Person Centered Approach

**Introduction**

The Person-Centered Approach or self-directed psychotherapy is based on the work of Carl Rogers who highlights a continuous commitment to the path of freedom and the liberation of the forces of the human being as the engine of updating their potential based on trust and respect for the person (Yao & Kabir, 2023). Framed within the so-called "third force", "Rogerian" psychotherapy is the approach that currently exerts the greatest influence on North American psychotherapists and counselors, even above Albert Ellis' rational emotive therapy and Freudian psychoanalysis.

**Tenets of Person Centered approach**

The fundamental characteristic of person-centered psychotherapy is the importance it gives to the therapeutic relationship. Yao and Kabir (2023) noted that the person-centered psychotherapist seeks to facilitate an environment that is conducive to change. This helps to co-create an atmosphere of relational depth so that the client can safely explore their feelings, their experiences, their fears, etc. Here appear the basic attitudes of the person-centered therapist, which are: empathic understanding, congruence, and unconditional positive regard.

Tudor and Murphy (2021) noted that in person centered approach, the therapist accompanies the client's experience, without imposing his points of view, on the contrary, he seeks to make it easier for the client to perceive their experiences more broadly, see more options for their problems and discover that they have the resources to make their decisions. Renger (2021) noted that Roger presents a theory about the person or personality, part of certain working hypotheses synthesizes them as follows;

a) The therapeutic process is fundamentally motivated by the person's impulse towards growth, health and adaptation. Psychotherapy consists of freeing the person from the elements that hinder their normal development.

b) This process is more linked to the expression and clarification of feelings than to the intellectual understanding of the experience.

c) Understanding the circumstances of the person's immediate present is more important than their past.

d) The experience of the therapeutic relationship, and not its conceptualization, is the determining element of growth in the psychotherapeutic process.

**Phases of Therapy in Person Centered Approach**

Carl Rogers proposed a basic and flexible outline of the psychotherapeutic process. This model continues to be used, regardless of the theoretical orientation of the therapist , although each type of therapy can focus on a specific stage (Kwame & Petrucka, 2021).

1. Catharis: In this model, catharsis is the client's exploration of their own emotions and life situation. Egan speaks of this phase as "identification and clarification of conflicting situations and untapped opportunities"; It is about the person being able to focus the problem in order to solve it during the following stages. Rogers person-centered therapy focuses on the catharsis phase: it promotes the personal development of the client so that later on he can understand and solve his problems by himself.
2. Insight: Insight means "perception", "understanding" or "deepening", among other alternatives. In therapy this term denotes a moment in which the client reinterprets her situation as a whole and perceives "the truth"-or at least comes to identify with a particular narrative.

In this phase, the role of the client's personal goals is key; According to Egan, in the second stage a new perspective is built and a commitment to the new objectives is generated. Psychoanalysis and psychodynamic therapy focus on the insight stage.

1. Action: The action phase consists, as its name indicates, in acting to achieve the new objectives. In this phase, strategies are prepared and applied to solve problems that block well-being or personal development.

Behavior modification therapy, which uses cognitive and behavioral techniques to solve clients' specific problems, is probably the best example of action phase-focused psychotherapy.

Rogers’s theory depends on fulfillment of certain conditions/requirements. Renger (2021 argued that among these requirements, which refer to the attitudes of the client and the therapist, Rogers highlights the three that depend on the clinician: authenticity, empathy and unconditional acceptance of the client.

1. Psychological contact: There must be a personal relationship between the therapist and the client for therapy to work. In addition, this relationship must be significant for both parties.
2. Customer inconsistency: The therapy will only be successful if there is an incongruity between the client's organismic self and his self-concept. As we have previously explained, the concept of "organismic self" refers to physiological processes and that of "self-concept" to the sense of conscious identity.
3. Authenticity of the therapist: Being authentic, or congruent, means that the therapist is in touch with her feelings and is communicating them openly to the client. This helps create a sincere personal relationship and may involve the therapist making self-disclosures regarding her own life.
4. Unconditional positive acceptance: The therapist must accept the client as he is, without judging his actions or thoughts, as well as respect him and sincerely care about him. Unconditional positive acceptance allows the client to perceive his experiences of him without the typical distortion of everyday relationships, and therefore he can reinterpret himself without a priori judgments.
5. Empathic understanding: Rogers, empathy implies the ability to enter the client's perspective and to perceive the world from it, as well as to experience their feelings. Understanding on the part of the therapist makes it easier for the client to accept himself and his experiences of her.
6. Customer perception: Although the therapist feels true empathy for the client and accepts him unconditionally, if he does not perceive it, the therapeutic relationship will not develop properly; therefore, the therapist must be able to transmit to the client the attitudes that will help him to change.

**Conclusions**

A new Person-Centered Approach has been presented here, outlining some of the necessary conditions to facilitate the integral development of the individual and of institutions. The Person-Centered Approach recognizes the great value of each person, promoting personal accompaniment, attending to and adapting to individual needs, respecting the time and process of each one.

**References**

Kwame, A. & Petrucka, P. (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. *BMC Nursing, 20(1), 158-159.*

Renger, S. (2021).Therapists’ views on the use of questions in person-centred therapy. *British Journal of Guidance & Counseling, 1(1), 5-11.*

Tudor, K. & Murphy, D. (). Online therapies and the person centered approach. *Person Centered and Experiential Psychotherapies, 20(4), 283-285.*

Yao, L. & Kabir, R. (2023). Person Centered Therapy (Rogerian Therapy). *Journal of Education Psychology, 2(4), 29-32.*