

## *Introduction*

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The idea for this book began to take shape many years ago when I was working with people in a therapeutic context and I was often struck by the ways new clients described their decision to seek help. With little hesitation, most people identified themselves and their current worries using images afloat in popular culture. They borrowed images from the self-help industry, the pharmaceutical industry, the personality testing industry—images reinforced by television ads and Internet displays.

My clients were familiar with the language of therapy as it had filtered down into ordinary life during the past century; they spoke that language fluently as they told the stories of their present predicaments. I feel a jolt of surprised recognition when someone responds to my question, “What brings you here today?” with answers such as, “I have self-esteem issues,” “I suffer from social anxiety,” “I can’t help being codependent,” “I am an adult survivor of abuse or of alcoholic parents,” and the one that always knocks my socks off, “I have a biochemical imbalance.”

The jolt is soon followed by a bit of heartbreak as I find that I've, once again, bumped into a deeply entrenched source of identity confusion. As a society, we think we're patients when in fact we're pilgrims. We think we're bounded beings eminently susceptible to rational management when in fact we're infinitely rich souls. We have the capacity to live dynamic, vital lives by attuning ourselves to the infinitely rich flux in which we find ourselves. We can engage in a vibrant dance with all that is. With a profound and steady sense of our potential as pilgrims, I'm saddened when I look at the person sitting with me and see someone who is searching for a diagnosis with the mistaken hope of thereby discovering an ultimate truth about who they are and finding a predictable path to peace and perfection.

By way of example, consider the woman who came to my office a few months ago expressing deep frustration with her inability to do anything other than live by impulse alone. At the age of forty-four, Emma was feeling hampered in her professional life as well as blocked in her life course by her chronic disorganization. She was easily distracted and had great difficulty seeing things through to completion. Explaining her dilemma, she told me, "I can't stand the way I feel so sluggish when I'm bored, and I'm worried I'll lose my creative edge if I live any way other than by the seat of my pants. I'm a passionate person."

Perhaps what was most interesting about Emma's self-description, though, was her admission that for the last two weeks, she *had been trying to have* attention deficit hyperactivity disorder (ADHD). Mystified for years by her inability to tolerate structure and order, she decided that she had finally found an explanation that fit her situation. Looking dreamy, she said, "I've been watching people in television commercials realizing what has been wrong with them all these years." Emma had become convinced that she had found a way out of her confusion, a way to fix what was wrong with her. She had begun to read the self-help literature offering step-by-step tips to manage attention deficits and was now considering taking one of the recommended medications.

As we continued to talk, however, Emma confessed that her conviction that she had found “the answer” got a little shaky when she remembered that, a few years ago, she had tried to have bipolar disorder. A friend of hers had been diagnosed with BPD and Emma saw how so much of her friend’s behavior made sense once the pronouncement of a clinical disorder had been made. As Emma began to describe her earlier flirtation with bipolar disorder she looked puzzled and uncomfortable. Could she now be mistaken in the belief that she had discovered an important truth about herself—that she suffered ADHD? “How can I be sure,” she wondered, “that I’ve hit on the right explanation this time?”

Ultimately, Emma admitted that she didn’t really want to have a disease. What she wanted was balance, the ability to nurture her passion and her creativity as well as restore some order to her life. So, we made an agreement that I would try to help her find a path through her pain which would truly enliven and deepen her rather than squashing her into a diagnostic box.

As with Emma, so with each new client. Listening to self-descriptions derived from popular generalizations unnerves me, because I’m primarily concerned for the very concrete, immediate individual sitting with me. I want to help this particular person who is struggling with worries and obstacles, and I am convinced that the path through their pain rarely appears in a paint-by-numbers sort of way. Taking steps to make constructive changes is not the same thing as knowing with certainty which steps lead inevitably to which outcome. A diagnosis leads us to believe that we can take steps in a simple cause-and-effect sequence, reaching our destination following a well-charted path. However, while we can set off in a definite direction, the road, as the Beatles reminded us years ago, is often long and winding.