Understanding the Preference Towards Mode of Therapy among Indians

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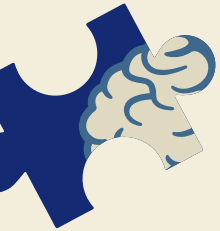
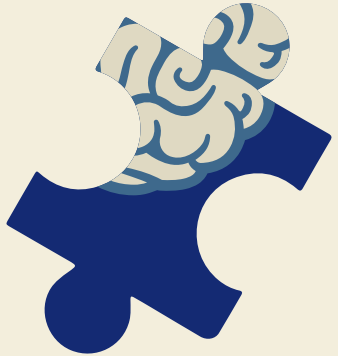
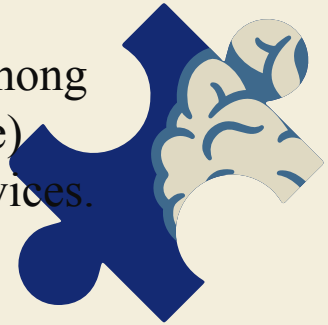


Introduction

Counseling helps individuals with personal issues through techniques like active listening and guidance Online counseling, boosted by the pandemic, offers flexibility, anonymity, and lower costs, making it accessible to those in remote areas or with mobility issues (Kotera et al., 2021). However, face-to-face counseling remains crucial for severe cases requiring direct observation and non-verbal cues. Both methods are valuable, with online counseling providing convenience and face-to-face counseling being more effective for serious issues.



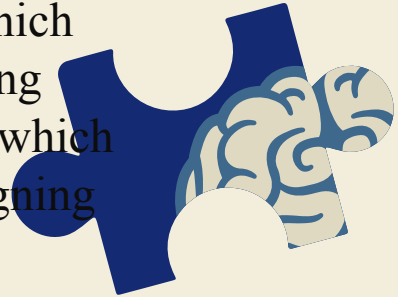
Knowledge Gap



This study on "Understanding the Preference Towards Mode of Therapy among Indians" aims to explore the counseling preferences (online vs. face-to-face) among individuals in India, particularly in the context of mental health services. Here are some reasons why this study is important:

1. Post-Pandemic Shift in Therapy Preferences

2. Cultural and Social Attitudes in India:



India has unique cultural and social dynamics regarding mental health, which often carry stigma. Understanding whether Indians prefer online counseling (which offers anonymity and convenience) over face-to-face counseling (which offers personal interaction) can help in addressing these barriers and designing mental health services that align with people's comfort levels.

3. Demographic Differences:

The study highlights demographic differences in preferences (e.g., age, gender).

Methodology

Aim of the study

The study aimed to explore whether post-COVID-19 individuals were more likely to choose online counselling over the traditional face-to-face counselling mode.

Research design

The following quantitative study was used to gain responses on individuals' preferences towards online and offline counselling. The research comprised individuals between 16 and 60 years of age, all of whom had not taken therapy.

Ethical considerations

In the pursuit of comprehensive data acquisition, meticulous adherence to ethical considerations was a cornerstone of the present study. Safeguarding the privacy and confidentiality of respondents remained a paramount concern throughout the research endeavour. A steadfast commitment was upheld to ensure no information divulgence to any third party occurred. notably, no personally identifiable particulars, including names and photographs, were unveiled or procured for the study or the subsequent publication.

Methodology

Tools Used

The research employed the “online and Face-to-face counselling attitudes scale” to facilitate the meticulous collection of data. This scale consists of 20 questions 10 for online and face-to-face counselling respectively. Which measured the attitudes towards both online and face-to-face counselling on a Likert scale ranging from 1 (Not at all) to 5 (Very).

Sample

The sample consisted of 48 participants: 20 males and 20 females, ranging from 16 to 60 years of age.

Data Collection Procedure

The data collection regime was through a survey. Which encompassed demographic questions and the attitudes scale questions. On the Online and Face-to-Face Counseling Attitudes Scale. Before the responses could be collected all the participants had consented to be part of the following study, further In all the responses collected on the survey, the identity of the participants was kept anonymous.

Results & Discussion

Table 1: Independent t-test analysis of Counselling Attitude Scale among age groups below 40 and above 40 years of age (N=40).

(df=40)

	n	*M*	*SD*	*t*	*p*
40 years and above	*22*	*28.05*	*7.12*	*-0.81*	*.431*
40 years and below	*20*	*29.6*	*5.31*		

From Table 1, it can be inferred that there were no significant differences found between responses of OCAS TOTAL-40 above (M=28.05, SD=29.6) and OCAS TOTAL-40 below (M=29.6, SD=5.31, $t(40)= -0.81, p>.05$). Hence, stating that participants who prefer online counseling did not show substantial differences in their overall attitudes or responses on the attitudes scale irrespective of their age.

Table 2: Independent t-test analysis of Counselling Attitude Scale among age groups below 40 and above 40 years of age (N=40).

df=40

	n	*M*	*SD*	*t*	*p*
FCAS TOTAL-40 above	*22*	*30.59*	*4.8*	*-2.17*	*0.36*
FCAS TOTAL-40 below	*20*	*34.1*	*5.66*		

From Table 2, it can be inferred that there were no significant differences found between the respondents of FCAS TOTAL-40 above (M=30.59, SD=4.8) and FCAS TOTAL-40 below (M=34.1, SD=5.66, t(40)=-2.17, p>0.05. Hence, this indicates that the higher and lower-scoring participants on the FCAS TOTAL-40 measure do not differ significantly in terms of their responses, implying that both groups have similar attitudes or behaviors related to face-to-face counseling based on the measure used.

Table 3: Independent t-test analysis of Counselling Attitude Scale among age groups OCAS Total above 40 and FCAS Total above 40 years of age (N=40).

df=42

	n	*M*	*SD*	*t*	*p*
OCAS TOTAL-40 above	*22*	*28.05*	*7.12*	*-1.39*	*0.172*
FCAS TOTAL-40 above	*22*	*30.59*	*4.8*		

From Table 3, it can be inferred that there were no significant differences found between the respondents of OCAS TOTAL-40 above (M=28.05, SD=7.12) and FCAS TOTAL-40 above (M=30.59, SD=4.8, t(42)=-1.39, p>0.05. Hence, this means that participants who scored higher in their preference for online counseling (OCAS) did not differ significantly from those who scored higher in their preference for face-to-face counseling (FCAS). The similarity in their scores suggests that both groups have comparable attitudes or perspectives, even though they may have different counseling preferences.

Table 4: Independent t-test analysis of Counselling Attitude Scale among age groups OCAS Total below 40 and FCAS Total below 40 years of age (N=40).

df=38

	n	*M*	*SD*	*t*	*p*
OCAS TOTAL-40 below	*20*	*29.6*	*5.31*	*-2.6*	*0.013*
FCAS TOTAL-40 below	*20*	*34.1*	*5.66*		

From Table 4, it can be inferred that there were no significant differences found between the respondents of FCAS TOTAL-40 below (M=29.6, SD=5.31) and OCAS TOTAL-40 below (M=34.1, SD=5.66, t(38)=-2.6, p>0.05. This suggests, participants who scored lower on the FCAS TOTAL-40 measure had significantly different responses compared to those who scored lower on the OCAS TOTAL-40 measure. The table indicates that lower scoring group for online counseling had a higher mean score compared to the lower scoring group for face-to-face counseling, indicating a notable difference in their attitudes or behaviors related to these types of counseling preferences.

Table 5: Independent t-test analysis of Counselling Attitude Scale among age groups OCAS Total and FCAS Total b (N=40).

df=82

	n	M	SD	t	p
FCAS TOTAL	42	32.26	5.46	2.7	0.008
OCAS TOTAL	42	28.79	6.3		

From Table 5, it can be inferred that there were significant differences found between the respondents of FCAS TOTAL (M=32.26, SD=5.46) and OCAS TOTAL (M=28.79, SD=6.3, $t(82)=2.7$, $p>0.05$. Hence, this suggests that participants who prefer face-to-face counseling (FCAS) scored significantly higher on the measure than those who prefer online counseling (OCAS). In other words, individuals who favor face-to-face counseling demonstrate stronger or more positive attitudes toward it compared to those who favor online counseling.

Conclusion

While participants who have a strong preference for either online or face-to-face counseling show no major differences in their attitudes those with lower preferences for face-to-face counseling tend to have significantly different views compared to those with lower preferences for online counseling.

Additionally, overall, individuals who prefer face-to-face counseling (FCAS) seem to hold more favorable or stronger attitudes toward counseling than those who prefer online counseling (OCAS).

This suggests that face-to-face counseling may be perceived as more effective or preferable by participants, particularly those with stronger preferences.

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