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**Is the Virtual Therapy Experience a Sufficient Means for Person-Centered Therapy?  
A Systematic Review**

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SOCW 5398: Thesis

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## **Introduction**

American psychologist Carl Rogers (1902 – 1987) is considered the main founder of person-centered therapy (PCT), a theory of psychotherapy which emphasizes the self-actualizing abilities of the client (Rowe, 2017, as cited in Turner, 2017, pp. 34-35) and is grounded in the belief that a climate of support and trust will enable a person to seek out their own resources and solutions to the issues that they face (Saybrook University, 2012). Initially known as client-centered therapy, PCT is important to social work because it embodies many of the values of social work, in particular the ethical principles of recognizing the importance of human relationships and respecting the dignity and worth of each person (National Association of Social Workers, n.d.), and because social workers are the single largest group of mental health providers in the U.S. (American Board of Clinical Social Work, n.d.).

Although there are numerous principles associated with PCT, Rogers asserted that three core conditions are needed to create a climate that promotes growth: unconditional positive regard, empathic understanding and congruence (Rogers, 1980). Rogers further believed these core conditions are both necessary and sufficient to bring about positive change in a client (Van de Motter, 2022, as cited in Bolton, et al., 2022, p. 217) and will assist a client in accessing self-actualization that already exists within the individual. This is otherwise known as the reorganization of the self, which according to Rogers has the capacity to eliminate distress and anxiety and allow a client to experience self-fulfillment and happiness (Rowe, 2017, as cited in Turner, 2017, p. 41). Furthermore, Rogers believed that establishing the three core conditions in a therapeutic setting of PCT were both necessary and sufficient conditions to bring about meaningful change for all types of mental disorders (Singer, 2007).

Although early in his development of PCT Rogers articulated six core conditions for personality change (Rogers, 1957), this paper will focus exclusively on the three core conditions

that he emphasized later in his life as being characteristic of it (Rogers, 1980). The way the three core conditions are designed to work is predicated on a client engaging in psychotherapy with a therapist who is in a state of congruence (European Association for Psychotherapy, n.d.). Rogers defined congruence as genuineness, authenticity, or transparency, meaning that the therapist accurately communicates or makes available known what he / she is experiencing internally during the therapeutic process, and specifically what he / she is feeling in the present moment regarding the relationship that the client and practitioner are engaged in (Rogers, 1980). The therapist exudes unconditional positive regard (European Association for Psychotherapy, n.d.), or an all-encompassing positive acceptance for whatever it is that the client feels or expresses, thus demonstrating that the therapist values the client in a complete rather than conditional way (Rogers, 1980). The therapist also engages in empathic understanding of the client and seeks to accurately communicate this back to the client (European Association for Psychotherapy, n.d.), which involves active and reflective listening. This helps demonstrate that the therapist truly discerns the feelings and meanings of what a client is experiencing and communicating, almost as if the therapist is able to be inside the mind of the client to help clarify both that which has been expressed as well as that which has not quite yet been brought to awareness (Rogers, 1980).

Over the last several decades there have been thousands of research studies in support of Rogers' assertion that the three core conditions are necessary for meaningful change in a client, however the sufficiency of the conditions to bring about positive change to all mental disorders and/or all clients has not found adequate empirical support (Singer, 2007). Simply put, in some clinical situations a therapist must employ other interventions to bring about change. Nonetheless, there is both a thorough underlying theory and system of practice to PCT that has been developed and refined over the years (European Association for Psychotherapy, n.d.) and

which has empirical support for treating mental disorders such as depression and anxiety, substance misuse and relationship issues, amongst others (Singer, 2007).

Since the advent of the internet and its exponential growth and expansion over just the last few decades, conducting therapy via video-conferencing technologies has become increasingly more of a reality for both clinicians and clients and brings a host of benefits such as convenience, reduced or eliminated commute time, and the ability to remain in the comfort of one's own home and personal environment when engaging in it. In particular, the onset of the COVID-19 worldwide pandemic that started in late 2019 (David J. Sencer CDC Museum: In Association with the Smithsonian Institution, 2023) helped bring mental health to the forefront on the world stage and became a priority perhaps more than ever before in recent history. For the duration of the pandemic until the development of vaccines helped resume normal life, many providers were forced to practice therapy via telehealth (Ricks & Brannon, 2023), a phenomenon which has remained intact for many practitioners and clients today even after the pandemic has largely subsided.

A public opinion poll conducted by the American Psychiatric Association in 2021 during the COVID-19 pandemic found that 38% of Americans used telehealth for a medical or mental health professional appointment that year, and 59% said they would use telehealth for mental health care in particular, with 66% of 18-29-year-olds saying that they would access mental health services through telehealth (American Psychiatric Association, 2021). During the pandemic, insurance companies by and large jumped on board with reimbursing for teletherapy services (Calkins, 2021), as March of 2020 through August of 2022 saw a 53% increase in spending on mental health care services in one study of Americans who had health insurance from their employers and a 39% increase in the use of mental health services overall (RAND, 2023).

In the United States alone it has been estimated that around half of the entire population has some type of mental illness (Long et al., 2018), thus putting mental health providers in increased demand. Teletherapy allows greater access to mental healthcare for those in need of services and may be particularly appealing to a younger generation which has grown up surrounded by technology and can navigate it with ease. Furthermore, a considerable part of the population lives in rural areas where there are significantly less mental health practitioners to provide in person and/or specialized care (Mackie, 2015, as cited in Long et al., 2018), thus necessitating the use of teletherapy in such areas. Given the importance of the three core conditions of PCT as a necessary aspect of therapy in general, it seems that investigating the sufficiency of virtual psychotherapy as a medium for it is significant. This paper is thus aimed at conducting a systematic review investigating the research question: is the virtual psychotherapy experience a sufficient means for conducting PCT and in meeting its three core conditions?

## **Methods**

### **Search Strategy**

This paper sought to follow the eight stages of a systematic review as described by Uman (2011) in the National Library of Medicine. According to Uman (2011), a systematic review entails designing a “detailed and comprehensive plan and search strategy” (para. 2) prior to actual research being conducted, leading to a reduction of bias as all pertinent studies on a specific topic are identified, analyzed and synthesized. The first stage of a systematic review is to formulate the research question (Uman, 2011), which is stated above.

The second stage of a systematic review involves defining criteria for inclusion and exclusion (Uman, 2011). For this review, articles had to be in English but could be published from anywhere in the world. Articles needed to be open access; as such any articles that were

not, and which required a one-time purchase or subscription to a third-party company were excluded. Articles which focused on other aspects of person-centered care such as in healthcare were excluded, with the primary focus being on PCT via telehealth for psychotherapeutic purposes. Studies which exclusively addressed PCT through the virtual mediums of texting, text chats, emails, or other self-care technologies that did not involve virtual face-to-face experiences of direct visual/auditory human interaction or at the very least direct audio such as over the telephone were excluded. Articles that were exclusively Master's or Doctoral theses were excluded, with selection criteria requiring the article to be an original study published in a peer-reviewed journal. Studies conducted in social work, mental health counseling, marriage and family counseling, psychology and psychiatry or any combination thereof were all considered, or even other medical professions so long as the focus was on PCT in telehealth. Qualitative research articles were included, while quantitative and randomized controlled trials were excluded. If a study had multiple goals included in its research aims, only those directly pertinent to PCT and its three core conditions experienced through virtual therapy were included in this paper.

The third stage of a systematic review is to develop the search strategy that will be used and to find studies (Uman, 2011). The database used for this review was exclusively Google Scholar, with use of the Advanced Search feature for articles through May 31, 2024. Google Scholar was chosen as the search tool for this review due to the breadth and depth of scholarly articles that it accesses, as well as because it is a search tool that is easily accessible for mental health practitioners who are working in the field, while other search tools may be more exclusively reserved for academic settings. Three searches were conducted with the terms “online therapy, online counseling, telehealth, telemental health” entered into the ‘with all of the words’ search bar in the Advanced Search menu, with different terms entered into the ‘with the



exact phrase' search bar for the different searches. The first search had the term "person centered therapy" entered for the 'with the exact phrase' search bar and produced 123 results. The second search had the term "client centered therapy" entered into the 'with the exact phrase' search bar and produced 190 results. The third search had the term "unconditional positive regard" entered into the 'with the exact phrase' search bar and produced 257 results. The total number of articles produced by these three searches was 570.

### **Selection Strategy**

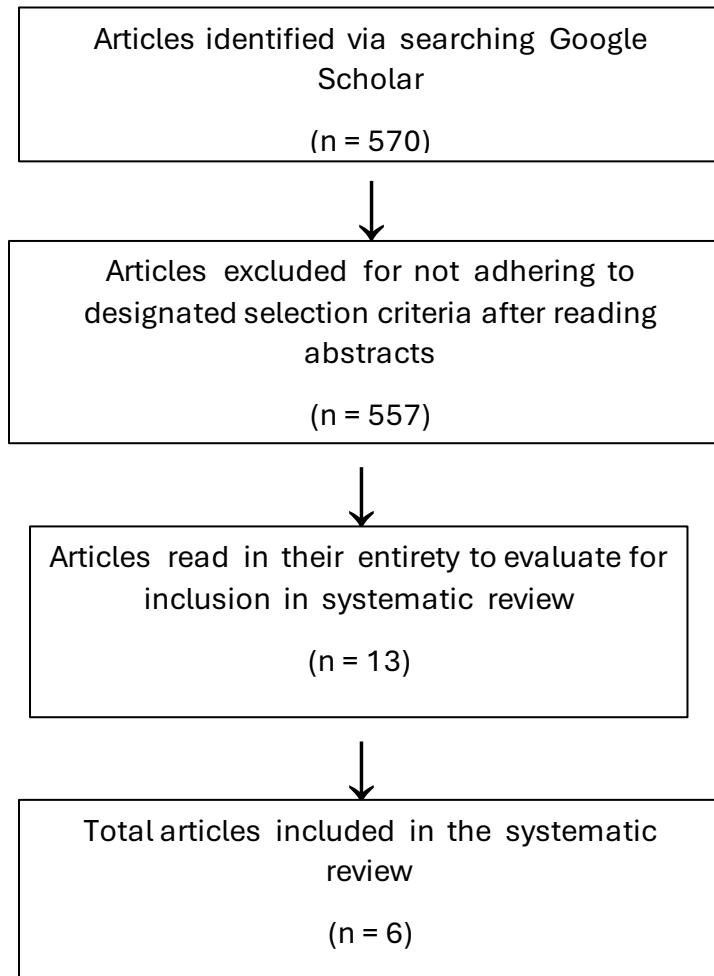
The fourth stage of a systematic review is to select the actual studies that will be included, which first involves reviewing the abstract of each article produced from the searches (Uman, 2011). Any article whose abstract seems to meet the inclusion criteria is then read in its entirety to determine whether to include it or exclude it from the review (Uman, 2011). It should be noted that for this systematic review, only the individual author participated in this process.

As such, after reading through article abstracts, the first search which had utilized the term "person centered therapy" and produced 123 results was initially narrowed to six relevant articles by way of reading the abstracts. These six articles were read entirely, and three were eliminated for not adhering to the selection criteria, leaving three included in this review. The second search which had used the term "client centered therapy" and produced 190 results was initially narrowed to three relevant articles by way of reading the abstracts, but ultimately zero articles were kept from this search after reading through them in their entirety. The third search, which had used the term "unconditional positive regard" and produced 257 results, was initially narrowed to seven relevant articles after reading the abstracts. Of these seven, five articles were eliminated upon reading them in their entirety for not adhering to the selection criteria, leaving two that were included in this review. One article from the third search that was initially

eliminated for inclusion in this review on account of being an integrative review was nevertheless used to extract one article from which was included in this review.

### Figure 1

*Selection Strategy Flow Chart*



## Results

Stage five of a systematic review is to extract the data (Uman, 2011), which appears in the paragraphs below, sorted according to the relevance of each of the three core conditions of PCT (although there was some overlap to other core conditions even when included under one particular section) as well as the use of multiple core conditions, and summarized in Table 4. The information included in the data extraction includes the names of the authors, year the study was published, demographics about study participants, and study outcomes (Uman, 2011). Stage six of a systematic review is to assess the quality of each RCT included in the systematic review (Uman, 2011), but since RCT's were excluded from this review's selection criteria this step is not relevant to this paper.

### **Unconditional Positive Regard**

Notermans and Philippot (2022) sought to investigate how psychotherapists used and experienced virtual therapy, specifically regarding attitudes towards it and how the therapeutic relationship and personal experience is perceived as opposed to the in-person experience. An online survey was developed and distributed to 246 French-speaking psychotherapists (195 women, 35 men and 16 unknown demographics) in Belgium, France, Morocco, Switzerland and Tunisia over a six-week period in 2020 (Notermans & Philippot, 2022). The survey had four sections: Section 1 described the purpose of the study and provided informed consent; if the participants gave consent, they were then asked whether they voluntarily opted into using telehealth from the first COVID lockdown in March of 2020 (Notermans & Philippot, 2022). Those who answered in the affirmative were directed to Section 2 which contained questions regarding the user experience of telehealth for those who voluntarily opted into it, while those

who answered in the negative were directed to Section 3 which investigated their attitudes, and Section 4 covered participant demographics (Notermans & Philippot, 2022).

Section 2 had 20 questions inquiring about topics that included frequency of telehealth appointments, attitudes towards it evaluated on a 5 point Likert scale, which virtual programs were used, previous experience with telehealth, feelings of constraint using it, issues of adapting to the online experience, how they encouraged clients to use telehealth, plans to continue using it, issues relating specifically to COVID, how telehealth compared to the in-person experience and an open-ended question (Notermans & Philippot, 2022). Section 3 had 7 questions which included topics surrounding motivation for using telehealth on a 5-point Likert scale, feelings of constraint towards using it, previous experience with it, plans to use it moving forward and how they encouraged clients to use it (Notermans & Philippot, 2022).

Results of this study directly relevant to PCT via telehealth were found through single sample *t*-tests, a statistical approach used to compare the means of two groups (Mishra et al., 2019), in which 3 was the neutral point of no change (see Table 1) (Notermans & Philippot, 2022).

**Table 1**

*Perceived Effect of Teleconsultation on Therapeutic Relationship as Compared to Face-To-Face (n = 207) (1: highly degraded, 3: no change, 5: highly improved)*

Aspects of therapeutic relationship	<i>M</i>	<i>SD</i>	<i>P</i>
Empathy	2.81	0.59	< .001
Congruence	2.76	0.67	< .001
Unconditional Positive Regard	2.96	0.51	.206
Therapeutic Alliance	2.86	0.70	.006

The perception of participants was that significant changes occurred in three areas when engaged in practicing virtual psychotherapy, specifically that empathy, congruence and the therapeutic alliance were of significantly lower quality or effectiveness (Notermans & Philippot, 2022). However, unconditional positive regard was not perceived to have been noticeably different for participants through the online experience and remained remarkably close to exhibiting no change in quality or effectiveness (Notermans & Philippot, 2022).

### **Empathy**

Sperandeo et al. (2021) conducted a study aimed at measuring the level of empathy both conveyed by mental health practitioners and perceived by clients using videoconferencing psychotherapy (VCP) compared to in person therapy (Sperandeo et al., 2021). The participants were five psychotherapists (2 men and 3 women) who used varying therapeutic modalities, and 23 clients (4 men and 19 women) across the pathological spectrum in terms of psychic disorders who were engaged in either weekly or biweekly treatment in Italy over the course of 72 therapy sessions, 39 done virtually and 33 live in person (Sperandeo et al., 2021). All online sessions were conducted face-to-face virtually on Skype or through WhatsApp videoconferencing, and clients used desktop computers, tablets or a smartphone (Sperandeo et al., 2021). Clients alternated randomly between online and in-person sessions, and after each session both the practitioner and client individually completed Italian versions of the Barrett-Lennard Relationship Inventory as well as an Empathy and Support Scale (ESS) online (Sperandeo et al., 2021). The Empathic Understanding of said Relationship Inventory measures empathy based on the therapeutic helping and person-centered principles of Rogers (Meador & Rogers, 1984, as cited in Sperandeo et al., 2021).

The Italian version of the Barrett-Lennard Relationship Inventory had two distinct parts, the Other Toward Self version comprised of 40 items designed to measure the empathy that the client perceived, and the Myself to Others part also made up of 40 items designed to measure the empathy that practitioners believe they conveyed, with each item rated on a 3-point Likert type scale (Sperandeo et al., 2021). The ESS had two subscales built into it which presented 14 items worded positively and 14 worded negatively for both the client and practitioner forms (Sperandeo et al., 2021). A comparison was made for both the client and practitioner subscales after the remote and live in-person sessions using the Student's *t*-test (Sperandeo et al., 2021).

The Student's *t*-test results showed that the difference in how practitioners perceived themselves conveying empathy online vs. in person was .09 for the positive subscale items and .66 for the negative subscale items, while clients Student's *t*-test results scored 2.82 for the positive subscale items and 2.0 for the negative subscale items (see Table 2) (Sperandeo et al., 2021). Thus, practitioners did not perceive a significant difference in their own ability to convey empathy in the online setting vs. in person, while alternatively clients perceived their therapist to display significantly more empathy in the online setting as opposed to in person (Sperandeo et al., 2021).

**Table 2**

*Empathy and support assessed in both patients and psychotherapists*

	Psychotherapists				Patients			
	Online sessions	In-person sessions	t	P	Online sessions	In-person sessions	t	P
ESPS	38.84	38.76	0.09	N.S.	40.44	37.42	2.82	< 0.01
A (SD)	(3.88)	(4.37)			(3.02)	(5.26)		

<b>ESNS</b>	1.84	2.27	0.66	N.S.	1.56	3.24	2.00	< 0.04
<b>A (SD)</b>	(2.39)	(3.08)			(3.20)	(3.64)		

Comparison between the group of subjects treated online and those treated in person. Student's T-test among the means of the scores obtained on the empathy and support subscales.

Ricks and Brannon researched the effects of virtual therapy active listening on the burnout and exhaustion levels of mental health counselors (2023). Rogers defines active listening as an integral part of empathy, stating that listening with real empathy and understanding is one of the most powerful agents of change that he knew of (1980); thus, including a study focused on active listening in this review is fitting for this section investigating empathy. Ricks and Brannon included 20 participants in their study ranging in age from 27 to 56 years of age and all of whom were either LPCs or LPC Interns (2023). They conducted 20 interviews with each participant via recorded telephone over a two-month period during the COVID lockdown period in 2020, which was followed by transcribing the recordings and proceeding with a two-part data analysis utilizing reflexive thematic analysis (Braun & Clark, 2006, 2013, as cited in Ricks & Brannon, 2023). After reading through the transcription multiple times, the authors honed in on initial themes, made an initial coding and categorization of the primary information into content areas, and then used axial coding to help illustrate concise research themes (Creswell et al., 2007, as cited in Ricks & Brannon, 2023).

All 20 of the participants in the study were in unanimous agreement that active listening is one of the most important and fundamental skills in therapy, and some participants even defined active listening as using empathy (Ricks & Brannon, 2023). Eighteen of the participants reported experience with telehealth and most had become better acquainted with it because of the COVID pandemic, however the same number of participants also expressed that they prefer conducting live in-person therapy sessions as opposed to those online (Ricks & Brannon, 2023). Only four of

the participants reported preferring telehealth for conducting therapy, and convenience and safety during the pandemic was a large factor in their rationale (Ricks & Brannon, 2023).

Most of the counselors felt that the listening exhaustion they experienced via telehealth was exacerbated by the fact that non-verbal communication was severely limited (Ricks & Brannon, 2023). Because such a significant aspect of the therapy process involves noticing nonverbal cues such as facial expressions and movements, counselors felt limited in this regard and had to rely more exclusively on listening alone, which culminated in the sense of listening exhaustion (Ricks & Brannon, 2023). Fourteen of the participants reported experiencing some type of exhaustion as a direct result of telehealth, with feedback including needing to strain more to adequately listen, being more challenged in feeling connected to the client virtually, and how the time in an online session can feel prolonged compared to in person (Ricks & Brannon, 2023). Ricks and Brannon ultimately concluded that when it came to telehealth, most of the participants in their study did not feel sufficiently trained or comfortable in managing client care through virtual sessions, and they felt that client distractions or limitations of technology prevented them from properly meeting clients long-term needs – both of which contributed to counselors sense of listening exhaustion (2023).

### **Congruence**

Probst et al. (2021) sought to find out how both therapists and clients alike experienced the change from in-person counseling to virtual therapy during the COVID-19 pandemic for specific therapeutic modalities, including PCT. Probst et al. (2021) recruited 217 therapists by networking within the Austrian Federal Association for Psychotherapy, who in turn recruited 133 of their own clients to participate in the study. 77% of the therapists recruited were female and 23% male at an average age of 50.66 years old, with 91.2% who were certified psychotherapists



in Austria and 8.8% who were interns under direct supervision (Probst et al., 2021). The average professional experience of the therapists was 10.61 years, and they were divided by therapeutic modality into 22.6% psychodynamic, 46.1% humanistic, 20.7% systemic and 10.6% behavioral, with 96.8% working in their own private practice and 60.4% having had no teletherapy experience prior to COVID-19 (Probst et al., 2021). For the 100 humanistic practitioners in the study, which this review will focus on, 74% were female with 26% male, the average age was 50.24 years and average professional experience was 10.16 years (Probst et al., 2021). Of the clients, 70.7% were female with 29.3% male, the average age was 38.92 years old, the average length of treatment lasted 21.20 months and 84.2% of clients had never experienced virtual teletherapy (Probst et al., 2021) (Probst et al., 2021).

Probst et al. (2021) used the Multitheoretical List of Therapeutic Interventions (MULTI-30) (Solomonov et al., 2019, as cited in Probst et al., 2021, p. 990), which is both a reliable and valid way to gauge both common and specific factors of different therapeutic interventions. It is comprised of 30 items that are divided into eight categories: psychodynamic, common factors, person-centered, process-experiential, interpersonal, cognitive, behavioral and dialectical-behavioral, with each item put onto a five-point Likert-scale and separate versions given to clients, therapist and observers, of which only the first two were utilized in this study (Probst et al., 2021). In the original version of the MULTI-30, therapist and clients were asked to answer each item based on how typical it was for the previous therapy session that they had participated in (Probst et al., 2021). However, Probst et al., (2021) changed this aspect and instead asked participants how typical each item was for teletherapy and separately for in-person sessions, thus requiring each participant of the study to fill out the MULTI-30 twice.

To assess the data collected, eight *t*-tests regarding the MULTI-30 results of therapists were calculated independently of eight *t*-tests regarding the MULTI-30 results of clients, as

demonstrated in Table 3 (Probst et al., 2021). Therapists gave all-around higher scores for in-person therapy than virtual (including for PCT), whereas clients scores did not significantly differ for in-person vs. virtual therapy (Probst et al., 2021). This discrepancy suggests that the therapists experienced an incongruence in attempting to conduct therapy online as opposed to in-person, whereas clients did not perceive a sense of incongruence when engaging in online therapy.

**Table 3**

*Comparisons between in-person and remote psychotherapy with regard to the MULTI-30 scales for patients and therapists (across all therapeutic orientations)*

		In-person psychotherapy	Remote psychotherapy		
<b>Perspective</b>	<b>MULTI-30 scale</b>	<b>M (SD)</b>	<b>M (SD)</b>	<b>Statistics</b>	<b>d</b>
Therapists N = 217	PD	4.04 (0.62)	3.52 (0.76)	$T(216) = 11.68; p < 0.001$	0.79
	CF	4.37 (0.55)	4.26 (0.55)	$T(216) = 4.93; p < 0.001$	0.33
	PC	4.31 (0.61)	4.11 (0.62)	$T(216) = 6.03; p < 0.001$	0.41
	PE	4.20 (0.59)	3.79 (0.70)	$T(216) = 10.03; p < 0.001$	0.68
	IPT	4.00 (0.73)	3.64 (0.75)	$T(216) = 8.97; p < 0.001$	0.61
	CT	3.32 (0.91)	3.05 (0.83)	$T(216) = 7.80; p < 0.001$	0.53
	BT	3.18 (1.03)	2.83 (0.85)	$T(216) = 8.65; p < 0.001$	0.59
Patients N = 133	DBT	3.52 (0.82)	3.21 (0.69)	$T(216) = 9.46; p < 0.001$	0.64
	PD	3.79 (0.78)	3.60 (0.73)	$T(132) = 4.11; p < 0.001$	0.36
	CF	4.54 (0.53)	4.46 (0.55)	$T(132) = 2.80; p = 0.006$	0.24
	PC	4.28 (0.61)	4.18 (0.56)	$T(132) = 2.04; p = 0.044$	0.18
	PE	3.89 (0.77)	3.72 (0.73)	$T(132) = 4.00; p < 0.001$	0.35
	IPT	3.92 (0.85)	3.81 (0.80)	$T(132) = 1.91; p = 0.059$	0.17
	CT	3.33 (0.79)	3.15 (0.77)	$T(132) = 4.50; p < 0.001$	0.39
	BT	3.32 (0.87)	3.17 (0.83)	$T(132) = 2.92; p = 0.004$	0.25
	DBT	3.57 (0.72)	3.46 (0.68)	$T(132) = 2.78; p = 0.006$	0.24

*Note:* MULTI-30 = Multitheoretical List of Therapeutic Interventions—30 items; PD = psychodynamic scale; CF = common factors scale; PC = Person-centred scale; PE = process-experiential scale; IPT = interpersonal scale; CT = cognitive scale; BT = behavioural scale; DBT = dialectical-behavioural scale; M = mean; SD = standard deviation; *d* = effect size Cohen's *d*.

### **Multiple Core Conditions**

Long et al. (2018) conducted a study regarding the use of person-centered scheduling with geriatric patients of psychiatry with the purpose of investigating whether such an approach would reduce anxiety in patients. They define person-centered scheduling as a method which “embraces the concepts of compassion, genuineness, empathic understanding, and unconditional positive regard when scheduling telepsychiatry sessions” (Long et al., 2018, p. 3), and essentially involved introducing geriatric patients who are likely to be unfamiliar with telehealth to telepsychiatry sessions using a person-centered approach. The study was conducted with 100 newly admitted geriatric patients in outpatient programs located throughout the Southeast U.S. over twelve months between 2014 to 2015, with 88% female and 12% male participation and the mean age of participants at the beginning of treatment at 68 years old (Long et al., 2018). The study used the Zung Self-Rating Anxiety scale (SAS), a 20-item rating scale that involves patients self-reporting in four areas: cognitive, autonomic, motor and central nervous system symptoms which were scored on a scale of 1 – 4 similar in nature to a Likert scale (Long et al., 2018). All participants were asked to complete the SAS before and after the study, but the 100 participants were divided into two 50 member groups in terms of receiving person-centered scheduling for telepsychiatry or not (Long et al., 2018).

Participants in the study had telepsychiatry sessions occur about every two weeks to at least once per month, however the treatment group was introduced to each session by a mental health practitioner who sought to establish a therapeutic alliance by demonstrating empathy, genuineness, unconditional positive regard and overall warmth in attempting to reduce levels of

anxiety and/or discomfort with telepsychiatry through 11 specific steps (Long et al., 2018). The control group patients did not actually receive person-centered scheduling, but were nonetheless given an explanation of what it was prior to their telepsychiatry sessions (Long et al., 2018). The results showed that the mean Zung SAS scores for anxiety after the study for the person-centered group were lower ( $M=45.46$ ) than the control group ( $M=51.98$ ), indicating that a person-centered approach to introducing telepsychiatry to geriatric patients can be effective in reducing anxiety in the use of telehealth technology for therapeutic purposes (Long et al., 2018).

McCoyd et al. (2022) sought to find out about the quality of the therapeutic relationship during therapy videoconferencing. This is relevant since for the purposes of their research they defined the therapeutic relationship as being comprised of authenticity and the use of the clinician's embodied self to meet clients emotional and therapeutic necessities (which can be understood as congruence) as well as the empathic connection a clinician makes to a client (McCoyd et al. 2022). Their research involved using data from a study of responses to COVID-19 from social workers which utilized an exploratory, cross-sectional survey design that asked four open text box questions about the transition to providing social services during the pandemic (McCoyd et al. 2022). McCoyd et al. (2022) used the responses entered in the text boxes to glean information about perspectives on the therapeutic relationship, even though the survey questions did not directly ask about this, thereby using a secondary qualitative analysis that focused on spontaneous qualitative data. They initially identified a convenience sample from a listserv comprised of 37,224 people who had partaken in continuing education through a New Jersey school of social work, of which 1,642 people responded to the survey, 1,490 completed it, and ultimately 448 respondents reported that they were working in clinical mental health services and supplied qualitative data in the aforementioned text boxes (McCoyd et al. 2022). 89% of respondents reporting as female and 11% male, racial demographics were 84% white, 4%

African American, 5% Hispanic and 2% Asian, and the composition of the age groups was 23% between 50 – 59, 22% between 40 – 49 and 21% 60 – 69 years old, with all respondents reporting from New Jersey (McCoyd et al. 2022).

Using a systematic and flexible thematic analysis applied to different types of qualitative data, McCoyd et al. (2022) found three broad themes which encapsulated respondents' response to the switchover to teletherapy: it is a “much more remote experience,” “the connection remains surprisingly strong” and teletherapy is “energetically taxing” (p. 329). Sub-themes were also found for the first two themes. Regarding the first theme of teletherapy being a more remote experience, sub-theme 1 was the perception that a crucial but difficult to identify aspect of the therapeutic relationship had changed in the switchover to teletherapy (McCoyd et al. 2022). Sub-theme 2 was that changes in emotional indicators via body language and other aspects of communication created a loss in clinicians being able to process important information and thus generated greater emotional distance within the therapeutic relationship (McCoyd et al. 2022). Sub-theme 3 included four concerns related to how clinicians attempted to maintain the type of therapeutic relationship that they were used to in person and ultimately concluded that the use of a screen in teletherapy was a barrier which hampered aspects of the therapeutic relationship (McCoyd et al. 2022).

Regarding the second theme of the emotional connection (i.e. the therapeutic relationship) remaining surprisingly strong, sub-theme 1 was that clinicians felt that the benefit of safety in the switchover to teletherapy amidst the COVID-19 pandemic was worthwhile for the sake of losing the in-person experience (McCoyd et al. 2022). Sub-theme 2 was that teletherapy allowed for a better connection with clients rather than the attempt to do in person sessions with masks on due to the pandemic, as seeing each other face to face via a screen allowed for emotional nuances of expressions to be discerned (McCoyd et al. 2022). Sub-theme

3 was that even though clinicians had expectations that the therapeutic connection would endure a loss in the changeover to teletherapy, they were surprised at how much the connection actually endured (McCoyd et al. 2022).

While the third theme of teletherapy being more energetically taxing did not necessarily have specific sub-themes, elements of this theme included the perception that teletherapy was more demanding and clinicians felt as though they were working harder than they had been previously (McCoyd et al. 2022). Clinicians felt that they had to exert much more energy to maintain a therapeutic relationship but received less back, and clients assumed that clinicians were more available while clinicians had to learn to set boundaries working from home (McCoyd et al. 2022). Technical issues and energy depleting screen time also affected the quality of the therapeutic relationship, and overall clinicians felt that there was less “energy in the room” (McCoyd et al. 2022, p. 331)

**Table 4**

*Study characteristics*

Authors	Year published	Study demographics	Study design	Relevant core conditions	Outcome
Long et al.	2018	100 geriatric patients	Zung Self-Rating Anxiety scale	E, C, UPR	E, C and UPR reduced anxiety in introducing virtual psychiatry to patients
McCoyd et al.	2022	448 clinicians	Secondary qualitative analysis	E, C	Mixed themes which implied both lower quality E and C but also surprise at the strength of E

					and C in telehealth
Notermans and Philippot	2022	207 therapists	Survey with 5-point Likert scale; single sample <i>t</i> -tests	E, C, UPR	Decrease in quality of E and C; no significant change in UPR
Probst et al.	2021	217 therapists 133 clients	MULTI-30 adapted to in-person vs. online sessions; <i>t</i> -test	C	Therapist sense of IC with virtual therapy while clients experienced C
Ricks and Brannon	2023	20 therapists	Phone interviews; two-part data analysis utilizing reflexive thematic analysis	E,C	Therapists reported listening exhaustion, implying lower quality E and C
Sperandeo et al.	2021	5 therapists; 23 clients	Barrett-Lennard Relationship Inventory (Italian); Empathy and Support Scale; Student's <i>t</i> -test	E	No significant difference in conveyed E from therapist perspective; increase in therapist E from client perspective

*Note:* E = empathy; C = congruence; IC = incongruence; UPR = unconditional positive regard

## Discussion

Stage seven of a systematic review is to analyze and interpret the results (Uman, 2011), which is done in this discussion. Based on this study's research, this paper seems to be the first systematic review on the effectiveness of PCT via teletherapy. This may be because virtual therapy in many ways is still in its infancy and only seems to have taken off in a significant way within the last several years. This was especially due to the social isolation caused by the COVID-19 pandemic, in which clinicians and clients were forced to resort to other approaches to meeting to engage in therapy. Accordingly, nearly all the studies (except for one) that were

identified for inclusion in this systematic review were conducted either during the midst of the COVID-19 pandemic or in its waning aftermath. Although only 6 out of 570 reviewed abstracts (1%) were found to be relevant for inclusion in this paper, it seems likely that as telehealth continues to be used and embraced as a norm for therapeutic care, further research will be conducted about it and perhaps in particular regarding PCT. It was also indicative of the significant international interest in PCT post-Roger's death (Singer, 2007) that three of the six studies included in this paper came from studies conducted outside of the U.S.

The results from this systematic review demonstrated a mix of results for engaging in PCT via virtual therapy, even within individual studies. McCoyd et al. (2022) found mixed themes: one theme implied a lower quality of empathy and congruence experienced via telehealth while another suggested that the strength of both core conditions over telehealth was surprisingly strong. This seems to be a thematic contradiction but could perhaps be resolved in one of two ways. One, that the second theme is suggesting that empathy and congruence are surprisingly strong given the expectations of the virtual therapy experience, but are nonetheless of overall lower quality than in-person therapy. Or two, perhaps the different themes were simply experienced by different participants of the study as they engaged in virtual therapy. This suggests that the virtual therapy experience is quite simply perceived differently by different people – some may view it as a weaker medium for PCT than the in-person experience while others may see it as surprisingly strong.

Two studies found different results relevant to therapists as opposed to clients. Sperandeo et al. (2021) found that therapists perceived no significant difference in the empathy that they conveyed over virtual therapy, while clients perceived an increase in therapist empathy. Sperandeo et al. (2021) note that in a virtual therapy session, the therapist can toggle the view settings on the screen so that he/she can see oneself in addition to the client by way of a split



screen setting which is common on many video-conferencing platforms. By seeing one's own facial expressions in conjunction with the client's expressions, the therapist can become more aware of how his/her behaviors and expressions effect the client, thereby increasing their ability to accurately confer support, compassion and empathy (Sperandeo et al., 2021). In an in-person therapy session this view of oneself is not generally possible, which may be why clients reported a greater sense of therapist empathy on online sessions.

Even for practitioners who mainly practice in live settings, it would be worthwhile for them to engage in practicing viewing their own facial expressions in a mirror or via a similar webcam setup, as this could significantly influence their ability to be more aware of their own expressions and to thereby better convey empathy in sessions with clients. Perhaps the ability for the therapist to see oneself in the virtual setting also played a role in the findings of Notermans and Philippot (2022) who found that there was no significant change in unconditional positive regard over virtual therapy as reported by therapists. It could be that their ability to see themselves nodding their head in the affirmative or offering other expressions of unconditional positive regard was a result of this feature.

Similarly, Probst et al. (2021) also found a difference between therapist and client's perceptions, as therapists reported feeling incongruent with the virtual therapy experience whereas clients did not. Probst et al. (2021) suggest that perhaps the virtual setting limits the activity or intensity that can be experienced as opposed to an in-person session, but also note that the psychotherapists in their study were only trained to engage in therapeutic interventions in a live setting and that virtual therapy practically didn't exist prior to COVID-19 for them. This issue is likely to be found amongst nearly all practitioners who were trained in their respective fields prior to COVID – it is unlikely that nearly anyone received comprehensive training for practicing virtual therapy.

Due to the emergency shift to telehealth just a few years ago, virtual therapy is still a new endeavor, and comprehensive training programs should be developed by academic programs who educate and grant degrees to mental health practitioners or by the licensing and continuing education institutions. In particular, techniques need to be developed to help counter the listening exhaustion reported by Ricks and Brannon (2023) that clinicians experienced from extensive virtual therapy practice, which in turn can impact the ability of a therapist to convey empathy and to have congruence.

Overall, four of the studies found positive qualities to the experience of PCT and its three core conditions through virtual therapy, two of the studies found results that were neutral, and four of the studies found results that were negative in comparison to in-person therapy. Due to this mix of results and the overall small number of articles found relevant according to the inclusion criteria, it seems difficult to make any sweeping conclusions about the effectiveness of PCT via telehealth.

### **Limitations**

This systematic review has multiple limitations, including the fact that the search for this paper was only conducted through Google Scholar. While Google Scholar does seem to provide a significant breadth of results, other databases such as PubMed, PsycINFO or CINAHL could also be consulted. Articles reviewed for this paper had to be in English, though given the interest of PCT in the international community (Singer, 2007) there may be further relevant research published in other languages. Articles included also needed to be open access, however multiple articles that may have otherwise been quite relevant and influential to this study were excluded because of not being open access and readily available. Should a future study of this type be

conducted with a research budget, online databases that require a subscription or other fees could be accessed, and results included.

Another limitation to this paper is that articles included needed to be an original, qualitative study published in a peer-reviewed journal. While the research conducted produced a significant amount of Master's or Doctoral theses which appeared to be relevant to the topic of this review, they were nonetheless excluded due to the search criteria. A systematic review open to including grey literature may find more papers to include directly relevant to this topic. Furthermore, attempts at conducting separate searches in Google Scholar for "empathy" and "congruence" as 'the exact phrase' terms coupled with "online therapy, online counseling, telehealth, telemental health" entered as 'with all of the words' produced several thousand results which was too extensive for this review. Seeking a way to narrow down such search criteria may warrant inclusion of further articles, as would conducting similar searches for other Rogerian terms such as 'active listening' or 'reflective listening.'

### **Further Steps**

Stage eight of a systematic review is to disseminate the research findings (Uman, 2011), which this author can attempt to do by submitting this paper to different humanistic journals that were discovered during this research process which may be interested in publishing these findings.

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