LONG-TERM BENEFITS FROM PSYCHOThERAPY: A 30-YEAR RETROSPECTIVE BY CLIENT AND THERAPIST

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This article offers a uniquely long-term examination by a client and therapist, mental health professionals, of their therapeutic work together and of related principles of psychotherapy. The dialogue includes discussions of the experience of surprise as a hallmark of effective therapy, the extent to which the authors are usually alienated from their subjective experience, and ways in which introspective sensitivity can be fostered and alienation overcome. Other topics include the nature of therapeutic insights and their similarity to those valued by contemplatives, their state-dependency and multiple degrees of significance, and the illusion of final insights and attainments. The dialogue goes on to discuss the emergence and implications of synesthesia and increased energy, comparisons of psychotherapy and meditation, the mind as potentially self-healing and self-actualizing, and therapeutic processes that foster self-trust.

**Keywords:** alienation; introspection; psychotherapy outcome; meditation; self-actualization; spirituality

In 1974, Roger Walsh entered psychotherapy with James Bugental for what proved to be the most transformative experience of his life. Roger was then a 2nd-year psychiatry resident at Stanford University. At the time, as a result of studying psychotherapy outcome research, he held a rather dim view of the effectiveness of most psychotherapy and was most impressed by behavior therapy. He entered his own therapy, in part, because he felt that if he was doing it with others, he had a moral obligation to try it himself. He, therefore, began with limited or even low expectations. He could not have been more mistaken. The experience transformed his personal and professional life and began a 30-year exploration of psychotherapeutic and contemplative disciplines. The therapy began with twice-weekly sessions, soon increased to four per week, and lasted for 20 months. Both participants subsequently wrote independent accounts of the process (Bugental, 1981; Walsh, 1976, 1985).

In 2002, Jim and Roger met twice to reflect on their therapeutic work together. As reflects their different styles, Roger arrived with a list of questions while Jim requested that they engage in a spontaneous dialogue. The result was a combination of both. Jim and Roger met again to edit the dialogue in 2003, shortly after Jim's 87th birthday, and 30 years after beginning their work together.
R.W. Your words are striking because in therapy I began to realize how infrequently I'm really present and aware. In fact, most of my life I'm on semiconscious, automatic pilot.

J.B. No. Yes, and the tragedy is that our culture rewards it.

R.W. Therapy showed me that I was unbelievably out of touch with my experience and that there is an inner world or universe that I had been totally unaware of. I felt as though I'd spent my entire life up till then living on the top six inches of a wave on top of an ocean that I didn't even know existed.

J.B: That's a marvelous metaphor.

R.W. For me, it was an enormous shock to realize there is an inner universe, and yet we can go an entire lifetime unaware of it.

J.B: Isn't that tragic, that we live as strangers to ourselves, exiled from our own homeland of subjective awareness and inner experience. And so much human suffering stems from that.

I think your metaphor of living on the top six inches of the top of the wave is excellent. There is always so much more. We can have intense experiences, profound experiences, but it isn't ever the final experience.

R.W: That goes very deep. I remember reading a famous dialogue between a Zen master, Harada Roshi, and his student—a bed-ridden, dying young woman—who had a remarkable series of successively deeper awakenings. At one point she assumed she had attained some kind of definitive awakening, but Harada Roshi commented that enlightenment is capable of "endless enlargement" [Kapleau, 1977]. He did not see even this woman's profound satori as the end of the awakening process, or even that there ever would be an end to it.

J.B: Isn't that wonderful?

R.W. I guess when we see that, it encourages us to realize that the goal is not some final end point, but rather the process of learning and awakening itself. That's relevant to a recognition that occurred when I was preparing for our dialogue. I reread the paper I wrote about our therapy and three things really struck me.

The first was just how many insights occurred during our 20 months together. The second was that many of these same insights are highly valued in spiritual disciplines. The third insight was that many of them have continued to deepen over the years, and some of them seem boundless. What I mean is that they seem capable of being understood ever more deeply; they have what philosophers call multiple "grades of significance" [Schumacher, 1977].

J.B: Can you give an example?

R.W: Well, I mentioned the importance of presence. Before coming into therapy with you, I had no idea that this was even an issue. Since then I've spent 25 years doing fairly intense meditation practice [Walsh, 1977, 1978, 1983, 1999], and I now recognize what meditative traditions have been teaching for thousands of years; namely, that most of the time our awareness is largely fragmented and consumed by thoughts and fantasies. What's most extraordinary is that we don't usually recognize this because unconsciousness, like defenses, is self-masking. So the recognition in therapy of the importance of presence...
was crucial for me, yet I had no idea just how deep it went. And maybe 30 years from now I'll look back and again think—I had no idea.

J.B. I would expect that would be so, wouldn't you?

R.W. In one sense, I hope so because it's a sign of ongoing learning. Then we keep looking back and think, "Wow, I thought I understood, but..."

J.B. Isn't that exciting!

R.W. Actually I have a dual reaction right now. There's a potential for excitement, but I also feel overwhelmed.

J.B. That's appropriate.

R.W. Your reaction is excitement and mine is constriction. I've worked hard to open up to experience. To think that there is still so much more is a little scary in this moment. Yet in another moment, it could be exciting and wonderful.

J.B. I understand. I think the curse is to look for the end or ultimate. That is the path to disappointment or feelings of futility. Says he, talking as though he had mastered it.

R.W. One of the things I've learned from meditation practice is that when I'm fixated on finding satisfaction in a future goal, then I'm assuming there is something wrong with this moment. I'm operating out of a sense of deficiency.

J.B. If you see deficiency as openness to possibility, then you can turn it around into the exciting stance of "there is more, there is more...

R.W. I need to sit with that for a moment. [pause] You're right. And for me there is the trap of thinking the "more" is in the future, rather than that the "more" is within the moment. That's been a recurrent learning in; psychotherapy and meditation—that the answers or sense of satisfaction and meaning that I'm searching for are so often available in the depths of this moment's experience.

J.B. We swim in it every minute.

R.W. I think it gets back to the idea that within the realm of subjectivity there is no bottom. From my contemplative understanding, I would now say that there is no bottom, and the depths of the psyche open into pure being or pure consciousness.

J.B. The trouble is you can't talk about some of this. Yet to say you can't talk about it is to talk about it. Also, I think "it" is dynamic, always in motion as we experience it—it's opening and opening. Yet there seems to be a shimmer, an illusion, that at some point I will have "it," I will get "it." There is a central dynamic of endless reaching. In fact, reaching is, to my mind, the richness of life. Not getting, but reaching, and I resist judging the reaching by whether one gets it. And yet, what I just said can lead to a certain inertness. If I can't get there, then why struggle? Not that I practice what I preach, of course.

R.W. I'm looking at the list of topics I thought might be interesting for us to discuss.

J.B. Reading the list feels distant from our current conversation and immediacy.

R.W. I know what you mean. Reading the list did feel distant. Yet a couple of things sparked reactions and seem worth sharing. One is the topic of synesthesia, which involves cross-modality perception in which you might hear a sound but also "see" it or "sense" it in your body. Synesthesia began for me in therapy, which is something the experts say can't happen. I have an interesting follow-up that I want to tell you about.

Researchers assume that synesthesia is a rare, genetically based capacity that can't be developed. Yet recently I surveyed meditators, and the findings were dramatic. Rather than being very rare, about half the meditators reported it, and its frequency correlated with amount of meditation practice. I suspect that psychotherapy and meditation may enhance perceptual sensitivity, so that we can recognize what are usually subliminal processes. It's interesting that an experience that occurred in therapy has now morphed, 30 years later, into a productive research project. How's your energy holding up, Jim?

J.B. I'm energized by our conversation.

R.W. There is so much emphasis now on testing therapeutic outcome; "empirically validated therapies" are today's psychological Holy Grail. I know it can be valuable, yet so many of the important shifts that occurred and things I learned in therapy would be so hard to measure objectively.

J.B. It's true. So much objective testing feels irrelevant.

R.W. In some ways, it feels that the deeper the insight and the deeper the transformation, the less readily it lends itself to objectification and measurement.

J.B. You are having deeper insights as we talk. But when you get home, will you recall these insights? When I write down insights and return to them at a later time, I often wonder why I thought they were so significant.

R.W. I have to agree with you, because I have multiple diaries of my subjective explorations, beginning with our therapy, and they don't have nearly as much intellectual or emotional impact as they originally did. This obviously relates to a central challenge of therapy: getting new insights and behaviors that emerge on the couch to take root in life.

J.B. I'm not trying to throw cold water on insights. Rather, I'm thinking about their very nature. Are they always in some degree circumstantial? Do they depend, in part, on who you're with, what the circumstances are, etc.? They don't seem completely portable.

R.W. Perhaps they're even more dependent on the state of mind in which they occurred, a kind of state-dependent learning. I certainly notice that in meditation, and I suspect it's sometimes true of therapy. You haven't done contemplative practices yourself Jim, but I appreciate how open-minded you are about them.

J.B. I come to these things with a mixture of the will to believe and the will to doubt.

R.W. That sounds like a crucial combination. It seems relatively easy to be open-minded, and relatively easy to be critical, but it's hard to be both. Maintaining the capacity for critical open-mindedness feels like an ongoing challenge.
J.B.: That's to the point. Maintaining the recognition that nothing is certain is an ongoing challenge, too.

R.W.: The questioning of certainties, of assumptions that I took for granted, seemed like such an important part of our therapy. Deep transformative work in therapy and contemplation seems to involve the repetitive unearthing of unrecognized, limiting assumptions. I love Henry Ford's line that those who believe they can do something and those who believe they can't are both right. It feels like the more we recognize our presuppositions, the more tightly we hold our beliefs. My understanding is that if you go deeply enough, you begin to see that all beliefs and experiences are part mental constructions, structured by our concepts and presuppositions.

J.B.: Otherwise you couldn't recognize it.

R.W.: Realizing that helps free us from our mental automaties: our automatic assumptions about what anything means, or how we should respond to it. That can create anxiety, but also offers greater freedom and flexibility and play. For me, the anxiety came early—it began in therapy and continued in meditation—but I'm still learning to appreciate the freedom.

Actually the anxiety began in my first session with you. I remember walking in with eager anticipation, then in the second half hour feeling more and more anxious. Suddenly I blurted out, "If you cure me I'll never amount to anything."

J.B.: You will have to come back in 50 or 100 years to see if that's true.

R.W.: Well, half of those 50 years have passed, and I'm happy to say it hasn't come completely true yet. But it points to a major fear I had, that I think most of us harbor to some extent. Namely, that without our defenses we wouldn't be motivated and couldn't trust ourselves to do what is appropriate and necessary. Does that make sense to you?

J.B.: Less than it might have at some time past. The idea that comes to mind is popular but has a denigrating quality which I don't mean—it's the belief that our neuroses are what give us dimension. They may do that, but it's not an unmixed blessing.

R.W.: So our neuroses give us depth and richness?

J.B.: The idea is overly simplistic, but given that proviso, that caution, I would agree. They don't only cause suffering. They are at once our unique fingerprints and smudges.

R.W.: This question of whether our neuroses and suffering give us insight, or if they are a significant contemporary concern. I’ve been reading Peter Kramer's book, *Listening to Prozac* (Kramer, 1993). One of his central themes is that psychopharmacology is reaching a stage where we can fine-tune personality to the point of what he calls "cosmetic pharmacology." But at what price? What are the pros and cons of this? As pharmacology progresses, this is an increasingly pressing issue.

J.B.: I feel caution. The very phrase cosmetic pharmacology concerns me. After we have had our treatment, would it be hard to distinguish you from me? If we're all cured, will we be cosmetically indistinguishable? That's an exaggeration, but I do think too often people simply want to cure people of their uniqueness and have them fit a standard pattern.

R.W.: That's a concern for many people. But my own experience in therapy with you was exactly the opposite. I don't claim that my neuroses were completely cured—you're good, but I don't think you're that good [Laughter]. However, they were whittled down a little.

The result was exactly the opposite of my fears that I would end up unmotivated and apathetic. Rather, there was a flood of energy, a feeling of greater freedom and joy, and perhaps an unleashing of creativity. The increase in energy was dramatic. It began one day with a very specific insight, when I saw I was using fatigue as a way of avoiding responsibilities. From that day on I noticed about an hour less sleep each night. Then I began exploring my sleep needs and my beliefs about them. I noticed that a lot of what I took to be physical fatigue actually proved, when I examined it carefully, to be an accumulation of unresolved experience. When I took time to be still and to experience it fully, then it would transform and release, and more energy would become available.

But what also happened is that a number of underlying beliefs and accompanying fears emerged, such as, "If I don't get enough sleep I won't be able to function, I'll feel lazy, I'll go crazy." As I explored those fears, my sleep needs continued to decrease, until I went from needing 8 hours to needing only 4. After that, I happily lived on 4 hours of sleep each night for about a decade.

J.B.: That's a particularly dramatic example of the gains in energy and vital alertness that can occur in therapy. I see these as arising when intrapsychic conflict is reduced, thereby releasing energy and personal power.

R.W.: Of course, the trap I fell into was getting attached to having all this extra energy and free time. But there came a time when my sleep needs began to increase again. Since I was desperately attached to the old schedule, I tried to cling to it and get sick several times before I finally let go and accepted the new rhythm. On the positive side, I still find that I have more energy and need a couple of hours less sleep than before I began therapy.

J.B.: I understand that meditation can have a similar effect. Is that your experience?

R.W.: Very much so. Reduced sleep needs are common with intensive meditation. Another dramatic shift for me was my relationship to science. I came into therapy as a very hard-core scientist. I had no knowledge of the subjective, interior world and was firmly committed to objective, quantitative science. Actually, I was more than a scientist; I was scientific and believed that science was not only the royal road to knowledge but the only road to knowledge.

J.B.: Even the only road to "Truth."

R.W.: Yes, and in therapy there was a dawning recognition of the limitations of science, especially for getting at fundamental dimensions of hu-
man experience, and at the psychological growth that can occur in therapy.

J.B.: I still have my love affair with science, but it's an open-minded science. What comes to mind is in my own original area, which was psychological testing. Testing boomed in the 30s and early 40s, fed by a drunken infatuation with measurement and statistics. We thought if we could count it and do statistical elaborations, then we were doing science, and that finally the human psyche would yield itself to our measurements and manipulations.

I was fortunate enough to come along after the first drunken reels of the early 30s, so that I was less charmed by the magic wand of statistics. I had to learn to use it, and my dissertation contained some nice correlations. But I came to see, speaking hyperbolically, that what can be counted is of little account because what can be counted are surfaces.

R.W.: I came from a very narrow scientific view too, but it wasn't until you pointed out much wider realms of experience that I began to question it. This continued over several years and was really difficult because science was so central to my self-image and worldview. I saw myself, first and foremost, as a "scientist." Eventually I had a dramatic experience that symbolized this questioning process. I was sitting in meditation, when suddenly I saw an image of the word SCIENCE made out of huge pillars of stone. Then the pillars began to shake and crumble and fell to dust before my eyes. Science had ceased to be my God. Today, I still appreciate science but am concerned about the extent of scientism in our culture.

You opened me up to my inner world, which I hadn't even known existed. Then it became apparent that I had overlooked huge domains of reality and human nature by limiting attention to the objective and the measurable.

J.B.: I have one protest— I didn't open you up.

R.W.: Will you accept that you helped?

J.B.: One person can't open up another person. We can point to the door and say "Hey, here's a door," or "Hey, you're not paying attention to that door." But I don't think we can open it. When people aren't ready to see, they won't see and can do astonishing things to ward off seeing.

R.W.: Well, you certainly helped me trust my own seeing, because another central discovery in therapy was how much self-distrust I had, and particularly distrust of my own mind. I was startled to realize that I was really afraid of my mind, constantly on guard against it, and continuously trying to micromanage and correct it. So one crucial thing I learned in therapy was a deeper trust in myself and my mind.

J.B.: So much of our energy and life are wasted fighting inner demons which we ourselves have created. Because we are so alienated from ourselves, we fear and mistrust our own nature and set up defenses which alienate us even further. We can't defeat our demons, but we can see through them with clear awareness.

R.W.: That certainly fits my own experience, and I think there were several things that helped. The first was having the distrust pointed out to me time and time again. On the positive side you encouraged me to trust myself more, and you modeled that kind of self-trust yourself.

Another important process was coming to know the mind better and learning from direct observation that it is inherently trustworthy. As I developed more of an observing ego or witness, I could begin to watch what the mind was doing and appreciate its extraordinary self-organizing, self-healing, and self-actualizing tendency. I saw that when we bring awareness to our mental processes they tend to heal. I have come to love Fritz Perls' statement that "awareness, in and of itself, is curative" [Perls, 1969]. There's a saying in the contemplative community that "meditation is the practice of making friends with your mind," and I think that can also be true of therapy.

Part of coming to know the mind better was discovering depths and capacities that I hadn't known existed. You were so sensitive to tiny changes in vocal tone or facial expressions which reflected subtle inner changes, that initially you picked these inner shifts up long before I could. So you helped me recognize subtle inner experiences—feelings, sensations, and images—which I had been utterly unaware of. Then I found that some of these provide remarkable information about myself, such as subconscious desires, defenses, motives, and states of mind. I remember describing these as a kind of inner Rosetta Stone— a mental mine of information about myself and my mind. For example, now I didn't have to wonder or worry about what I really wanted in a situation, I could simply go inside and feel what I wanted.

J.B.: I've called that kind of organismic awareness "the inward sense." Developing it is central to therapy, and when it's developed, much of what we usually consider unconscious is accessible. Then we are more aware of ourselves, more in touch with ourselves, and eventually more at one with ourselves. Then the inward sense becomes an ongoing resource that can enrich life long after therapy ends.

R.W.: That's certainly been my own experience. In fact, it may be the greatest of all the gifts I received from therapy. But I suspect you learn it best with a therapist who has developed his or her own inward sense.

J.B.: I would assume so.

R.W.: One other thing contributed to self-trust. You encouraged me to read in areas such as humanistic psychology. This exposed me to a more positive view of the mind and human nature than of say, classical psychoanalysis and behavior therapy, which assume, to put it simplistically, that the unconscious is largely brutish and untrustworthy or that the mind is a mere machine that has to be shaped up through reinforcement. The net effect was that you exposed me to a much more generous view of the mind through a combination of modeling, direct introspection, and humanistic reading.

J.B.: It makes me feel good to hear you say these things.

R.W.: I'd like to discuss a question I've puzzled over for years. I began therapy assuming that I had to work on and actively change the mind. Yet I...
learned that the mind is, potentially, a self-healing organism and that if I simply brought sustained awareness to my neuroses they would often begin to heal themselves. So my question is When is it appropriate to actively try to change something dysfunctional, and when is it more skillful to simply witness and allow it to unfold, trusting that it will release by itself if we bring awareness to it?

J.B.: I don't see why it is an either-or. Witnessing is very powerful, yet to go in and work on a painful pattern is sometimes necessary. But perhaps a key question is What is the "work" of working with a painful pattern? To my mind it's opening it, seeing it, observing it in all sorts of circumstances, experiencing the dissatisfaction of it, finding out the parts I'm still holding on to, and so forth. It's a matter of open awareness. Recognizing and experiencing it, I think, often enough.

But there are some disrupting patterns that are so powerful or painful, so tied in with other patterns, that just observing is not easy. That's when therapy really helps.

R.W.: But eventually the therapy ends, and then?

J.B.: In one sense, I don't know if it ever ended for people I worked with intensively. We discontinued because the clients and I felt they could go on and still do therapeutic work within themselves. I'm sure that wasn't always true, but that's what I hope the therapeutic experience meant: an ongoing re-introduction to, and revaluing of, their inner life. So much in our culture devalues us.

R.W.: I would qualify one thing. You said that you hoped your work would help people revalue their subjective inner world. I had never known or valued it, so I couldn't revalue it. I could only open to it and learn to value it for the first time.

Clearly our relationship was the medium in which this opening occurred. In fact, therapy taught me to value relationship more and to give it more time and attention. My wife often says that we would never have survived together if you hadn't worked with me, Jim, and made me a bit more interpersonally sensitive. I remember she thanked you once for preparing the ground for our marriage.

Right now, as I remember being with you, I feel there was a depth of being and presence in which you brought me to open to similar depths. You modeled a depth of feeling and being from which you spoke and responded that encouraged me to feel and reflect more deeply too. That was really crucial.

I feel that same depth in our dialogue here today. One thing that struck me repeatedly during our conversation is how deeply you go into yourself to feel and bring up a response. It helps me slow down and open more deeply myself, rather than using my agile mind to jump in quickly and superficially. You have reminded me of a valuable skill and way of being.

I have a sense of completion now that feels very good. How about you?

J.B.: I feel very well fed. Thank you.

REFERENCES


