Praise for *The Human Experience Specialist*

"Presenting a deeply humane vision, Dr. Maisel invites us all to rethink what it means to help another person. By challenging the limits of the diagnosis-driven medical models, he offers a compelling case for the 'human experience specialist.' This is a guide for all of us in the helping professions, grounded as it is not in protocols, but in wisdom, presence, and a deep respect for the complexity of our lived experiences. Provocative and timely, this book opens an essential conversation about how we might better accompany one another through the realities and shadows of being human."

Don Laird, psychotherapist, co-editor, *Existential Wellness*

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"In my work as a Leadership Clarity Coach and Change Management Consultant, I routinely encounter senior management individuals who are navigating deeper questions of identity, meaning, and direction, while balancing career aspirations and achievements. Eric Maisel's *Human Experience Specialist* speaks directly to this space. It moves beyond traditional frameworks of performance and coaching frameworks, and brings the focus back to the human at the center of it all. The concept of *Human Experience Specialist is equal parts common sense and revolutionary as well as evolutionary*. This book provides a powerful lens for coaches, leaders, and advisors who are working at the intersection of personal transformation and professional growth."

Hemant Jain, Life & Career Transformation Coach,
Leadership Clarity Coach, Org. Change Management Consultant

**

"In this thought-provoking book, Eric Maisel introduces the human experience specialist—an ethical companion who walks alongside us as we navigate what it means to be human. Inviting us to step beyond

busyness and into deeper reflection, Maisel explores ideas of narrative imagination, life design, and meaning-making in a complex world. After taking this speculative journey with Maisel, I find myself not just intrigued, but genuinely hopeful that this vision becomes a reality. A compelling and hopeful vision for reclaiming authorship of our lives."

Sharon Stratford, Founder, The Sass Practice
(Advocates for Rebellious Aging)

**

"Eric Maisel offers up a luminous, comprehensive vision of a new helping professional, the human experience specialist. The HES's profound questions, transformative 'life experiments' and emphasis on agency will inspire clients to reshape their existence in alignment with their cherished values and chosen life purposes. Imagine what humanity could become if we all had an HES in our corner!"

Clare Thorbes, writer, artist, translator, creativity coach

**

"The Human Experience Specialist offers a more grounded and humane way of understanding what it means to struggle. What makes this work especially compelling is not only its clarity but its depth of feeling. Maisel writes in a way that is both precise and quietly moving, inviting a deeper engagement with the realities people are actually living through, honoring contradiction, uncertainty, and questions about meaning. This book is a timely and necessary contribution to our conversations about mental health, meaning, and care."

Xeia Wild, art therapist and creative coach

**

"Leave it to Dr. Maisel not to only come up with a new way to help others, but to create a new career track in the process! Never one to

back away from tough work, Dr. Maisel has created a much-needed path forward in an area fraught with myths and misunderstanding. He also foresees the challenges human experience specialists may face and makes wise suggestions for how to navigate any potential rough waters. Highly recommended!"

Nita Sweeney, *Depression Hates a Moving Target*

**

"Finally! Eric Maisel offers the definitive manifesto and manual for those committed to 'helping individuals make sense of their lives, navigate existential challenges, and cultivate meaning.' Eric takes the best of psychology, psychiatry, and coaching and synthesizes their disparate approaches into a working idea to help guides accompany clients as they gently return to the wholeness already present within them. It's hard to put into words the magnitude of this work. Bravo!"

Michele Jennae, Founder of EDGx365,
Creator of the EDG Butterfly Map

**

"*The Human Experience Specialist* is Eric Maisel's latest literary tour de force. With echoes of Existentialist and Buddhist concepts, the human experience specialist (HES) is what Eric has chosen to call this unique helping professional. As a retired social worker and psychotherapist, I was awed from beginning to end. From the histories of psychologies and philosophies that have aimed to diagnose and 'fix' people's 'mental problems,' to what the new profession would require theoretically and practically, to likely criticism of and resistance to it, Maisel covers all the bases. This book is a delight!"

Denise Beck-Clark, *Concurrent Sentences:*
A True Story of Murder, Love and Redemption

The Human Experience Specialist

The Next Evolution in Helping

By

Eric Maisel

The Human Experience Specialist is the ninth volume of the *Ethics International Press Critical Psychology and Critical Psychiatry Series*

The Human Experience Specialist: The Next Evolution in Helping

by Eric Maisel

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Foreword

> "Good writing is supposed to evoke sensation in the reader – not the fact that it is raining, but the feeling of being rained upon." — E. L. Doctorow

> "You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete." — Buckminster Fuller

In the Clinic

I remember sitting across from a client not too long ago. She was a woman in her early 20s, referred to me by her primary care provider (or GP, as they say in other countries) for concerns pertaining to challenges with abrupt changes in mood, a pervasive sense of overwhelm, worries and anxiety. As I got to know her, a clearer picture began to form: here was a woman working not only a full-time job but was in two academic programs *and* held an additional part-time job to help provide her with relevant work experience for a future career.

Given that she—like all of us—only had 24 hours in a day, her sleep was obviously sacrificed more often than she would have liked, which typically resulted in a sense of emotional brittleness the next day. She also had to make precious choices with her free time—*Do I study, spend time with friends and loved ones, or just sleep? Is there even any time for hobbies nowadays? What did I sign up for—what was I thinking?*

However, as she continued to speak, she became increasingly upset and tearful. Visibly distraught and shaking, she painfully let out what had been her own psychological equivalent of an elephant in the

room, living rent-free in her head: "Am I bipolar like my mom?" she eventually asked me.

"Where is this coming from?" I asked.

She went on to explain how her mother had been previously diagnosed with "bipolar disorder," which seemed to have provided her with an adequate explanation for all the suicide attempts she made. Other family members also struggled with suicidality.

"Sometimes I get a burst of energy and motivation, and sometimes I crash hard. But given my family history of bipolar and multiple suicide attempts in the family, I'm worried that *I may also have it*."

She sunk her head, looking down on her lap as if she was awaiting me to permanently brand her and cast her away to a newfound psychiatric island of loneliness—where the "others" go.

"Label or diagnosis aside," I carefully and gently began to respond, "wouldn't *all* that you have on your plate potentially be contributing a significant amount to your emotional and psychological challenges and dilemmas? And, in some ways, you're responding the best way you—and any other human in your position, for that matter—can, knowing that choices have tradeoffs?"

She began to slowly look up at me. "Maybe?" she sheepishly replied.

Outside the Clinic

It seems as if everyday discourse nowadays is about "disrupting," "tearing down," or "breaking up" various kinds of harmful and oppressive systems. For the purpose of this volume, we are focused on the "biomedical model of mental health"—the waters we swim in when we refer to "mental disorder," "mental illness," "psychiatric

diagnosis," "psychopathology," et cetera, and how we can best support those individuals.

However, this kind of rhetoric typically falls flat. Despite the bravado, people who speak this way rarely, if ever, have any idea—practical, or barely even conceptual—of how to go about replacing or replacing said systems.

Eric Maisel is not one of those individuals.

With prose and practicality illuminated by the opening quotes by Doctorow and Fuller, this volume about the *human experience specialist* is a textbook example in how someone can both clearly conceptualize and flesh out how a new profession can live alongside those who already have a firmly established stake in the field of "mental health." An infinitely daunting task, to be sure—but Maisel is a rare individual whose career and prolific writings evidently show how one can relentlessly continue to chip away at an inherently harmful and irreformable model.

In this tour de force of a volume, its pages will dashingly explicate much needed breadth and depth for the *human experience specialist* project Maisel envisions. For those social workers like me, the answer is *yes*—this volume will cover many questions we are likely to have about how this new specialist and practitioner can be developed at micro-, mezzo-, and macro-levels of analysis and intervention.

If you, the reader—a psychotherapist, psychiatrist, mental health professional, psychiatric survivor, or not-so-ordinary interested human—are intrigued to learn more about the brass tacks of a budding profession and potential professionalization process for a new specialist comfortably tasked with supporting infinitely complex

stories and people in non-medicalizing and non-pathologizing ways, please take time to digest and enjoy the pages ahead.

To me, it is evident that the *Human Experience Specialist* is a clear and special distillation of what Maisel has been wrestling with for many years—his *magnum opus.*

Arnoldo Cantú, LCSW
Independent scholar and psychotherapist
Associate editor of *Ethical Human Psychology and Psychiatry* (EHPP)
Fort Collins, Colorado

Prologue

This is a book about a hypothetical new helper I'm calling the "human experience specialist" (HES). This sort of helper does not currently exist, at least not formally. Who knows how many coaches, psychotherapists, marriage counselors, chaplains, and social workers are already working this way. But as to there being a formal category, the human experience specialist does not yet exist.

And HESs are needed.

Right now, our helping models—to include psychiatry, psychotherapy, mental health counseling, and life coaching—are insufficient. Often, when they turn very human reactions to stress or despair into medical conditions, they are wrong-headed. Sometimes they latch onto a single idea—like goal-setting for coaches or cognitive improvement for cognitive therapists—and lose the person. There are practitioners out there who do good work, but their models are flawed. Something new and different is needed.

What's needed is *not* another diagnostic scheme, theoretical orientation, labeling system, chemical fix, tactic, strategy, or technical intervention. What is needed is a new sort of helper, one whose area of expertise is *human nature* and whose stock-in-trade is *wisdom*. The professional groups currently empowered to help people in distress—psychologists, psychiatrists, clinical social workers, family therapists, mental health counselors, et cetera—are limited in scope and too often tied at the hip to the pseudo-medical "mental disorder" model. This leaves a huge gap that needs filling.

It can only be filled by new practitioners who take as their canvas all of life. In this book, I'll describe these new helpers and paint a picture of what they might know (and not know), what they might do (and not do), how they might be trained, and how society might react to them. This is a speculative adventure, and I hope you'll enjoy the ride.

With our epidemics of depression, anxiety, addiction, loneliness, job dissatisfaction, and existential malaise, we need more than the chemicals of psychiatry, the rah-rah of coaching, and the technical interventions of psychotherapy. We need wise helpers who understand human nature and who can provide what sufferers need. This new helper might just be the human experience specialist.

If these ideas interest you, if you're in a position to create a training program to train a first generation of human experience specialists, if you'd like me to speak on this subject to your group, school, or organization, or if you'd simply like to chat, drop me an email to ericmaisel@hotmail.com. I look forward to that.

Chapter 1
Holding Her Breath

Let's think about our prospective human experience specialist from another angle. Consider the following.

During World War II, 60 million people died, more than 2.5 percent of the world's population. The Soviet Union alone lost between 18 million and 24 million lives. Germany lost between 7 million and 9 million, upwards of 10 percent of its population. Europe's Jewish population was reduced by between 5 million and 6 million, or 55 percent of European Jewry. A country like Portugal lost "only" 50 thousand souls, but those 50 thousand amounted to 10 percent of the Portuguese population.

Forget for a second about who was in the right and who was in the wrong. Rather, imagine a German youth of 18, a Russian youth of 18, a British youth of 18, an American Jewish youth of 18, a French youth of 18, and a Japanese youth of 18. Think of the parents of each of these young men—parents, say, between forty and forty-five years old. Think of their grandparents. Think of their sisters, their younger brothers—think about everyone affected by that calamity.

To say that the "mental health" of all of these people was affected by the fact of a world conflagration is to make a bad joke. Affected, indeed! It may have been the defining, pressing, most important matter on their radar, completely altering their lives and producing year upon year of unbearable stress. The whole world's population was "motivated" in drastically new ways—and unmotivated as well. How motivated would you have been to open up your grocery store each morning if you had to sell to your Nazis oppressors? How

motivated would you have been to get out of bed if your city was under siege?

Psychology posits many "theories of motivation." These include an instinct theory of motivation (think: birds migrating), an incentive theory of motivation (think: external rewards), a drive theory of motivation (think: drink water when thirsty), an arousal theory of motivation (think: cure boredom with an action movie), a humanistic theory of motivation (think: self-actualization), and more. To vote for any one of these—or some combination of them, or all of them in the aggregate—is to make a fundamental mistake.

The mistake is the way that these theories exclude the human experience. We aren't machines, functioning or not functioning in mechanical ways. We are human beings who think, feel, live, and organize our experiences in existential and psychological ways. The problem isn't that all of these theories have nothing to say. The problem is that this way of thinking prevents us from understanding human beings. The human being is almost always lost when a theory is proposed, whether that theory is psychoanalytic, cognitive-behavioral, or, as in the "mental disorder" model, pseudo-medical.

Think of that mother of that young soldier. It doesn't matter whether he is a German soldier, a Russian solider, a French soldier, a British soldier, or a Japanese soldier. Her son goes off to war. He has, say, a 20 percent or a 30 percent chance of dying. And for all the years that he is away, she may be fundamentally not motivated at all, though of course she still drinks water when she is thirsty, plays the lottery in the hopes of a windfall, and shows up at work to receive her paycheck.

She is "motivated" in all the textbook ways—she gets to work, she buys lottery tickets, she drinks water, she has sex—but her reality is that she is holding her breath. If you ask her why she is having

headaches, stomachaches, sleep problems, an inability to orgasm, and sudden crying fits, she may well tell you, "I am waiting for my son to come home." Should we really stand for a psychiatrist answering this with, "I have a pill for that mental disorder!"? Should we really stand for a psychotherapist exclaiming, "Oedipal issues!"? We should not. Our new helper of the future, our new human experience specialist, would begin by replying simply and humanly: "I know."

Our new helper would say to her, "I understand. I know that you are holding your breath, and I know why you are holding your breath. I want to make the following pair of suggestions, neither of which will fundamentally change your situation. Your fundamental situation is that you are waiting, that you are holding your breath, and that you are scared to death. I completely understand. But I do have a couple of suggestions to make. Shall we look at them?"

This isn't psychiatry or psychotherapy, it isn't mentoring, coaching, or counseling, and it isn't friendship. It requires a new category of helper, a person not bound to set goals and cheerlead like a coach; not bound, like mental health counselors, psychologists, and psychotherapists, to buy our current "diagnosing and treating of mental disorders" model; not bound, like a psychiatrist, to dispense pills; not bound, like a cleric, to lecture about what gods demand; not bound to ignore a human being's real, pressing, defining experiences and circumstances.

There would be no "diagnosing" and no "treating." Instead, there would be a human interaction in the context of calamity.

And who isn't in the middle of calamity? Forget about world wars. What is it like, for example, for the quarter million women diagnosed with breast cancer each year and the one in eight women threatened by it? What is it like to be a gay youth in a fundamentalist town? What

is it like for an overwhelmed blue-collar worker living in an overpriced tract home in Ft. Worth, Queens, or Dayton, just trying to pay the mortgage? What is it like for a writer with no publisher, a painter with no gallery, a musician with no gigs? What is it like for an obese man or woman with no sex life? What is it like for the millions who hate their jobs, the millions with no job, the millions who cringe when their mate enters the room, or the millions who have aged into invisibility?

Despite all of this mental stress, distress, and misery, we are supposed to stand "mentally healthy," as if life were a lark and as if sweet smiles were not only our birthright but also our very obligation. Why should we be smiling? Why should we be "mentally healthy," whatever that phrase is supposed to mean? For the whole history of our species, until very recently and still in many places, even your drinking water could kill you. In our age of good drinking water—which is only a reality for some percentage of our species—we have had world wars and nuclear weapons to contend with.

And what is life like for someone living under a dictator, where you can vanish for speaking? And how pleasant, for that matter, is your own seething mind, packed with worries, regrets, resentments, and to-do lists? Why *should you be* mentally healthy?

Nevertheless, you are supposed to keep smiling. You are supposed to stay positive. No matter that every human right is a fight that must continually be fought for. No matter that in this modern age of plenty, which advertising tells us comes with beautiful homes, beautiful cars, and beautiful bodies, insomnia is epidemic, obesity is epidemic, sadness is epidemic, and meaninglessness is epidemic.

You are supposed to not notice the machinations of the powerful: none of that should affect your mental health. You must not notice

your aging, your illnesses, or your mortality: none of that should affect your mental health. You may not even look in the mirror and announce that you might strive to be a better person. No, none of that!

Against this backdrop of great difficulty, stresses to our system, dangers as real as wars, famines and pestilences, and a mind that races of its own accord and seethes over injustices and indignities, has grown a mental health establishment that takes none of that into account. It acts as if our baseline is "mental health" and that deviations from that unreal, made-up baseline are "mental disorders" or "mental diseases."

It calls the warehousing of distressed and difficult people, people who are no picnic and who are having no picnic, the "institutionalization of the mentally ill." Its psychiatrists spend fifteen minutes with patients, not exploring human matters but prescribing and regulating chemicals. That is where we are today.

That establishment creates countless labels for human distress, individual differences, natural reactions to painful stressors, and socially unacceptable behavior. And it announces that this hungry, sad boy has a "clinical depression," as if something blew in the window and into his brain; that this unhappy, bitterly unfulfilled woman has a "clinical depression," as if her husband despising her wasn't about as real as bricks; that this arthritic old man whom his children have long since stopped visiting has a "clinical depression," as if it were really a lark to sit in a wheelchair in the corridor of a nursing home from morning till night.

Modern psychology and psychiatry refuse to take into account the extent to which human beings fail and how much failing hurts. For every PGA champion, there are thousands of golf pros and would-be golf pros chastising themselves for not playing well enough, down on

themselves for their lack of talent, their lack of discipline, and their lack of success. For every NBA star, there are millions of young men completely thwarted in their dreams of rising out of the hell of tenements, drugs, gangs and violence, and who at some very early age throw in the towel and live a life sentence of menace.

For every country-western singer who wins multiple Grammy Awards, there are legions of waitresses in dives all across America singing along to the music they wish they were singing for pay, as they wipe up coffee spills and scrape dried eggs off tabletops. We fixate on that PGA champion, that NBA star, and that celebrity singer—each of whom, by the way, is having his or her own meltdown, as any tabloid will tell you—and not on the "boring" ordinary people with failed dreams and bad lives who are supposed to keep smiling.

Ignoring our species' continuous history of difficulty and its ongoing difficulties—difficulties that can be increased any day of the week by a new war, a new plague, a new drought, a glacial winter, or just the continuous barking of your neighbor's dog—the mental health establishment, with our willing participation, has contrived to make all of these difficulties "abnormal" and, not coincidentally, profitable to them.

When you get very sad because life feels horrible or very anxious because everything from your bills to your mate feel threatening, they tell you that you have a "mental disorder." Either you nod your head in agreement and accept their pills and their "expert talk," or you announce your defiant disagreement and … then what? If you do not accept the mental health establishment's way of viewing your pain and if that pain remains, what will you do then?

It would be wonderful if in the future you could speak with a new helping professional, a human experience specialist. Countless psychotherapists, violating the letter of their license and not at all happy with "diagnosing and treating mental disorders," already function as human experience specialists—and could be converted over to that new category relatively easily, so ready are they to get untethered from the current untenable system. This is, of course, what psychotherapy should have been all along—a human experience specialty—rather than a pseudo-medical profession, where even master's level professionals assert that they have "patients."

Right now, systemic change in the helping professions is tremendously difficult. Just follow the money. And follow the prestige, the power, the insider connections, the holding of hands and the washing of hands, the intense ties among pharmaceutical companies, academics, hospitals, HMOs, mental institution executives, the courts, the expert classes, jailers, the advertising industry, politicians, bureaucracies, talk show hosts: the establishment in all of its colorful garb. A great many people are invested in taking money from you—and taking your very freedom—the second you complain of some difficulty. Against this reality, it is very hard to propose that the human experience starts to count for something.

Nor, by the way, am I suggesting that the practice of "prescribing psychiatric medication" should completely vanish. There is certainly a profound difference between chemicals-with-powerful-effects, which is what psychiatrists prescribe, and psychiatric medication, which is what they claim to be prescribing. The rationale for calling them "medicine" presumes the presence of diseases and disorders that not only have never been proven to exist but that on the face of them, by the way they are created around committee tables, ought to be disbelieved. However, and this is an important caveat, some

sufferers may want the effects of these chemicals-with-powerful-effects. For that reason, psychiatrists would still grudgingly be needed. For now, let me just repeat our first headline: if we forget that human beings have human experiences, we do so at our own peril.

Let us return to that mother holding her breath, that woman who has just learned that she has "the gene for breast cancer," that youth bored in school and afraid that someone will discover his sexual orientation, that hard-working office worker or manual laborer whose job is constantly in peril, that overwhelmed mother or father with long Covid, bills piling up, and not a gosh-darn thing to look forward to. Each is holding their breath. Helpers must understand this—or else they do not really understand life at all.

Chapter 2
Imagining Miriam

Let's picture a current helper, whom we'll call Miriam—someone who, through her lived experience of being a helper, no longer believes in what she does and wants more from her work than what she is currently getting.

Miriam no longer believes that the existing system can be repaired. After thirty years as a psychiatrist who also practices psychotherapy—thirty years of diagnoses, treatment plans, managed-care forms, prescription pads, forced confinement, continuing-education units, and caseloads stuffed beyond humane limits—she has come to a conclusion she once considered unthinkable: *that the whole current architecture of helping people was built on foundations too narrow, and maybe too wrong-headed, to hold the weight of contemporary life.*

She realized this gradually, the way a person notices a hairline crack in the wall expand into a fault line. It began with small irritations: her inability to name the distress of a climate-anxious teenager using any DSM category that felt remotely honest; her futile attempts to help a mid-career executive whose anguish had nothing to do with "disorder" and everything to do with meaninglessness; her frustration at being reimbursed only when she framed a client's suffering through pathology.

And then there were the stories her clients told her: the spiritual crises mislabeled as mood disorders, the losses dismissed as "adjustment problems," the existential despair squeezed into symptom inventories.

One rainy Thursday, Miriam sat across from a new client, a 42-year-old artist named Jenna, who said, "I'm not depressed. I'm not anxious. I'm not anything you can diagnose. I'm just … confused about who I am and what I'm supposed to be doing here." She paused. "Do you help with that?"

Miriam hesitated. "Yes, I would love to," she said. "But the system doesn't really allow for it."

Those sentences—short, quiet, almost whispered—would become the seed of a movement Miriam would make from psychiatrist to human experience specialist. What follows is the story of why such a role is needed, how it arose, and why it may not only complement existing roles but eventually transform or replace them.

It is a story about the recognition that the human experience is broader than any single discipline has so far allowed.

The Limits of the Old Paradigm

1. Psychiatry and the Medical Model

Psychiatry brought science, diagnostic classification, and pharmacology into the arena of mental suffering—or so it has claimed. But its central premise—that psychological distress and existential malaise are best understood as illnesses requiring medical intervention—has both narrowed its domain and invited questions about its legitimacy.

Miriam could prescribe medication for Jenna's insomnia and low energy. But she sensed that this would be like applying a band-aid to an existential wound. Psychiatry did not train her to explore the soil of identity, purpose, longing, or existential anxiety. It did not teach her how to talk meaningfully about creativity, crises of meaning,

spiritual rupture, or moral injury. It was busy with the practice of labeling and impoverished at existential truth.

2. Psychotherapy and the Pathology Framework

Psychotherapists, especially those from humanistic, transpersonal, and existential traditions, have long pushed back against the medical model. But most were still entangled in a framework of diagnosis, insurance requirements, treatment justification, and risk-management protocols. Even the most creative therapists often had to translate a client's experience into clinical language: into "generalized anxiety disorder," "major depressive disorder," "avoidant personality traits," "treatment resistant depression," and so forth.

This translation, Miriam came to believe, was not neutral. It altered the conversation. It made the client the *site* of the problem rather than the carrier of legitimate existential dilemmas: the fear of freedom, the weight of responsibility, the crisis of meaning, the pressure of authenticity, the grief of limited time.

There were also cultural gaps. Many therapists were unprepared to help clients navigate the accelerating complexity of the 21st century: challenges like identity fluidity, digital overwhelm, existential loneliness, ecological dread, career precariousness, collapsing narratives of success, fascistic encroachments, and spiritual searching that did not fit into traditional religions.

The profession's multiplicity of theories sometimes bordered on chaos—psychoanalytic, cognitive, transpersonal, somatic, and existential models often competed rather than conversed. And, as with psychiatrists and clinical psychologists, psychotherapists wrapped themselves in the mantle of science—without any particular justification. Moreover, in its search for unconscious motives and

hidden wounds, therapy tended to overlook the practical and social factors shaping distress. Critics rightly argued that psychotherapy easily became a mirror hall of introspection, encouraging endless self-examination without action.

3. Counselors and Coaches: Practical but Constrained

Mental health counselors and life coaches offered another model, one that Miriam rather envied. They were more action-oriented, less pathologizing, and often more accessible. But they faced their own limitations.

Counselors usually framed their work around adjustment, coping skills, and emotional management—not the deeper issues of meaning and existential direction. Coaches specialized in achievement, clarity, and accountability, but most had no training in existential or psychological processes. Many were ill-equipped to handle profound crises or philosophical questions of identity, mortality, and purpose. Coaching excelled at "What do you want to do?" but stumbled over "Who are you becoming?" Its problem was not optimism; it was superficiality.

The Human Experience Specialist: A Larger Frame

Miriam's insight—and later, her movement—began with a simple observation: *people are suffering in ways that existing helpers are not trained to address.*

Who was trained to address the following issues?

- meaning collapse
- existential anxiety
- identity fragmentation
- loneliness despite hyper-connection

- moral and ethical fatigue
- uncertainty overload
- creative paralysis
- spiritual disorientation
- future shock
- value confusion
- technological alienation
- climate dread
- loss of narrative coherence

These sufferings did not fit the current categories. They were both *conditions of existence* and *conditions of contemporary existence*, not syndromes of disorder. An HES, Miriam mused, would be trained explicitly to address these phenomena. Their domain would be **the whole human experience**: cognitive, emotional, existential, relational, psychological, creative, spiritual, cultural, moral, and identity-based.

The HES's core understandings would be about human nature, and her stock-in-trade would be wisdom.

The HES would not diagnose. They would not treat disease. They would guide people through the terrain of being human. A human experience specialist would deal with **the integrative totality**—the meaning of distress, the context of identity, the existential dilemmas beneath symptoms, and the philosophical backbone of change.

Where a psychotherapist might ask, "What symptoms are you experiencing?" an HES might ask, "What is the shape of the life you are trying to live?" Where a coach might ask, "What goal are we clarifying?" an HES might ask, "What story are you authoring?" Where a psychiatrist might ask, "How are you sleeping?" an HES might ask, "What are you waking up to, internally and existentially?"

Relieving Pressure on the Mental Health System

A compelling part of the rationale for the HES profession would be structural. Countless people seeking help have existential crises, difficult transitions, loneliness, moral distress, loss of direction, and so forth. When such clients are funneled into the mental health system, the system becomes overloaded and clinicians either diagnose unnecessarily or struggle to justify treatment. Nor are clients getting what they need.

An HES would provide:

- a non-clinical, non-pathologizing alternative
- a place for meaning-based distress to be heard
- support for identity and existential exploration
- guidance without treatment labels
- philosophical depth without clinical reporting
- integrative conversation without medicalization

This would reduce dependence on the mental-illness framework—and better meet human beings where they were at.

Human Experience Work as Preventive Care

Many crises begin as existential rumblings:

- A loss of meaning becomes depression.
- A crisis of identity becomes anxiety.
- A sense of purposelessness becomes addiction.
- A moral injury becomes burnout.

A human experience specialist could intervene at the level of meaning before pathology manifests. Preventive, proactive, existentially grounded work might be the single most powerful antidote to the

global mental health burden we currently face. HESs might lead the way in preventive care.

Let's return to Miriam. She is just beginning to picture this new helper, the human experience specialist, and she is just beginning to incline her practice in that direction. As she does so, her work shifts.

The Client Who Needed "More Than Therapy"

When Miriam first met Andrew, he had already tried three therapists. He wasn't depressed. He wasn't anxious. He wasn't burnt out. He wasn't traumatized. He was *untethered*.

At 53, he had achieved everything he set out to do. But he felt empty, unmoored, spiritually abandoned, and purposeless. His therapists attempted cognitive reframing, trauma exploration, lifestyle changes, and mindfulness. None touched the core.

Miriam realized the real questions were existential:

- "Who am I when I am no longer driven by ambition?"
- "What does it mean to be a self in midlife?"
- "What is my responsibility to my younger dreams?"
- "What am I still trying to prove—and to whom?"
- "How do I live the rest of my life consciously?"

No mental health diagnosis could capture this. It was not illness; it was *existence asking to be heard*. And so, she and Andrew went about:

- creating a new life narrative
- examining identity transitions
- exploring existential freedom
- mapping his values over time
- facing mortality as a motivator

- redefining authentic living
- constructing a future with agency

This was deeper work than coaching, broader work than therapy, and nothing at all like psychiatry. It required a profession built precisely for this terrain, one that Miriam was beginning to inhabit.

The Crisis of the 20-Year-Old

Then there was Amina, a 20-year-old university student who announced that she did not feel "mentally ill" but did feel overwhelmed by:

- existential dread about climate change
- fear of making the wrong life choices
- confusion about identity
- exhaustion from constant online comparison
- anxiety about the future of work
- loneliness despite having friends
- a sense she was "born into a collapsing narrative"

Therapists told her she had generalized anxiety. Psychiatrists offered medication. Coaches emphasized productivity. Spiritual advisors talked about surrender.

She did not want to surrender. She wanted to understand. And so, Miriam focused on:

- developing existential literacy
- helping Amina navigate uncertainty
- teaching her how to build meaning rather than find it
- strengthening identity coherence
- exploring moral agency in an unstable world
- fostering future resilience

- expanding her understanding of what it meant to be alive during a period of transition

Amina didn't need to be treated. She needed to be accompanied—*wisely*, *deeply*, *existentially*.

A New Kind of Helper for a New Human Era

Let's continue picturing Miriam and her transition from psychiatrist and psychotherapist to human experience specialist. In our conjured vision, Miriam eventually leaves her practice and founds an institute to train the first generation of human experience specialists. She quickly notices something extraordinary: applicants are coming from everywhere:

- Therapists who felt confined by diagnosis
- Coaches who felt devoid of depth
- Philosophers who wanted applied work
- Chaplains who wanted secular practice
- Artists who wanted to guide others creatively
- Teachers who wanted to help with life questions
- Retired professionals craving meaningful second careers

The biggest surprise? Clients understood it instantly.

They didn't ask, "What's an HES?" They said, "Oh. That's what I've been looking for!"

Replacement Through Evolution, Not Competition

Will human experience specialists replace psychiatrists, psychotherapists, counselors, and coaches? Certainly not in a competitive or adversarial sense, but perhaps through *functional differentiation* and by doing different work better.