

The Person-Centered and Psychodynamic Theories: Rogers and Jung
William W. Lorey

A paper submitted in partial

fulfillment of the requirements of COUN 664G

Theories and Techniques of Counseling

Dr. Daniel Bates

2023-11-19

Abstract

Rogers and Jung—the respective creators of the person-centered and psychodynamic theories—developed what on the surface are largely different therapeutic approaches. Rogers focused heavily on the nature of the therapeutic relationship, prizing immediate connection as the healing component in therapy. Jung focused, instead, on matters of psychological theory including the makeup of the unconscious and its impact on the psyche. Jung pointed to individuation, the process of fully embracing all forces at work within the individual, as the therapeutic north star. It appears that Rogers' work nests within Jung's and that both theorists, despite their differences, may be to some degree united, or unitable.

The Person-Centered and Psychodynamic Theories: Rogers and Jung

Two theoretical approaches applicable to the counseling enterprise are discussed in this document: Carl Rogers' person-centered theory and Carl Jung's psychodynamic theory. Both products of the 20th century, the contributions of Rogers and Jung remain pillars in the theoretical landscape of counseling and psychology. This document addresses each theory in turn, beginning with the theorist's biography and their influences, then continuing on with a discussion of their beliefs about human nature, why people have problems, the role of the counselor, role of the client, therapeutic goals, and lastly multicultural considerations. Following an exposition of each theory, their similarities and differences are noted as well as my personal reaction to the theories.

Person-Centered Theory

Theorist's Biography and Influences. Rogers grew up in a "narrowly fundamentalist religious" home in which his family members and, through his inheritance of his parents' beliefs, himself, kept others at a distance (Rogers, 1980, pp. 27–29). In his family's view, individuals outside the family unit acted dubiously—non-biblically—and these outsiders deserved tolerance but little else. Rogers described his childhood as lacking any close friends and close family members; he lacked anything resembling a "communicative interpersonal relationship." This continued through his high school years into his training in university and was exasperated by the fact that, until he finished graduate school, he never attended a school for longer than two years.

From this small snippet of Rogers' upbringing, it is clear that he lacked a sense of connection to others in his formative years. The environment in which he was raised—one of inwardness and judgement towards others—undoubtedly played a part in driving his high appraisal of genuine and nonjudgmental connection to others. As we will see, Rogers had faith in this manner of human

connection and its power to heal.

Beliefs About Human Nature. Rogers believed that human nature is fundamentally good and that what keeps individuals from tasting the simplicity and goodness of their nature is a lack of acceptance—a struggle against themselves (Rogers, 1980, pp. 177–178). He held this view while insisting that he was not naively optimistic,¹ noting that he is quite aware of humanity’s capacity for incredible cruelty, immaturity, destructiveness, and hurtfulness (Rogers, 1961, p. 27). Looking past these negative realities within each of us, Rogers posits that individuals can each discover the “positive directional tendencies” within, work he finds to be “refreshing and invigorating.” These tendencies exist, in Rogers’ view, deep within in all of us; they exist at “the deepest levels.”

Why People Have Problems. Individuals have problems, according to Rogers (1980, p. 201), not least because we have misjudged the realities of human nature in the West. A belief featured prominently in “many of our religions,” certainly including the Western, Judeo-Christian tradition, is the view that individuals are basically sinful; they require guidance and discipline lest their sinful nature dominate. According to Rogers, the psychoanalysts adopt a similar view: individuals’ unconscious impulses must be understood and controlled, otherwise they “would wreak havoc upon society.” He points to a “superior authority” which emerges as a requirement to hem in man’s shortcomings.

In opposition to this understanding of human nature which in Rogers’ view is a source of human suffering, he posits that it is much more effective and healing to give individuals a “suitable psychological climate” in which the aforementioned innate goodness within each human being may be fostered and allowed to express itself (Rogers, 1980, p. 201). With this he paints a grave judge-

¹“I do not have a Pollyanna view of human nature” (Rogers, 1961, p. 27). “Pollyanna” refers to a character in a classic movie by the same name who is unendingly optimistic and determined to see the best in life (Swift et al., 1960).

ment on the prevailing Western understanding of human nature: “the first paradigm of controlling the evil in human nature has brought civilization to the brink of disaster.”

Role of the Counselor. In discussing the qualities he found to be nurturing, healing, and transformative in others whom he leaned on for support during his own confrontation with the chaos within himself, Rogers (1980, pp. 12–13) neatly alludes to his beliefs on what a counselor’s role ought to be. Per Rogers’ allusion, counselors are individuals with the capacity to rescue others who seem to be drowning, they can hear deep meanings, perhaps more deeply than the client heard with their own ears, and they refrain from relating by way of judgment—they do not diagnose, appraise, or evaluate. Counselors just listen, clarify, and respond, staying with individuals where they are, as they heal. Rogers emphasises how powerful it is to be really heard—free from another’s judgement and attempts at exacting control: how good that feels when in the throes of psychological distress.

Rogers (1980, p. 15) gives another indication of what he believes the counselor’s role to be when speaking of an example involving a client who he viewed as “a pleading little boy, folding his hands in supplication, saying, ‘Please let me have this, please let me have this.’” Rogers writes that being real with the client, which in this case would involve expressing to the client this impression that has occurred to him, would in all likelihood have a substantial impact on the client, one that would advance the therapeutic relationship. Here we see an example of congruence—the opposite of playing a role, saying something one does not “feel”—which in Rogers’ view increases the probability that a change in the client’s personality will occur (Rogers, 1961, pp. 61–62).

Role of the Client. Rogers (1980, p. 149) stresses the importance of client feedback in the therapeutic relationship. He writes that clients are much better judges of the “degree of empathy” present in the therapist and that to become a better therapist, one must allow clients to indicate

whether or not their therapist is correctly understanding them. Rogers (1980, p. 303) also highlights how rewarding it is to nurture each clients' own ability to "[move] toward self-understanding" on their own accord. This involves allowing the client to approach a resolution to their problem based on their own ability to devise and take constructive steps. This, Rogers points out, requires trust on the part of the therapist and this dynamic tended to manifest when he created a therapeutic environment that was "empathic, caring, and real." This "real" quality harkens back to the idea of congruence introduced above: a foundational concept for Rogers.

Therapeutic Goals. The antithesis of the therapeutic goal, Rogers (1980, p. 179) writes, is to objectify the client—to relate to the client in an impersonal manner, analyzing and diagnosing them. While Rogers writes that this style of relationship is helpful when treating physiological ailments, the same cannot be said about its utility in treating ailments of a psychological nature. Instead, both persons in the therapeutic relationship must be experienced in their own right; they must "relate as persons" and "risk [themselves] as persons in the relationship." Rogers deems this as the necessary quality for the emergence of a "depth that dissolves the pain of aloneness in both client and therapist." It is the dissolution of aloneness and the suffering it has brought that appears to be integral to Rogers' therapeutic goal.

What perpetuates this experience of closeness and flourishing is the internalization of a "friendly openness" toward and an "acceptance of the 'is-ness'" of oneself (Rogers, 1961, p. 181). An individual who relates to themselves in this manner, Rogers writes, also accepts others in the same way: with qualities of understanding and listening. Such an individual "trusts and values" their "complex inner processes" which seem to lie dormant until given these conditions in which they may be naturally expressed. Here Rogers is describing the total acceptance of oneself and by extension, the acceptance of others. This state of being brings about the amelioration of suffering

and it is the embodiment of this state that I believe to be near the core of Rogers' goals for therapy.

Multicultural Considerations. While Rogers' approach preaches a manner of genuine, healing acceptance between humans that would seem to be applicable across cultures, according to Poyrazli (2003) this is not necessarily the case. Poyrazli writes of Rogerian therapy in the context of Turkish culture. Despite noting that in Turkey, Rogerian therapy is "highly regarded and popular," he states that Rogerian therapy "represents individualistic Western culture." He argues against merely applying this therapeutic approach as-is with a Turkish audience. Instead, Poyrazli suggests considering cultural factors such as "family dynamics and gender socialization" when making what in his view are necessary modifications to the theory. This is likely not a critique specific of Rogers' approach and its application to this particular, Turkish culture; likely a similar argument could be made for its application in every disparate culture, including the cultural substrata present within the West.

Psychodynamic Theory

Theorist's Biography and Influences. Jung was born in a small village in Switzerland in 1875 (Dunne et al., 2015). He describes how he formed entrenched associations early in his life based on his relationships with family members (Jung, 1962, as cited in Dunne et al., 2015). When his mother became ill—an illness Jung believed was caused in part by the difficulty in his parents' marriage—he lived with his aunt, a spinster much older than his mother. He was "deeply troubled" by the absence of his mother. This led to a feeling of mistrust associated with "love." He associated "woman" with "innate unreliability," and "father" with reliability and powerlessness. Jung writes that he later brought these associations back in line with the truth—he overcame "the handicap [he]

started off with.”² This selection from Jung’s early biography, *inter alia*, is a foreshadowing of his work with archetypes which is seen here through his early conception and later revision of the masculine and feminine images.

At the age of 3 or 4, Jung dreamt a highly symbolic, “numinously tinged” dream that “haunted him for decades,”³ whose meaning was slowly uncovered over years as he “explored ancient writings and religions, the primal cultures of today and of prehistory” (Dunne et al., 2015). Jung later went on to posit that the “early dreams of childhood usually give the tenor of a person’s life patterns, often working at several levels at the same time” and this was reflected in his own life’s work. Dunne et al. (2015) summarize this work with Jung’s core teachings:

- Man needs to become his complete self to live whole.
- God needs man to mirror his creation and help it evolve.
- The whole human being is open to God as co-creator.

Beliefs About Human Nature. Jung stresses the highly variable “needs and necessities” of individuals (Jung et al., 1933, p. 56). He dismisses as a universal truth the “biological dictum that man is a herd animal and is only healthy when he lives as a social being,” pointing to a particular case where an individual is “only healthy when leading an abnormal and unsocial life.” He urges clinicians to view every case as unique—what every individual demands and needs is unique to that individual—and advises it as “wise of the physician to renounce all premature assumptions.” However, not all assumptions should be cast away. Instead, Jung writes that the clinician should bear their assumptions in mind as hypotheticals rather than as generally applicable dictums.

In Jung’s view, mankind has an innate proclivity towards evil: the “shadow-side of human

²“I have trusted men friends and been disappointed by them; and I have mistrusted women and was not disappointed.” (Jung, 1962, as cited in Dunne et al., 2015)

³Jung kept this dream a secret until his mid-sixties (Dunne et al., 2015).

nature” (Jung et al., 1933, pp. 275–276). He posits that the modern man must live with this part of himself—that which is “unreasonable, senseless, and evil;” he must “know what he is.” As Jung points to the terrible spectacle of the shadow, he causally relates the desire in man to cast away tradition (and in so doing to determine “what value and meaning things have in themselves, apart from traditional presuppositions”) to the innate desire within each individual to know themselves.

Why People Have Problems. “Disunity with oneself is the hallmark of civilized man” (Jung & Hull, 1966, p. 40). Jung proposes neurosis to be always adherent to the same pattern: “two tendencies standing in strict opposition to one another, one of which is unconscious.” Jung classifies this “pathogenic conflict” so broadly because it pertains to the individual—it is a “personal matter”—but also one of universal applicability—a “broadly human conflict.” Based on this understanding of opposing forces acting within the psyche, Jung categorizes the psychologically ill as merely a “special instance” of an individual who has become “disunited.” As is the case with every individual, he states that nature and culture must be harmonized within the self.

Jung (1959, p. 10) puts the onus for much of human suffering on the individual’s inability to bring into consciousness the unconscious aspects of the psyche. It is the individual’s “unconscious factor” that “spins the illusions that veil [their] world.” Jung warns of unconsciousness enveloping the individual, evoking the metaphor of a cocoon. Jung entitles the “negative side of the personality” the *shadow*, which accounts for a portion of this unconscious authority. He goes further to posit, stated simply, that the unconscious cannot merely be an influence of the same sex as the individual, but that, based on the “symbols that then appear,” a “contrasexual figure” exerts upon an individual’s consciousness as well. He calls this figure the *animus* in a woman and the *anima* in a man. Of these contrasexual forces Jung writes that their “autonomy and unconsciousness explain the stubbornness of their projections.”

Role of the Counselor. The clinician, in Jung's view, does not stand apart from the effects of psychological treatment; he is fully implicated in the treatment process and "exposed to the transforming influences" alongside the client (Jung et al., 1933, p. 58). Jung stresses that the clinician cannot expect the client to do anything that lies outside the ability or understanding of the clinician. For instance, if a clinician is working with a client—driving them to become socially adapted—the counselor themselves must become socially adapted. Otherwise, the clinician runs the risk of not "seeing the patient correctly" and compromising the treatment.

Where ordinary people shy away from the "edge of the swamp" that is the unconscious, the clinician apprehends it as a "mud-puddle a world full of wonders" (Jung et al., 1933, pp. 51–52). Jung disposes of Freud's "essentially negative" approach to the unconscious, drawing a connection between the Buddhists' recognition of no gods—a reactionary, clambering for freedom from "an inheritance of nearly two million gods"—and psychology's need to cease viewing the unconscious through the limited lens of Freud. Jung sees the integration of unconscious factors as the path of psychological growth.

Role of the Client. Jung points to the reorientation an individual must undergo before therapy can be undertaken (Jung & Hull, 1966, pp. 93–94). The externalization of "father" and "mother" are perceived to stand in the way of the individual, when in reality it is the "unconscious part of [an individual's] personality which carries on the role of father and mother." Failing to understand that an individual's troubles are born from their personality, not from some outside factor, Jung writes, will leave an individual "no peace" and that it "will continue to plague" them until the nature of their situation has been accepted. This tightly relates to Jung's exhortation to "differentiate what is ego and what is non-ego, i.e., collective psyche" or unconscious (Jung & Hull, 1966, pp. 110–111).

Instead of continuing to chafe and buck against the unconscious, which leads to the aspects of the ego left out of one's dominion "[falling] into the unconscious and [reinforcing] its position," an individual should firmly root themselves in their ego-function, therefore being "in every respect a viable member of the community."

Therapeutic Goals. Jung writes that a regression towards "animal unconsciousness" is unacceptable; instead, we must tread the "more strenuous" path towards "higher consciousness" (Jung & Hull, 1966, pp. 93–94). He describes the achievement of this higher consciousness as a goal, despite it being a "superhuman ideal." Jung also points to the goal of *individuation*: to become an individual, to embrace "our innermost, last, and incomparable uniqueness," to become "one's own self," to achieve "self-realization" (Jung & Hull, 1966, p. 238). These two goals—higher consciousness and individuation—seem to be one in the same. Higher consciousness is achieved at the price of the intimate, and surely painful, awareness and imbibement of the self's manifold aspects—it is achieved at the price of individuation.

Multicultural Considerations. Tummala-Narra (2015) introduces a study by Watkins (2012) which examined the literature (including reviews and meta-analyses) pertaining to psychodynamic treatment over what, at the time, spanned the last decade. This constituted 104 studies that included more than 9,000 participants. What Watkins found was that approximately 75% of these studies provided no information on the participants' race or ethnicity. Regarding the approximately 25% of studies where such data was provided, the majority of participants identified as being White (75%) while 21% identified as Black. Tummala-Narra goes on to highlight the "neglect of cultural competence as a core emphasis of psychoanalytic [and psychodynamic] theory," which is not the case with other theoretical paradigms such as in cognitive-behavioral theory. From Tummala-Narra's citation of Watkins' work, it is clear that more research needs to be done if Jung's approach is to

be studied in a multicultural context.

Comparison and Reaction

Similarities and Differences. While the person-centered and psychodynamic theories differ greatly in many ways, both can be viewed as reactions to the psychoanalytic theory. Rogers, like many other psychotherapists following in the wake of Freud, rejected a focus on the exploration of unconscious factors in favor of a focus on the here and now—the transformative power of simple, genuine human connection through acceptance and the recognition of man’s innate goodness. Jung took a different tack in his departure from Freud. Jung was a disciple of Freud for years and the two men were, for a time, in strong agreement until Jung began challenging Freud’s position with his work *Transformations and Symbols of the Libido* (Dunne et al., 2015). This involved the beginning of Jung’s conception and study of the collective unconscious—including the figures of the shadow, animus, and anima—which led him into the territories of “mythology, archeology, the Christian Gnostics, primitive cultures, astrology.”

Regarding the direct comparison of Rogers and Jung, the two would have disagreed on much. Jung heavily emphasized the innate evil within every individual while Rogers viewed human evil as a sort of mirage, one that proves to be illusory given the proper conditions. Rogers did not emphasize any conception of unconscious factors at play within the psyche, opting to focus not on such theories but instead on being with the entirety of a person during therapy. Jung was steeped in theory and looked highly upon the activities of association and dream analysis during the therapeutic process. Interestingly, both men describe similar goals of therapy which is achieved through the healing power of heightened awareness. Coming to know all parts of oneself in all their complexity, and as Jung would likely put it, in all their numinosity, is common among the two approaches.

Personal Reaction. I see truth in the work of both Rogers and Jung and I believe that Rogers' approach nests squarely into Jung's, to the extent I can claim such a thing based on my introductory understanding of both men's work. It seems unavoidable that the embodiment of judgmentless, nurturing awareness—Rogers' primary move—fosters in clients the sort of individuation conceptualized by Jung. It is clear that such a state of being is Christlike; the therapist who embodies a judgmentless, nurturing awareness is embodying, to some degree, Christ. Jung (1959) makes the case that the figure of Christ has, not least, tremendous psychological significance as a symbol for the fully unified self—of the fully individuated man. Like the perennial monolith in *2001: A Space Odyssey* which pushed humanity forward during times pregnant with the possibility of great advancement, the figure of Christ and the accompanying Christian symbolism, which have been marveled at around the world for the past 2,000 years, beckon us toward a psychological truth that we do not yet fully understand but of which Jung made great strides toward conceptualizing, particularly in his work *Aion*. While I am early in my study of these individuals' works, I foresee the contributions of both Rogers and Jung heavily impacting my future work as a therapist.

Conclusion

Rogers and Jung, despite their vastly dissimilar approaches to therapy, both have much to offer to the therapeutic enterprise. Rogers focused on the therapeutic relationship, creating a deep sense of genuine connection between client and therapist. He chafed against the dogmas of Western society and believed that human nature was fundamentally good, if only individuals are given the loving space for this to flourish. Jung's broad studies informed his theories, including the idea—postulated also by Freud—that the psyche's makeup includes unconscious forces. Jung leaned heavily on mythical archetypes when describing the makeup of the unconscious. Unlike Rogers,

Jung believed that the human heart was home to very real evil, but both men seemed to believe that falling into harmony with the complex array of spirits that constitute the psyche is the proper response to the human predicament.

References

- Dunne, C., Bernier, O., & Houston, J. (2015). *Carl jung : Wounded healer of the soul : An illustrated biography*. Watkins Publishing.
- Jung, C. G. (1959). *Aion : Researches into the phenomenology of the self*. Princeton University Press, ©, Printing.
- Jung, C. G., & Hull, R. F. C. (1966). *Two essays on analytical psychology*. Princeton University Press, ©, Printing.
- Jung, C. G., Dell, W. S., & Baynes, C. F. (1933). *Modern man in search of a soul*. London K. Paul, Trench, Trubner & Co.
- Poyrazli, S. (2003). Apa psycnet. <https://psycnet.apa.org/record/2004-11013-001>
- Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Houghton Mifflin Co.
- Rogers, C. R. (1980). *A way of being*. Houghton Mifflin Co.
- Swift, D., Porter, E. H., Swift, D., Wyman, J., Mills, H., & Egan, R. (1960, May). Pollyanna. <https://www.imdb.com/title/tt0054195/>
- Tummala-Narra, P. (2015). Cultural competence as a core emphasis of psychoanalytic psychotherapy. *Psychoanalytic Psychology*, 32(2), 275–292. <https://doi.org/https://doi.org/10.1037/a0034041>