



The Attitude Towards Online Counselling in Comparison to Face-To-Face Counselling Among United Arab Emirates Citizens

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Abstract

This research compares United Arab Emirates (UAE) citizen's attitudes toward online and face-to-face counseling. The aim of this research is to get a better understanding on UAE citizen's attitudes toward seeking either online or face-to-face counseling. After getting the ethical approval from the Scientific Research Ethics Committee, the use of both qualitative and quantitative research, which will include sharing the questionnaire online with the participants, as well as a focus group that included 8 participants. The research covered 180 participants who completed the socio-demographic form, The Online Counseling Attitude Scale (OCAS), and the Face-to-Face Counseling Attitude Scale (FFAS). Convenient sampling was used to secure replies from the participants and the results of this research were obtained using SPSS software. Furthermore, it has been indicated that UAE citizens favor online counseling. However, there is a marginal difference in comparison to face-to-face counseling. With that being said, more investigation is required. To address and understand whether the digital solution will act as an alternative to face-to-face counseling. This is mainly because, online counseling can act as a functional source for seeking mental health services due to its easy accessibility.

Keywords: online counseling, face to face counseling, attitude, mental health, Covid-19

Introduction

Mental health has been the subject of some research; however, limited research has been conducted to address the newly emerged mental health solution, such as online counseling. According to the American Psychological Association (APA), telepsychology "is the provision of psychological services using telecommunication technologies". It has emerged as a viable substitute for traditional face-to-face counseling in recent years, at least for a segment of the population. The growth in development has shifted the traditional medium, and the internet has changed everyday events. It has shifted the way we view communication and the way we interact with each other. We can now communicate while traveling. Hence, the internet is now considered the preferred medium of communication.

In one way or another, everything now requires the use of the internet. Booking a flight, paying expenses, and scheduling your first online counseling session are just a few examples. Online counseling provides mental health support for those who are in need from various locations. It also includes delivering sessions through several means, such as video, chat, audio, or a combination of all. Online counseling has helped people to communicate with mental health experts through accessible and secured online platforms and applications. Everyone can now access an expert with one click, you can book a session within a few

seconds and it does not require any effort, which is convenient for a large number of populations. Nonetheless, little is known about how online counseling has emerged and how it evolved to become a new approach for those who have limited adequate access to mental health services. Though, an increase in demand can be attributed to the COVID-19 pandemic.

Businesses, stakeholders, and even governments are now investing in online counseling. People began seeking online solutions, mostly due to their simple accessibility, cost, and convenience. According to a study by University of Zurich written by Brigit Wagne, research for 'counseling online' has increased by 124% since the COVID outbreak. During the pandemic, the majority of the population had their movements restricted and were not able to engage in their daily life activities. Considering those who visit their counselors in their clinic and have their sessions conducted face-to-face. The pandemic has affected their movement due to factors such as, quarantine, lockdown and self-isolation, which by some means or other, affected their treatment plan. Online counseling made it easier for the therapist as well as the client to communicate digitally.

Moreover, according to Sora (2021) in her journal article titled "*The Clients' Perspective on Telepsychology Acceptance and Use: A Questionnaire Study to Document*", Online counseling follows the same format and content as in-person sessions. Putting into consideration the restrictions on the session time, confidently and ethical matters. It is crucial to identify solutions that ensure everyone has access to mental health care. Because if neglected, it will result in adverse health outcomes, suicide, divorce, substance abuse, child neglect and abuse, and adolescent delinquency. These are all well-documented negative consequences of failing to address the issue. Yet, mental health stigma is a huge barrier for individuals seeking mental healthcare. As they consider several factors which prevent them from seeking help, such as being seen as incompetent, afraid of being judged by society, and believe that they can never get better. According to a representative European sample, 6.5% of people needed mental health care, but more than 3% of those who needed it did not obtain it. The stigma is even aggravated in Arab countries, especially in the Gulf. People tend to avoid asking for help to avoid any sort of labeling. The majority of United Arab Emirates (UAE) nationals are conservative, and they tend to consider social norms. Paula Keenan, a project manager for Community Mental Health, had said "there is a lot of stigma surrounding mental health, where people would rather attribute a problem to a physical illness than as a symptom to mental health," (Samaha, 2009). Moreover, according to Dr Amal Alhalyan, a specialist registrar in psychiatry, stated that "mental illness is a taboo, and is often blamed on a lack of religion, she had also added: Depression was considered by some people to be a sign of evil spirits or possession, and they would resort to home-made remedies to try to get rid of it". Furthermore, Dr Lata Bijlani, who has been a general practitioner at Falcon Medical Clinic for 22 years and addresses the societal stigma associated with mental health as well as the reality that insurance doesn't cover the expenditures. In today's digital environment, it is simpler to convince people to open up about their psychological concerns online than in person, according to Dr. Bijlani. This is particularly true for teenagers and "millennials," who rarely go offline and rarely spend much time away from their phones. Taking this into consideration, the features that online counseling offers are seen as conducive. To emphasize, it encourages patients as it keeps the client's identity anonymous. This feature is considered a lifeline for those who do not like to share their personal identity and prefer to keep their identity anonymous. In addition to this, in UAE the rural population has estimated to reach 12.95%, and online services are considered more convenient to them. Another factor to consider, in the United Arab Emirates, there are 0.3 psychiatrists, 0.51 psychologists, 0.25 social workers, 0.04 occupational therapists, and 0.04 other health workers for every 100,000 people (Fatima Rashed Al-Darmaki, 2015). Because mental

healthcare in the UAE is an expensive industry, advocates for less-priced mental health treatments have emerged there. A lot of work has been invested in tackling all these concerns of labeling and stigmatizing those who are seeking mental health services. Consequently, online counseling has eased people to reach a larger pool of counselors. The UAE government has been addressing these concerns and acting upon them to diminish such misconceptions. Solutions have been established by working with online platforms that are based in UAE to deliver services to UAE nationals. For instance, a platform called “Tegahwa” is offering online marriage counseling sessions for free charges to UAE Nationals (Chakraborty, 2021). Moreover, another platform and application called “Takalam” are also owned by a UAE national called “Khawla Hammad”, who created this platform to mainly address the concerns of stigma in the UAE society, and to have the service accessible for everyone. (Warner, 2021) On the other hand, face –to- face counseling is the traditional mean of mental healthcare. However, the only difference would be the method of communication. Face-to-face counseling is conducted in a counselor’s office or clinic, even in a healthcare setting. In contrast, online counseling is conducted through digital communication, like Zoom, Google Meets, and Skype. Studies that compared the effectiveness of telehealth versus in-person treatments revealed similar results for clients and the nature of their connections with therapists. However, numerous other research has backed the effectiveness of teletherapy. (Joyce, 2020).

Literature Review

Online therapy for depression was found to be just as beneficial as in-person therapy in a 2014 study that was published in the Journal of Affective Disorders. Particularly in light of the pandemic's effects, telepsychology is being given in many psychotherapy centers and is becoming more and more integrated into clinical treatment. Online therapy can take less time than face-to-face counseling. You can simply dial a number or log in to a site, and the session can happen wherever you are comfortable. When you can’t access a therapist in person, video appointments can be as effective.

Moreover, A recent research entitled *Video therapy and the therapeutic alliance in the age of COVID-19* written by Susan Simpson (2020), has also compared the therapeutic relationship and empathy across media (phone, face-to-face, and video conferencing) and found no discernible difference. Although a different article by B. Christopher Frueh (2007), entitled *Therapist Adherence and Competence with Manualized Cognitive-Behavioral Therapy for PTSD Delivered via Videoconferencing Technology*, claimed that clients still feel a connection to their therapists even in virtual settings, this seems to be especially true if the therapist is at ease working virtually.

In addition to this, the theoretical frameworks and related interventions offered by online counseling were examined in a journal article by Rakesh Maurya (2020) titled *Counselors' Perceptions of Distance Counseling: A National Survey*. A wide range of different models, such as Psychodynamic, Eye Movement Desensitization Reprocessing, and Person-Centered Therapy, was effectively used. However, Cognitive-Behavioral and Solution Focused Therapy were the theoretical orientations practitioners used the most. Anxiety, depression, and conduct disorders are just a few of the mental and somatic conditions that have been successfully treated using online counseling. In addition, professionals reported that online counseling was effective in resolving problems like melancholy, bereavement, PTSD, self-esteem, marital conflict, and anger management. When compared to therapies done face-to-face, those delivered online had equal effects on client concerns with long-lasting results.

Furthermore, in another article entitled *Telemental health for children and adolescents* written by Nicole E. Golf (2015), they stated that when compared to in-person treatment. Treatment for mental health problems through online counseling is equally effective.

According to Shanaya Rathod's study, Mental Health Service Provision in Low- and Middle-Income Nations, done in Canada and low- and middle-income countries have shown an increase in access to evidence-based therapies in remote areas and communities lacking specialist mental health services (Francisco & Archer, 2016; Gibson et al., 2011). Regarding client complaints and concerns addressed through online counseling, Baca (2016) found that professionals accurately identify a range of problems. Additionally, remote counselors successfully assist patients with issues including panic disorder and childhood depression.

In contrast, telepsychology is not suitable for all conditions. If the client has a significant mental illness, the APA has issued numerous guidelines that advise against using online counseling. For instance, if they run the risk of harming themselves or another person (APA, 2014). Another issue raised by Richards (2018). The impact of technology on therapeutic alliance and involvement in psychotherapy: The therapist's perspective is that depending on their level of expertise and seniority, counselors may still be hesitant to employ online counseling. Many senior experienced counselors received their fundamental training prior to the advent of the Internet, whilst other experienced counselors used auxiliary technologies like a professional website and encrypted email/text communications in their face-to-face practices.

Vincent (2017) stated that older counselors (61-70 years) were a little more hesitant to transition to complex devices when compared to younger experienced counselors (40-60 years of age). In his article "*Advancing telecommunication technology and its impact on psychotherapy in private practice: Telecommunication technology and psychotherapy*".

The American Psychological Association (APA) encourages therapists to use teletherapy to support their patients in times of need. Even though many therapists lack the necessary training for online counseling (Perry et al., 2020). Counselors are prohibited from abandoning their clients ethically. In order to deliver online psychotherapy, training is needed, and the American Psychological Association (APA) also provides recommendations to ensure the necessary technological competencies along with clinical and therapeutic competencies particular to the online context. The therapist would need to be knowledgeable about certain legal needs and rules, as well as ethical techniques and norms.

The benefits of using online counseling are numerous. However, among the worries related to online psychotherapy's privacy, confidentiality, security, and safety pertains to the usage of insecure websites or unprotected communication tools, such as readily available commercial software. Online platforms and applications can solve security and privacy concerns by following HIPPA standards, "covered entities must protect individually identifiable health information against deliberate or inadvertent misuse or disclosure. Providers must offer precautions to protect the confidentiality and prohibit unauthorized access in order to comply with regulations. And HIPPA aims to protect patient's sensitive health information from being disclosed (Grohs, 2015).

According to Julia Stoll (2020) in her article *Ethical Issues in Online Psychotherapy: A Narrative Review*, Online behavior that is unethical, harmful, or abusive could be simpler. For instance, acting like a therapist or practicing without a license or even without the required training. To bypass this concern, online mental health providers are required to practice and conduct online sessions only if they are licensed. On the other hand, in some cases where online counseling platforms tend to inform clients before booking their session with the counselor, the platform offer background on the counselor's educational experience

and licensing status. This will give a clear idea to the client before they book their session and avoid any misconceptions. Previous studies suggest that telehealth training should be included in psychology graduate programs, as well as post-graduate continuing education (Callan et al., 2017).

To emphasize, according to *the Survey of psychologists' telebehavioral health practices: technology use, ethical issues, and training needs*, which was conducted by Glueckauf (2018) around 90% of psychologists agree that "mental health practitioners should undergo training about the clinical, legal, and/or ethical issues linked to telehealth". The majority of respondents also claimed that technical training was necessary for them to provide telehealth services. Additionally, nearly 40% of psychologists claimed they lacked telehealth training or education, and nearly half claimed they were unable to handle emergency situations while employing online counseling techniques. According to a recent study, therapists' low self-efficacy was a major barrier to using telepsychology and was caused in part by the lack of training opportunities. (Mariana Sampaio, 2021). Therefore, APA and other organizations have offered workshops to train therapists on how to conduct online sessions.

In spite of the advantages of online counseling, with services that exclusively use written communication, like email or online chat, it is impossible for the client and therapist to have face-to-face visibility to monitor body language and tone-of-voice cues. Misunderstandings are more likely to develop as a result of this (Fitzpatrick et al., 2016).

People with a range of mental problems have been shown to benefit from face-to-face treatment and talk therapy. It is, in most situations, more effective than antidepressants alone. In-person counseling is more likely to be required if the mental health issue is serious. People with major mental diseases and those who have strong symptoms of sadness and anxiety may not be able to benefit from online-only therapy. When an individual is in a crisis, they will need help immediately. They will not be able to wait for the therapist to text them. Furthermore, the counselor may not be able to tell how desperate the client is from afar. If a therapist believes a client is a danger to oneself, he or she has the option of keeping the person in the clinic. They aren't always able to confirm an at-risk individual's whereabouts when using online therapy.

In a study by Matthew D. Bird titled "*College students' attitudes, stigma, and intentions about seeking online versus face-to-face counseling*," the findings showed that online counseling was associated with higher levels of self-stigma and discomfort than face-to-face counseling. People are probably less likely to use online counseling because they are unknowledgeable about it, which could help to explain why people are less likely to seek aid from this sort of treatment. Treatment expectations may also have an impact on whether or not someone seeks help online.

Purpose of the Study

The aim of this research is to determine UAE citizens attitudes toward online counseling in contrast to face-to-face counseling. This study primarily focused on UAE citizen's attitudes toward accessing online and/or in-person counseling. The following objectives are the focus of the study:

- To determine if online counseling can act as a useful source for UAE citizens.
- To get a better understanding of the preference between online and face- to- face counseling.

Methodology

In this study, we are combining both qualitative and quantitative research, which will include sharing the questionnaire online with the participants as well as interviewing them. The use of quantitative and qualitative (quantitative using the questioner and qualitative using a semi-structured interview within a focus group of 8 participants), the interviewer will have a few determined questions, which will be followed by upland questions.

For the qualitative data, the majority reported that it is more feasible to receive counseling online than in person. And that online counseling can act as a useful source for those who are uncomfortable with expressing themselves openly, as well as the lower cost of the online sessions and convenience, which act as an advantage for online counseling. Another participant stated that online counseling would be good for those who find it difficult to express themselves about personal issues. On the other side, one of the participants shared her experience with online counseling, stating that the first two sessions were pleasant and effective but that she thought the therapeutic rapport was missing and that she had shifted to face-to-face counseling.

Participants

Participants who took part in the quantitative method were above 18 years old. The participants completed the survey voluntarily and were not rewarded for completing it. The population sample consists of 46.1% (83) male participants and 53.9% (97) female participants, as seen in Table 1.

Table 1.

Demographic Variable- Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	83	46.1	46.1	46.1
	Female	97	53.9	53.9	100.0
	Total	180	100.0	100.0	

56.1% of participants who took part in the study had an average age range of 25–34 years, as seen in table 2.

Table 2.

Demographic Variable- Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-24	49	27.2	27.2	27.2
	25-34	101	56.1	56.1	83.3
	35-44	20	11.1	11.1	94.4
	45-54	6	3.3	3.3	97.8
	55-64	4	2.2	2.2	100.0
	Total	180	100.0	100.0	

Data Collection Tools

A convenient sample of 180 English and Arabic- speaking participants completed an online questionnaire. The participants were asked to identify whether they would prefer to utilize online or in-person counseling, and two 10-point Likert scale-style questions were given. Furthermore, 8 participants were selected to take part in a focus group. The participants were chosen randomly, and there were a few determined questions that were addressed to the participants. Such as have you tried online counseling? What are your general thoughts about online counseling, and explain why you would consider using or reuse online counseling? Followed by a discussion.

After completing the demographic questions, the participants completed The Online Counseling Attitude Scale (OCAS), which was developed by Aaron B. Rochlen (Rochlen et al., 2004), and the face-to-Face Counseling Attitude Scale (FFAS). To some extent, it is a slight modification of the OCAS, with the exception that "face-to-face counseling" has been integrated in place of "online counseling." Participants are asked about how they feel about online counseling in the survey. Online counseling discomfort and online counseling value are the two subscales that make up the OCAS.

The Online Counseling Attitude Scale (OCAS) reliability score in this study is .645, as seen in Table 3.

Table 3.

The Online Counseling Attitude Scale (OCAS) reliability

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.645	.648	10

Which is an acceptable score according to George Ursachi in his article "How reliable are measurement scales? External factors with indirect influence on reliability estimators" (George Ursachi, 2015). Furthermore, the face-to-Face Counseling Attitude Scale (FFAS) reliability score in this study is .686 as seen in Table 4.

Table 4.

The Face-to-Face Counseling Attitude Scale (FFAS) reliability

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.686	.690	10

Procedure

Data was collected in Mid-April 2022 after getting ethical approval from the Scientific Research Ethic Committee. Data was collected using SPSS software. Because the survey was majorly conducted online, a convenient sampling approach was used to obtain replies from the participants. Participants were encouraged to recruit their friends and fellow students to fill out the survey so that a larger sample could be obtained. The survey takes about 6 minutes to be completed. Thus, data were collected from 180 participants.

Findings

After the data had been collected, screening was done to search for any missing values. In this study, there were no missing values. As shown in Table 5 below, respondents were asked about their attitudes toward using face-to-face or online counseling. A mean of 2.15 participants reported utilizing online counseling helped them learn more about themselves, while a mean of 2.07 participants reported the same for face-to-face counseling. In addition, participants indicated that they'd be more likely to try online counseling, with a mean of 2.04 when asked if it was free than in-person counseling, with a mean of 1.92.

Table 5.

Descriptive statistics

	Mean	SD	N
Using online counseling would help me learn about myself	2.1556	1.00180	180
If online counseling were available at no charge, I would consider trying it.	2.0444	1.19973	180
Using Face-To-Face counseling would help me learn about myself	2.0722	1.08329	180
If Face-To-Face counseling were available at no charge, I would consider trying it	1.9278	1.15807	180

Table 6 also shows that there is slight preference among males to confide their personal problems with an online counselor in comparison with females. Both genders showed a preference for seeking online solutions.

Table 6.

Descriptive statistics of gender preference

Gender		I would confide my personal problems with an online counselor	I would confide my personal problems in a Face-To-Face counseling session
Male	Mean	2.7470	2.2892
	N	83	83
	SD	1.36009	1.17422
Female	Mean	2.6701	2.3608
	N	97	97
	SD	1.13396	1.09150
Total	Mean	2.7056	2.3278
	N	180	180
	SD	1.24037	1.12776

To sum up, the results toward the attitudes of both online counseling (OCAS) and face-to-face counseling (FFAS) were somewhat positive, with a slightly preference toward online counseling.

Discussion, Conclusion, and Recommendations

Discussion

Results show a preference in attitude in conducting online counseling in comparison to in-person counseling.

According to research from the University of Queensland (Snowswell et al. 2019), "telehealth is frequently at least as effective, if not more, than typical care." Similar to this, a comprehensive evaluation of research using video telehealth to provide psychological therapy to individuals with mental problems was released by Swinburne University (Thomas et al., 2021). According to the studies, "counseling was shown to be practicable for delivery via videoconferencing, clients were pleased with therapy, and anticipated changes in targeted symptoms that actually occurred."

In addition, in another study, 409 students from six Malaysian universities took part in a different study. The majority of participants, about, 35% said they would probably use online counseling services yet were unlikely to attend face-to-face sessions.

Another research was conducted in Ghanaian Universities, and participants presented a plethora of advantages to online counseling. The majority of them acknowledged that they have previously participated in face-to-face counseling and may therefore conclude that getting counseling online is similar. The ability to receive counseling from anywhere, better privacy, problem-solving in virtual reality, simple access to the counselor, and anonymity are just a few advantages of online counseling (Amos, Bedu-Addo & Antwi, 2020).

Online counseling may seem to be effective for some people, but other research indicates that it is frequently not the best option. For instance, a Singaporean study found that client-counselor interaction within online settings has been less successful (Kit et al., 2014): counselors found it challenging to direct conversations and had trouble getting clients to respond in online sessions.

In closing, both approaches act as useful sources for the general populace. Despite the results of this study, which endorsed online counseling, some people still prefer the traditional medium. People see digital solutions as more favorable sources due to their easy accessibility, convenience, and low cost, which anyone by anytime can book a session and avoid any hustle.

Conclusion

In closing, both approaches act as useful sources for the general populace. Despite the results of this study, which endorsed online counseling, some people still prefer the traditional medium. People see digital solutions as a more favorable source due to their easy accessibility, convenience, and low cost. Anyone at any time can book a session and avoid any hustle. Along with the factors mentioned earlier, online counseling will necessitate a standard regulation that can be followed globally by various platforms in order to avoid any ethical concerns that may arise and derail this newly developed solution.

After all, regardless of which approach you, your family, or your friends prefer, as long as the symptoms are affecting your daily life, you should reach out to a therapist to begin your recovery process.

Recommendations

In this research paper, there is a significant benefit to the use of both approaches, online and face-to-face counseling. Without question, online counseling and face-to-face counseling both offer prospective benefits and drawbacks. And more investigation is needed to address them. In addition to this, for future research studies, more research is needed to explore blending both approaches, face-to-face and online counseling. Measuring the outcomes will help us to understand the benefit of each approach.

Another factor to consider is that the majority of available studies have been addressing the ethical concern of online counseling leaving behind the potential ethical concerns of face-to-face counseling which can be addressed in future studies.

Further research could also focus on a longitudinal study to assess the impact of online and face-to-face counseling, as well as the advantages and disadvantages of both.

Lastly, future research needs to be conducted to address implementing online counseling for clients with disorders such as schizophrenia and bipolar disorder. Since the previous research mainly covered depression, anxiety, and PTSD. This future study will help to emphasize if online counseling can also be beneficial for critical cases.

Limitations

When we discuss mental health in the MENA region, we always face limitations in terms of finding the required literature. In this research paper, there were a few limitations that could be addressed in future research. First, the lack of previous literature conducted in the UAE and in the MENA.

The fact that little studies have been conducted to address the ethical concerns on the use of face-to-face counseling.

The second aspect would be the limitations in the scope of discussions. Furthermore, the majority of the participants who took part in the study were between the ages of 25 and 34, with only a few participants between the ages of 35 and 55. As a result, there has been no age diversity in this research. Adding to this, the quantitative data could have been designed to reach a more significant number of participants rather than implemented into a focus group.

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