## Introduction

The essay aims to provide an evidence-based framework for the psychologists, psychiatrists, and social workers so that they can gain a better discernment when making the diagnosis and planning out the adequate treatment process for the receiving end of the service. More specifically, the essay discusses the benefits of counseling service that is person-centred and the limitations of practice based on client-centred (used interchangeably with person-centred) theories alone. Oftentimes, it is medication, therapy, and social support system combined that play three interdependent roles in the treatment and recovery of a client. However, the level of adherence and compliance of a client can greatly vary and dictate how effective and efficient the approaches taken by professionals address the issues of a client and to what extent the patient receives the benefits of the treatment. Non-adherence to treatment plans is a major problem across the globe (Jimmy et al., 2011). In terms of non-adherence of medical prescription, clients can reject the medication because of side effects or distrust, but they also suffer from the neurological disorder or deficits resulted from their mental illness. Undeniably, medication plays a major role in the recovery of their brain functions and both neurological and social cognitive abilities. Aside from medication, it is safe to say that therapy can greatly add to what can already be achieved by medication alone. Thus, it is important to assess the legitimacy and applicability of person-centred therapy or counselling.

## Overview of Approach

Person-centred theory, proposed by Carl Rogers in the 1940s, is a milestone in the field of psychology and psychiatry and has drastically changed how practitioners think in terms of what approach to take to achieve the best result of certain forms of therapy. This theory has ultimately evolved into what is known as the "person-centered" theory 30 years later. According to Holosko and his colleagues (2008), the concept of self is of great importance to Rogers's theory, and there are three critical principles that should be made aware of and practiced among counselors, which are congruence, unconditional positive regard, and empathy.

Also known as genuineness, congruence refers to the attribute that counselors ought to insofar emphasize the disclosure of their personality and experience. Such attribute not only aids in the engagement of relationship between therapists and clients but also allows the client to actually experience different feelings, perceptions and perspectives from another point of view. The second principle in person-centred therapy is that unconditional positive regard should be given to the client by the therapists. In counselling settings, the therapist is to see the client as someone with potential and space for improvement. As much as the therapist rejects the value or behavior of a client, he should always carry unconditional positive regard towards the client. The last principle of person-centred therapy is empathy. Knowing the difference between sympathy and empathy is essential to professionals in the field because the act of sympathy and empathy enables professionals like counselors to build trust and strengthen the relationship with the client; more importantly, knowing how and when to empathize gives counselors ability to receive the cues and develop a

therapeutic plan for the treatment that would not be discovered otherwise. So unlike the usual approach towards therapeutic counselling based on theories of psychodynamics or behavioralism, where the counselor is the person who guides the client through the session, personal disclosure, empathy and humanistic care can be used as a tool and are emphasized heavily to let the client open themselves up so that the conversation can be carried on in a client-centred way.

Interestingly, empathy has its own subcategories as well. Jeffrey (2016) indicates that Irving's model of empathy is a theory that empathy can be categorized as affective empathy, cognitive empathy and behavioral empathy. It has its significance in this part of the essay because the type of empathy used by professional counselors can determine and affect the counselor's emotion and ability to judge during the session, which could result in the breach of code of conduct and stagnation of counseling sessions. Affective empathy is defined as the capability to experience and share the mental state of another person. Cognitive empathy differs from affective empathy as counselors try to objectively identify and comprehend the feelings and views expressed by the client. Lastly, when a counselor decides his agenda of communication with the client, he has to utilize the learned knowledge and experience of a client to make a decision on the response. Such response, combined with the matter learned using cognitive and affective empathy, is defined as behavioral empathy. Although the theory of empathy mentioned above can lack its validity and reliability, it is largely accepted by numerous professionals.

**Support for Overview**

"Experiencing congruence in therapy is an important aspect for a counselor to promote the therapeutic relationship and the emergence of the six-sufficient conditions for the success of person-centred counselling practice." (Sutani, 2020). Rogers (1959) viewed that unconditional positive regard (UPR) goes hand in hand with unconditional positive self-regard (UPSR) because no matter the person is a parent or a counselor, he has to admit his own social role and adjust his values, pathos, and ethos to conform to the specific setting involving children or a client. Only then can he really regard the other person as positive unconditionally.

In one of the studies conducted to assess the effectiveness of person-centred therapy, Sa'ad and his colleagues (2013) concludes that person-centred therapy and group therapy can indeed alleviate the severity and symptoms of depression, and enhancement of resilience and self concept is found among out-of-wedlock teenagers who were pregnant.

The following comparison of conversation between the counselor and client can somewhat embody how person-centred therapy could potentially open up opportunities for further discussion, making it simple for even laymen to understand:

**1st conversation**

*Client: "All I have felt is desolation, bewilderment and desperation after the death of my father. "*

*Counselor:"There are far more important things to do than ruminating and grieving the death of your father. Think about your school and career, is it really worth it to remain in the state of depression?"*

**2nd conversation**

*Client: "I got nothing to do anymore. My hope for the future has all gone together with my father."*

*Counselor: "Maybe I can relate to that, I think I know what it feels like to lose some one you love because my father died when I was 18. I still miss him to this day everyday."*

By reflecting and responding with his own experience, the counselor can expect to give incentive to the client in order to propel him to either elaborate on his father's death or ask counselor's experience.

**Critical Analysis**

Everything is two-sided. Yan cannot function without yin, meaning the loss and gain are always canceling out each other, producing the equilibrium of this world. Same principle applies to person-centred therapy and counselling approach. Hence, as a professional psychiatrist, psychological counselor or social worker, it is critical to keep in mind that one theory alone does not apply to every scenario. A lot of times, a counselor has to take demographic information, genetics, cognition and behavioral manifestations into consideration so that we can be more objective and cater to the individual needs of different clients.

First of all, different case scenarios expose counselors to all kinds of people in counselling settings. If a client is of minority descent who internalized the racism, he can be defensive or even distrusts the counselor who is of a different race than him. Also, clients of different age differ drastically in the usage of their language and the

way they treat a relationship. Such demographic variables all play roles in shaping the progression of treatment plans.

Moreover, it is possible for counselor to encounter a client with mental disorder or illness whose neurological and social cognition is impaired. Supposedly, a mere act of personal disclosure can result in clients feeling less important or thinking that the counselor is selfish or does not care about their feelings. The inability to memorize and remain focused on the treatment plan and the interaction with a counselor can leave certain clients disappointed or detached from the relationship with his counselor, causing the regression or stagnation of treatment plan, not to mention that self-efficacy and mental fortitude improve in a gradual and continuous way.

Last but not least, counselors can also be assigned to meet perpetrators of domestic violence and child abuse and neglect. So remaining positive and free of personal judgments and values are difficult to do for every counselor who may not respect the client based on certain factors or who are preoccupied with personal beliefs against certain behaviors.

**Support for Critical Analysis**

Harvey and Penn (Harvey et al, 2010) found that the impairment of social cognition can cause undesirable results when schizophrenia patients interact with their surroundings. Not only schizophrenia patients experience impaired social cognitive ability, Knight and Baune (Knight & Baune, 2019) also suggest that impairment of social cognition is prevalent among people with major depressive disorder. Another

noteworthy thing is that the impairment neurological cognitive function can hinder patient from comprehending and following the physician's instruction (Morley et al, 2015). For example, when cognitive functions such as memory and attention are impaired, the patient may have difficulty focusing during the session, thus being unable to remember the things his physician said. And counselling sessions can have less-than-ideal effect because of the inability to focus among patients. "...when mental health clients felt like a cultural element was important in their care, but did not perceive it to be present, they were less satisfied with aspects of their treatment." (Knight & Baune, 2019, p. 9).

**Conclusion**

All things considered, person-centred therapy or counselling has its significance and applicability in certain counselling settings. However, professionals should not hold unto the idea that one method fits all because there are confound variables, such as ethnicity and cognitive impairment, that could help us in assessing the suitability of using person-centred approach in different settings.