is deeply existential. Certified Integrative Psychotherapist (IIPA – International Integrative Psychotherapy Association); MBACP (Accred.). Arc is an organizational member of the British Association for Counselling and Psychotherapy. The service received a nomination for the 2014 'All in the Mind' BBC Radio 4 Awards.

Notes and reference

Permission was sought and given in all personal stories, and identifying characteristics were changed in case studies. Further enquiries about Arc can be directly sent to: cjcdavies@gmail.com

- 1 Julien Clerc, Ça commence comme un rêve d'enfant Paroles Etienne Roda-Gil, musique Julien Clerc – Jean-Pierre Bourtayre, 1979
- 2 See http://www.youtube.com/watch?v=za_6AOXnMyw
- 3 Yalom, I. (1980) *Existential Psychotherapy*, New York: Basic Books
- 4 Yalom, I. (1991) *Love's Executioner*, London: Penguin, p. 14
- 5 Bentley, J. et al. (1995) *Funerals*, London: Hodder & Stoughton, p. 115
- 6 Recovery leaflet – Adapted from Recovery – Concepts and Application by Laurie Davidson, the Devon Recovery Group (2008)
- 7 See www.recoverydevon.co.uk
- 8 See www.arcaxminster.org – Charity Governances
- 9 Erskine, R., Moursund, J. and Trautmann, R. (1999) *Beyond Empathy: A Therapy of Contact in Relationship*, London: Brunner Routledge
- 10 Erskine, R. (2003) 'Motivation, Personality and Methods', Keynote Speech, IIPA conference, April
- 11 Irvin Yalom's professional rosary; Yalom, I. (1991) *Love's Executioner*, London: Penguin, p. 91
- 12 Erskine, R. (1999) 'The schizoid process', IIPA article, August
- 13 See <http://www.eastdevon.gov.uk/ptc019-visionofaxminster2030-axminstercommunityplan.pdf>
- 14 Jim Carrey, paying tribute to the late Phillip Seymour Hoffman, on Twitter