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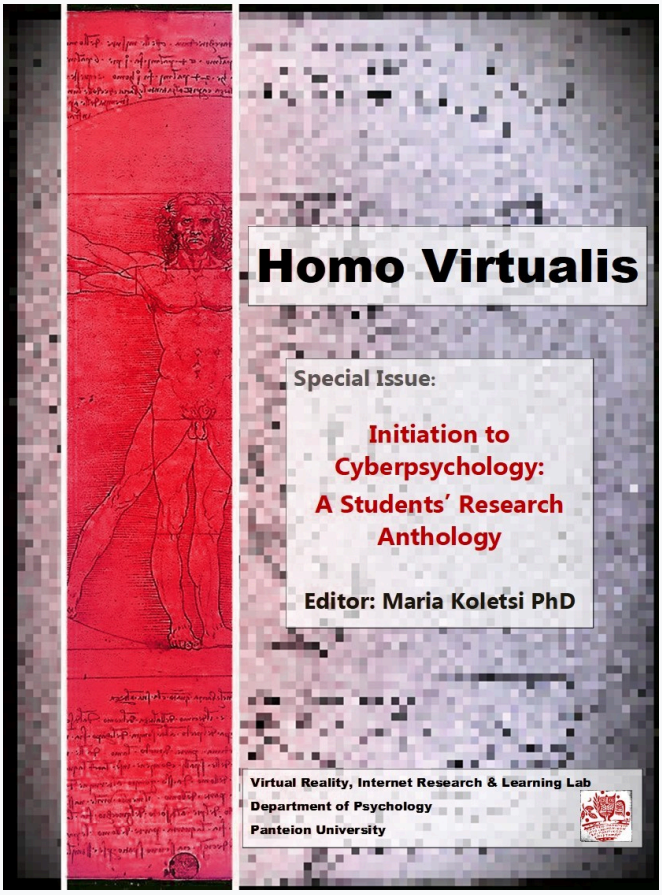

Online Counseling: Advantages, Disadvantages and Ethical Issues

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Online Counseling: Advantages, Disadvantages and Ethical Issues

Sofia Kiriakaki[1], Maria Tzovanou[2], Anastasia Sotiriou[3], Maria Lampou[4], Eleni Varsamidou[5]

Abstract: The present research aims to study some aspects of online counseling. More specifically, the possibilities, the difficulties, the effectiveness, as well as issues of ethics, which are raised through the internet practice, are being explored in the light of the mental health specialists that provide it. In addition, it is being examined the way in which covid-19 pandemic affected its demand. In order to conduct the research, a questionnaire was completed by 25 Greek experts who provide online counseling services. Then, their answers were quantified and compared with the data of the existing bibliography. The findings are in accordance with it on pros, cons, demand during the pandemic, and the effectiveness of online counseling compared to the in person one. However, a differentiation was observed, concerning the most prevailing way of conducting online counseling and the counselors' perception of protection of their personal data. Restrictions such as the type of the sampling and the online distribution of the questionnaire could affect the results of the research. Future studies could lead to further conclusions, by taking into account the findings and the limitations.

Keywords: online counseling, effectiveness, ethical issues, covid-19

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Counseling and online counseling

The field of cyber psychology includes the study of human experiences (cognitive, emotional and behavioral) related to the development of technology or being influenced by it. In other words, it is the psychological study of human-technology interaction. One field of study, for cyberpsychology, is online counseling, which is also referred to as e-therapy, e-counseling, or cyber therapy. Online counseling is being defined as the transfer of therapeutic intervention to cyberspace, where communication between the professional therapist and the patient is mediated by the use of technology (i.e., the use of a computer, Computer-Mediated-Communication) and which can stand alone as a service or along with other therapeutic interventions (Richards & Vigano, 2012).

The Covid-19 pandemic has brought many changes in people's daily lives and has affected the practice of various professional activities, such as the provision of counseling support. Relations (professional, social, economic, emotional) have been expanded and adapted to cyberspace at a faster pace than usual. Mental health professionals were quick to find a safe solution in the midst of the pandemic: online counseling. A solution that already existed before the outbreak of the pandemic, but in Greece was not as widespread as it was in other countries, such as the USA and Great Britain. A study with the participation of psychologists from Portugal (Dores et al., 2020) showed that most of therapists did not provide online sessions or had minimal experience in this field, before the pandemic. However, during the covid-19 pandemic, the same professionals started online sessions with a very high response and most of their patients participated.

As reported by Mallen et al. (2005b), counseling aims to relieve stress, worries and discomfort, enhance the individual's mental strength and establish well-being and overall functionality of the person. The first online interventions began between 1970 and 1980, simultaneously with the rise of personal computer use, and were taking place through online support groups. E-mail counseling then appeared in the mid-1990s (Grohol, 2004). Online counseling is divided into simultaneous and non-simultaneous. In the first case, the communication between the therapist and the patient takes place in real time, while in the second one is carried out with a delay (Suler, 2008). Barak (2009) had pointed out that, although video calling and voice calling were possible, the predominant way of online counseling was non simultaneous communication through messages, e-mails, chat rooms and forums. Regarding non simultaneous counseling via email, the use of emoticons (i.e. the creative combination of keyboard's characters at the end of a sentence in order to show their feelings, e.g. winking), acronyms, shortcuts, the ability to format the text (e.g. capital letters, emphasis, use of parentheses), are key features that give liveliness and immediacy to the written word. On the other hand, in teleconferencing it is

necessary to use headphones and a microphone, as well as a platform or an application to conduct a session (Lessa, 2013).

In addition to the previous basic categories, the last years even more sophisticated and innovative ways of conducting online counseling have emerged. According to Pontier et al. (2008), one such way is the virtual therapist. It is a self-help therapy (other forms of self-help therapies are, for example, book therapy), where the person who is seeking help for an issue, chats online with a virtual therapist, a tool that is designed for this purpose. The virtual therapist discusses with people, provides them with guidance on issues that concern them, and responds with empathy to what they hear, while adopting the appropriate facial expressions. In other words, this process tries to simulate the therapist-patient interaction as it would take place in an in person session. This is a useful method, especially for people who avoid contact with real therapists, due to the fear of stigmatization. With this process, they feel able to solve their problems, and their privacy is not at stake (Spek et al., 2007). Finally, the counseling that exists in the context of an online virtual environment, using avatars, is of great importance as well. According to Bartle (2010), avatars are images that are created in the virtual environment from both the therapist and the patient and can be either a representation of their external appearance, or can, by choice, even take the form of animals or mythical creatures. These avatars are the communication channel between the therapist and the patient. Communication between them can be achieved either through text or via voice messages. An example of such digital world, which is suitable for online counseling, is the Second Life virtual environment. By using the capabilities offered by this virtual world, more people have access to mental health services, while, in terms of mental health professionals, the number and the variety of their potential clients is rising. Another advantage of the above, is the freedom of expression on the part of users, as they are given the opportunity to create their own avatars, to freely choose the gender identity that expresses them, and, in general, the self-exploration of individuals' desires and capabilities is promoted. All the above significantly help the work of mental health professionals (Witt et al., 2016).

A literature review by Richards and Vigano (2013) found that there is no unanimity in the community of mental health professionals on the issues for which online counseling is appropriate. Some researchers (Haberstroh et al., 2008; Finn & Barak, 2010) argue that online counseling should be limited to less serious problems, such as interpersonal and social issues and self-improvement. When the issues are getting more serious (e.g., cases of domestic violence, abuse, substance abuse, or existence of suicidal thoughts), there is less agreement in its appropriateness. Others consider that it is appropriate for every issue (Fenichel et al., 2002), however, its effectiveness may be influenced by individual factors, such as the mental and cognitive state of the patient. There is also the view (Simpson et al., 2005) that online counseling is appropriate for specific populations only, while Mallen & Vogel (2005) consider it

more preferable for short-term therapies, self-help issues, as well as for cognitive-behavioral therapy. In conclusion, online counseling, in terms of frequency, is used mainly for patients' referral to other therapists or institutions (91%), for intervention in cases of urgent care (79%), for counseling and training (71%), for individual psychotherapy (69%), as well as for clinical supervision (58%) (Mallen et al., 2005b).

Suler (2001), in an article on the suitability of counselors for online therapy, referred to the research of International Society for Mental Health Online. This study, which was conducted by Suler and Fenichel, aimed to start a discussion about the efforts of mental health professionals to conduct psychotherapy sessions online. The general philosophy of this effort was that, although online counseling has much in common with the one in person, the use of the internet continues to bring to the fore new clinical issues as well as variations on traditional psychotherapy models that need to be explored. The researchers also tried to investigate the factors that can determine, to some extent, whether a patient is suitable for online treatment. Although the guidelines that have been created, have focused mainly on therapy through text messages, many can be applied to the most modern methods of treatment (e.g., via video calling). According to the same researchers, with the term "suitability" we refer to a number of factors that include the preferences of the person being treated regarding the online session, how receptive they are to suggestions and new ideas concerning treatment plan and the use of new technologies, how capable they are to use new technologies effectively and, finally, how much they are expected to benefit from the whole effort. At this point, it is necessary to emphasize on the ethical obligation of therapists to inform their potential clients about issues of personal data protection, privacy, potential benefits and problems of online sessions, as well as possible ways to overcome any difficulties that may arise. The client's ability to understand the above information, as well as the attitude towards these issues are the factors that determine whether they will benefit from this treatment method.

The mental health professionals have a number of methods at they disposal to make the initial assessment of the patient's suitability: in person, via video call, telephone call, e-mail, messages or chat. The customer's preference in one of the above methods is taken into account, however, according to the opinion of the expert, there is also a chance that some other method of communication or a combination of them is more useful at the specific time. Then, some more issues that the specialist needs to take into consideration emerge: how the person's technological knowledge can affect the course of treatment, what kind of previous experiences the person has on online communication, if these experiences have affected them in a positive or negative way, what is the person's relation with writing and reading (in the case of counseling via messages, e-mail, online chat). Another parameter is whether the person has received psychological support in the past and in what way. If they have received psychological support, it is important to take into account whether their perceptions may affect the treatment process, especially if the way of communication

with the previous therapist was different from the one which will be finally selected. Finally, it is needed to take into account the personality of the patient and any previous diagnoses, whether they have an impairment (visual, motor, speech, chronic diseases), intercultural and communication issues with patients from other countries and whether a mixed treatment model with a combination of methods would be beneficial or not.

In addition, counselors, in order to meet the requirements of online counseling, need to have some necessary technical skills, which determine the process and the outcome of the therapeutic online meeting. More specifically, some of these techniques include the use of software for the purpose of creating a website, presentations, letters, etc., the flexible handling of the necessary audiovisual equipment (eg video camera), the use of e-mail and computer diagnostic software and tests for the needs of the session. Equally important for the counselor is to know the legal framework, the code of ethics related to the counseling services via the internet, but also the strengths and weaknesses of these services (Chandras, 2000).

Advantages

Online counseling can offer satisfactory therapeutic results and is consisted of both positive and negative elements (Li, Lau et al., 2013). Its main advantage is that it is probably the only solution for people who do not have access to mental health services. In particular, the provision of mental health services to people who live in geographically remote areas from mental support structures, to people with a limited number of counselors in their area and to people with mobility difficulties or general health problems is achieved. Online counseling services can be available to anyone at any time and place, provided there is an internet connection, allowing in that way greater flexibility and freedom (Maples & Han, 2008; Sussman, 2004). The pandemic, after all, showed how necessary online counseling sessions are, as traditional face-to-face practices had to be reduced or even discontinued in order to ensure public health.

Furthermore, online counseling is considered quite beneficial for people who are hesitant, especially in small towns, they, possibly, fear social stigmatization due to entering the therapist's office, and being exposed to face-to-face therapy (Efstathiou, 2009). The fact that the services are provided anonymously, and without making the patient visible to other people apart from the therapist, encourages the disclosure of emotional issues and reduces the resistance of the patient (Bauman & Rivers, 2015).

Moreover, patients may become more honest when they cannot see the therapist, as they feel less defensive and vulnerable (Maples & Han, 2008). At a psychosocial level, through online counseling it is also possible to enhance the positive transfer of the patient to the counselor. This is mainly due to privacy and lack of visual contact, that

reinforce a sense of control over the conversation (Grumet, 1979). On the other hand, in the case that patients have agoraphobia or anxiety, online counseling can also be a constructive and therapeutic method (Fitzgerald et al., 2010).

Regarding the cost of providing services, it has been observed that online counseling is more affordable compared to the one in person. Therapists usually offer online services at a lower cost than the in person counseling session, facilitating access to mental health services for groups that belong to lower socio-economic classes (Fitzgerald et al., 2010). Equally important is the fact that online counseling allows patients to connect with counselors from different countries. This is a huge benefit for those who are not currently in their home country, such as international students, immigrants or guest researchers, and wish to have access to psychological support services provided in their mother tongue (Bian & Miller, 2020).

Online counseling enables a systematic and complete recording of meeting material, as both text messages and video conferencing are stored (via video recording). Both the counselor and the patient can refer to what has been discussed at any time, to a previous discussion, but also to information and material produced or exchanged during the counseling meeting (Suler,2011). At the same time, teleconferencing enables the recording of both verbal and non-verbal messages (eg posture, facial expression, etc.) to an extent that demonstrates the same effectiveness as the one in person (Papanis & Balasa, 2011). All the above contribute to the improvement of communication between the therapist and the patient, offer a more holistic approach to the process of online counseling and work protectively for both the therapist and the patient. Safety issues that are raised because of dangerous contexts or potentially dangerous patients are reduced through online counseling. At the same time, the fact that sessions can be recorded reduces the possibility of bad practice and litigation. The distance created by technology inhibits physical proximity, thereby reducing the risk of developing an emotional bond between the counselor and the patient (Koocher, 2007, as reported in Stoll et al., 2020).

Finally, by providing online services, counselors become more comfortable in their work, as their schedule becomes more flexible and they have fewer meeting cancellations. For example, therapists may have more flexibility in their work schedule, as the difficulty of scheduling treatment sessions at a given time is reduced by conducting non simultaneous sessions, thus gaining independence from narrow time limits.

At the same time, through online counseling multi-person communication (group communication) is possible, while there is simultaneous management of a large number of contacts (Barnwell, 2017). The use of online counseling, however, has several disadvantages.

Disadvantages

Both therapists and patients report limitations on the performance and functionality of the sessions, practical issues, and issues related to therapeutic alliance and the effectiveness of treatment. A key prerequisite for online conferences is internet accessibility, which automatically excludes the lower socioeconomic classes, due to difficulties in their direct and / or continuous access to technological tools and applications (Mallen et al., 2005a). Respectively, therapists are required to have in their possession the appropriate technological means, components and programs, for the execution of online meetings, which can be very costly (Lovejoy et al., 2009) and therefore discourage them from choosing to provide online support. In addition, even when internet access is possible, in many cases of non simultaneous, but mainly simultaneous methods of communication (e.g., video calls), therapists and patients express concerns about poor connection, low network quality and interruptions in access. All the above put therapists on alert for immediate search for solutions (Haberstroh et al., 2007) and have an impact on the development of the online session, especially in emergencies (Bhuvaneswar & Gutheil, 2008).

At the same time, despite the rapid development of technology, there are many therapists and patients, especially older people (range 50 - 65+), who are not familiar with issues related to technology, the Internet and applications (Zur, 2012). A key limitation is also the lack of adequate training of therapists, both in issues of modern technologies and in methods of transmitting empathy, understanding and a sense of acceptance to patients (Mallen et al., 2005a). In particular, as shown by the Tanrikulu survey (2009), none of the participants - therapists had received training in the field of online counseling, while Finfgeld (1999), as reported by Stoll et al. (2020), referred to the lack of knowledge on privacy policies, legal frameworks and ethical approaches by the participants - therapists. Due to the above, therapists and patients express concerns about possible illegal recording or videotaping of the session, as well as about sharing its content (Haberstroh et al., 2007). In the same context, therapists feel insecure about possible breaches and unauthorized access to their clients' communication platforms and electronic data, which would jeopardize the confidentiality of the sessions, personal data and the safety of their patients (Zur, 2012).

Despite the widespread use of online counseling during the last years, its legal and ethical framework has not yet been clarified and consolidated. There are no clear guidelines and practices for the legal and ethical obligations of therapists (Finfgeld, 1999, as cited in Stoll et al., 2020), for online counseling's licenses, and for requests related to therapists' compensation and refunds, especially in cases of disconnected connection (Martin, 2013). Another concern has to do with the clients who are not in the same country with the therapist and therefore the therapist must also take into account the legal framework of their client's country, the different cultural

backgrounds and licenses (Barnett et al., 2003, as reported in Stoll et al., 2020). This has also consequences in case the immediate intervention and presence of the therapist becomes necessary, (i.e., in critical situations or in cases of severe psychopathology of the patient) (McDonald et al., 2020).

The therapeutic intervention can also be influenced by the spatial context of the patients. Through online counseling, therapists and patients may perform the session in places where there is no privacy, and as a result the noises (e.g., ringing of the phone or bell, presence of other people) lead to lower concentration (Sayers, 2021).

Online counseling also places restrictions on issues concerning the individual characteristics and the identity of patients. According to Zur (2012), there are concerns regarding the reliable identification of demographic data (such as age, place of residence, marital status) with those treated online. At the same time, Harris & Birnbaum (2015) refer to cases of patients with severe psychopathology (such as psychosis, suicidal ideation, victims of sexual abuse, etc.) who, in order to protect their identity, resort to creating a profile with personality elements that deviate from theirs. All the above lead the therapist to the need to confirm the validity of the information presented to him by the patients, even by communicating with their family and friendly environment.

Ethical issues

The ethical issues of online counseling have piqued the interest for many years (Barnett & Scheetz, 2003; Bolton, 2017; Griffiths, 2001; Grohol, 1998; Harris & Birnbaum, 2015; Holmes & Ainsworth, 2004; Hsiung, 2002; Hunt, 2002; Mallen et al., 2005a; Manhal-Baugus, 2001). To a large extent, they coincide with those of in person counseling (Kotsopoulou et al., 2015; Rummell & Joyce, 2010), but do not fully cover the dimensions resulting from the use of electronic media. The mediation of online therapy from the internet and cyberspace involves risks, which make it necessary to formulate a relevant ethical framework. A recent reference to the dimensions of online counseling can be found in the Code of Ethics of the American Counseling Association, published in 2014. In Greece, there is currently no code for the proper provision of online counseling services (Mouratoglou, 2017). Kraus (2011) suggested that we should know the possibilities and limits of the new tool we use for online counseling and inform the patients accordingly. The validity of data disseminated over the Internet, the possible misuse of computer applications, the ignorance of the location of the therapist and the patient, privacy issues, authentication of identity, are some of the problems in cyberspace (Sampson et al., 1997).

Another issue that arises regarding ethics in an online session, is the protection of personal data. For instance, in order to conduct online sessions via simultaneous chat

or non-simultaneous e-mail, a psychologist must take steps to reduce the risk of data theft. Similar to this is the ease of storing data without consent. One could keep a record of the entire session, with a potential risk of leakage of personal data (Mallen et al., 2005a).

Online counselors must follow the same code of conduct as in face-to-face therapy, including confidentiality, emergency availability, intervention when someone is dangerous to themselves or others, abuse of minors, and compliance with the regulations relating to the practice of the profession (Finn & Banach, 2002; Zack, 2008).

However, the increasing use of social media raises ethical challenges and possibly establishes unethical interactions in the context of online psychotherapy, such as "friend requests" from patients. Regarding the confidentiality of a therapeutic relationship, there is a possibility that patients will share with all their friends the therapeutic work (therapeutic homework) (Gamble et al., 2015). Also, immoral, offensive behavior may be more easily manifested in an online context (Fleming et al., 2009). For example, practicing the profession of therapist without a license or without completing the necessary training, and even pretending to be a real therapist, are more likely to take place in cyberspace (Fitzgerald et al., 2010). Many computer systems, especially smartphones and tablets, automatically store their contents in backups in cloud storage. This is a parameter that psychologists should take into account, as there is a possibility that patient's information has been stored on their devices (Gamble et al., 2015). Also, considering that online counseling involves a variety of communication methods (e.g., text, image, sound), psychologists are ethically required to have skills that ensure that they do not miss a significant stimulus, such as when the patient uses graphic symbols (emoji) and "live" images (GIF).

Effectiveness

In terms of effectiveness, research has shown that online counseling is just as effective as the one in person (Andrews et al., 2011; Kiropoulos et al., 2008). More specifically, Kiropoulos et al. (2008) compared the online application of cognitive-behavioral techniques in patients with panic disorder (with or without agoraphobia) to the in person application of the same techniques in a sample of 86 individuals divided into two groups. Both interventions appeared to reduce the severity of the symptoms of panic disorder, with patients in both groups describing the interventions they received as reliable and satisfactory. Participants in the in person intervention group pointed out that they felt they were communicating better with their therapist compared to the online intervention group. According to the researchers, this may be due to the fact that the in person session lasts longer than the online (specifically 35% more). However, there was no difference in the degree

and the quality of the therapeutic relation. Similar are the findings of Andrews et al. (2011), who, through randomized clinical trials, compared online cognitive-behavioral interventions with in person ones in participants diagnosed with social phobia. The sessions were done in both groups by the same therapist, however the time spent on each patient in the online sessions was 13 times less than the ones in person. The researchers concluded that online treatment is just as effective as the in person one for issues like panic disorders, depression, social phobia, while the in person one can be offered as an option to patients who did not benefit from the online. The findings of Novella et al. (2020) in a study on the effectiveness of online counseling showed an improvement in levels of anxiety and stress of the participants, while there seems to be no difference between the two methods in terms of effectiveness.

Consequently, it is worth mentioning the mixed therapeutic interventions, which combine the benefits of online and in person interventions. Erbe et al. (2017) defined mixed therapeutic interventions as treatment programs that use elements from both kinds of interventions. Online therapies can be added to a treatment plan in person or vice versa. According to the same researchers, mixed interventions could increase the treatment's effectiveness. For example, adding online sessions between in person sessions increases the patient's friction with the procedure, but does not burden them financially, as online sessions are cheaper than the in person ones. Mixed interventions are a new field of research, with the first research data being encouraging and showing that the working time of the specialist is reduced without affecting the therapeutic effect, the percentage of patients leaving the treatment is reduced and the percentage of users who abstain from substances is increased. Valentine et al. (2020) in their research on the effectiveness of mixed interventions in the first psychotic episode of young patients aged 19-28 years indicate the enthusiasm of patients for this type of intervention. The participants themselves reported that through mixed interventions, the direct access to mental health services and the continuity in care after the psychotic episode is increased, while, at the same time, the therapist-patient relation is strengthened, leading, finally, to a better clinical care. Randomized clinical trials on mixed approaches are considered necessary in order to adequately document the effectiveness of this therapeutic technique (Erbe et al., 2017), its impact on the therapeutic alliance, benefit-cost ratio, degree of patient-clinician involvement, but also any effects at the clinical or social level (Valentine et al., 2020).

In conclusion, the purpose of this research is to review the literature of the possibilities, limitations, and ethical issues that arise around online counseling and to compare them with the findings of the quantitative research conducted. Its results are expected to be consistent with those of the existing literature.

Methodology

Research design

The present research was based on a quantitative method approach. This was preceded by a review of the existing literature related to online counseling, followed by the collection of data through a questionnaire that was shared to a specific sample. The research design is non-experimental and specifically sampling, as the data came from the answers of the participants to the questionnaire given to them. This sample survey focuses on the differences and similarities of the answers given by the participants to describe their attitudes and views on the possibilities, limitations and ethical issues that arise around online counseling. The research hypothesis is non-directional and non-causal and anticipates the agreement between the information obtained from the literature and the findings collected from the questionnaire.

Participants

The participants were mental health professionals, who provided their services (and) via the internet. In total, 129 psychologists were invited to participate in the research via e-mail and personal messages. The questionnaire was completed by 25 people (N = 25), of which 22 (88%) were women and 3 (12%) men. The age of the participants ranged from 24 to 55 years (M = 34.3, SD = 8.5). Regarding the place of residence, 23 participants stated that they live in Athens, one in Thessaloniki and one in Katerini. Their average experience in counseling was 8.1 years (N = 25, SD = 6.7), while in online counseling was 3.7 years (N = 25, SD = 3.2). Table 1 shows in detail the descriptive statistics of the demographic elements of the sample.

The research complies with the rules of ethics of Panteion University.

Tools

A questionnaire was used to identify the possibilities and limitations of online counseling, which was based mainly on the questionnaire of Finn, J., & Barak, A. (2010), part of their research entitled "A descriptive study of e-counsellor, attitudes, ethics, and practice ", published in the journal "Counseling and Psychotherapy Research". The purpose of this questionnaire was to investigate questions about the procedure, the expected results and issues of ethics in the context of online counseling, from the perspective of therapists.

Table 1. Participants' characteristics

Variable (N = 25)	Descriptive Statistics
Gender	
Female	22 (88%)
Male	3 (12%)
Age	Range: 24-55 years
	AV = 34
Residence	
Athens	23 (92%)
Thessaloniki	1 (4%)
Katerini	1 (4%)
Experience in Counseling	Range: 1-25 years
	AV = 8,1 years
Experience in Online Counseling	Range: 1-10 years
	AV = 3,7 years

Specifically, four questions were used regarding the therapist's in person and online professional experience ("How long have you been working as a mental health professional?", "How long have you been practicing online counseling?"), the topics for which online counseling is provided ("For what kind of issues do you usually provide online counseling?''), as well as a question about securing the therapist's personal data ("During an online session, how confident are you about securing your personal data?"). The participants answered the first two questions with a short answer text (e.g., "5 months, 5 years"), while the third question was answered in the form of multiple choice (e.g., "interpersonal problems, sexuality problems, adolescent problems" etc.). Finally, the fourth question was evaluated based on a 5-point Likert scale (from 1 = Not at all to 5 = Extremely). This questionnaire by Finn, J., & Barak, A. (2010) has recognized reliability and validity, as before the start of their research it

was evaluated both by two therapists with experience in online counseling, and by the managing director of an organization that provides online counseling. Five additional questions were added to the questionnaire by the researchers of the present study. More specifically, the questions were about how therapists conducted online counseling ("How do you practice online counseling?"), the demand for online counseling compared to the period before the covid-19 pandemic ("How would you characterize the demand for online counseling, compared to the pre-pandemic period?»), the effectiveness of online versus in person counseling ("How would you rate the effectiveness of online counseling if you compared it to the in person one?"), and the advantages and the disadvantages of an online versus an in person session ("What do you consider to be the advantages / disadvantages of online versus the in person counseling"). The first three questions had the answers in the form of multiple choice (e.g., "via video conference, online chat, e-mail / the demand is less, same or greater / Online counseling is less, equally, more effective than the in person counseling"), while the latter two were answered in a long answer text. These questions serve aspects of the under-investigation subject. In addition, some demographic-type questions were used to record gender, age, and place of permanent residence. The questionnaire, in its final form, was consisted of 12 questions.

Procedure

The sampling was completed within a month (April - May 2021). The sampling technique used was that of expediency, since the criterion for selecting the participants was their status as psychologists-mental health counselors. The sample was obtained via the internet in two ways. Google search and a wide range of search terms, such as "online counseling", "online psychologists", "online sessions with a psychologist" were utilized. Additionally, because many psychologists have a social media account, we approached the sample through Facebook and Instagram. Participants initially answered the demographic questions, then they answered questions about their experience in both in person and online counseling, as well as a question about the protection of their personal data during online sessions. Finally, they were asked to evaluate the effectiveness of online counseling in comparison with the in person and to express, in their personal opinion, its advantages and disadvantages. All participants were informed of the purpose of the survey and its confidentiality. The estimated time to answer the questionnaire was about 10 minutes.

Analysis of the results

In order to analyze the results of the research, the data from the two open-ended questions regarding the advantages and disadvantages of online counseling were initially quantified. Thus, thematic categories were created. The relevant frequencies,

averages and standard deviations were then exported through the SPSS program (Statistical Package for Social Sciences).

Results

Experience in counseling:

The average experience of mental health professionals in counseling was M = 8,1 years, with a standard deviation of SD = 6,7.

Experience in online counseling:

The average experience of the participants in online counseling was M = 3,7 years, with a standard deviation of SD = 3,2.

Online counseling's way of conduct:

Twenty-four (24) participants (96%) reported doing online counseling via video conferencing, 3 participants (12%) via online chat, while none mentioned e-mail or otherwise.

Topics for which counselors provide online counseling:

Interpersonal problems: 23 (92%)

Personal improvement: 22 (88%)

Mental health and illness: 19 (76%)

Parental counseling: 12 (48%)

Addiction problems: 1 (4%)

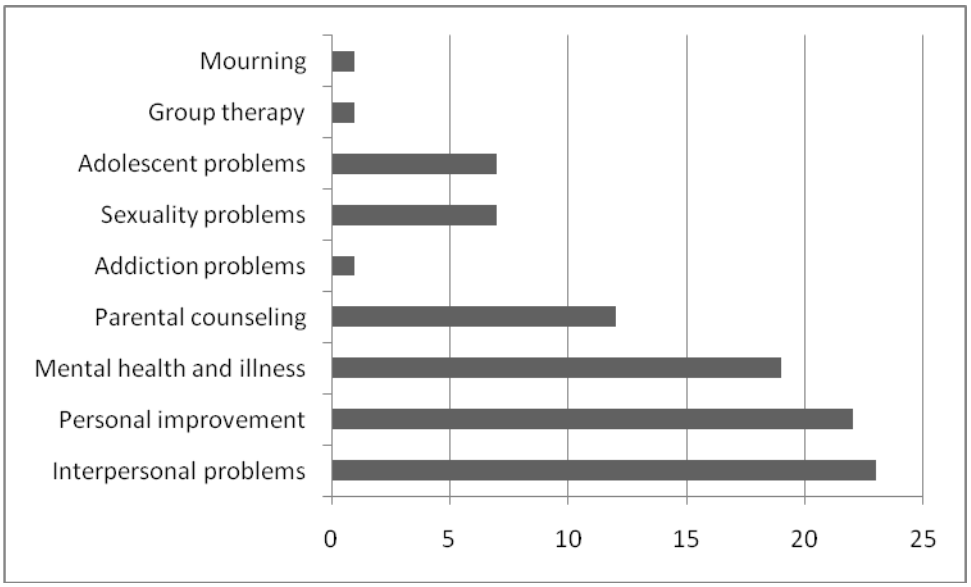
Sexuality problems: 7 (28%)

Adolescent problems: 7 (28%)

Group therapy: 1 (4%)

Mourning: 1 (4%)

Figure 1: Topics for which counselors provide online counseling



Demand for online counseling compared to the pre-pandemic period:

Twenty-three (23) participants (92%) indicate that the demand is higher, 2 that it is the same (8%) and none that it has decreased.

Securing therapist's personal data:

When they were asked about the security of their personal data, none of the participants answered, "not at all", namely, they are not at all sure that their personal data are protected, 9 (36%) answered "moderate", 10 (40%) answered "very much" and 6 (24%) "extremely".

Effectiveness of online counseling:

None of the participants reported that online counseling is more effective than the in person one, 20 (80%) reported that it is just as effective as the in person and 5 (20%) that it is less effective.

Advantages

See Table 2.

Disadvantages:

See Table 3.

Table 2. Advantages

Advantages	Descriptive Statistics
Reducedcommute / traveltime	17 participants (68%)
Remote areas - easy access to mental health	4 (16%)
Expatriates – they can choose their therapist	5 (20%)
People can choose their therapist regardless of distance	3 (12%)
Problem that does not allow transportation	6 (24%)
Flexibility of working hours	7 (28%)
Flexibility of counseling session's place	6 (24%)
Health protection in a pandemic period	3 (12%)
No need to use a mask - ease of treatment	1 (4%)
More creative speech	1 (4%)
Cheaper	4 (16%)
No rent	1 (4%)
Therapist's personal care is not necessary	1 (4%)
The patient is more comfortable	5 (20%)
Therapist's personal protection	2 (8%)
More potential patients / clients	1 (4%)

Table 3. Disadvantages

Disadvantages	Descriptive Statistics
Incomplete observation of nonverbal behavior	14 (56%)
Difficulties in developing a therapeutic relationship	6 (24%)
Patient's bias against reduced effectiveness of an online session	1 (4%)
Non-appropriation of therapy's framework	4 (16%)
Absence of physical proximity	9 (36%)
Unfamiliarity with the internet	1 (4%)
Technical problems	6 (24%)
Fraud - no payment	1(4%)
Delayed for the appointment	1 (4%)
Distraction	3 (12%)
Privacy issues	2 (8%)
Not suitable for all psychopathologies	1 (4%)
No disadvantages	1 (4%)

Discussion

In conclusion, the results of the research are to a large extent consistent with those of the existing literature. Particularly, there is agreement on the increasing demand for online counseling after the outbreak of the covid-19 pandemic. As other research has shown (Dores et al., 2020), before the pandemic most mental health professionals did not provide the opportunity for online counseling, but then conditions made it necessary.

The present study also agrees with the findings of previous researchers (Richards & Vigano, 2013) regarding the lack of unanimity on issues for which online counseling is appropriate. Most counselors seemed to provide online counseling for interpersonal problems, personal improvement, mental health and illness issues, as well as parental counseling, sexuality issues, and adolescent issues. A small percentage also reported using it for addiction problems, group therapy and mourning issues. The wide range of topics for which online counseling is provided is probably due to the pandemic. Due to this, the need arose to conduct the sessions in the cyberspace, in order to ensure public health.

Regarding the possibilities of online counseling, the literature (Maples & Han, 2008; Sussman, 2004; Barnwell, 2017) agreed with the findings of this research. In more detail, the main advantages are the reduced travel time both for the therapist and the client, the flexibility of the work schedule and hours and the place that the sessions happen. Fitzgerald et al. (2010) reported that therapists typically offer lower-cost online services, facilitating access to mental health services for lower socioeconomic groups. This reduces the cost of mental health care for patients, therapists and society as a whole. In terms of cost, research has shown that online sessions are more economical than the in person sessions. Travel expenses are zero, both for the therapist and the patient, and it is not necessary to rent a professional space to conduct sessions.

At the same time, it was pointed out that online counseling is accessible for people in remote areas who do not have mental health facilities nearby, for people with mobility problems, social phobia and other problems that do not make the in person session possible. In addition, people living abroad are given the opportunity to attend sessions in their mother tongue. The above can also be seen in the existing literature (Maples & Han, 2008; Sussman, 2004; Li, Lau et al., 2013; Bian & Miller, 2020).

Moreover, participants cited as advantages the choice of a therapist regardless of distance, associated, also, with an increase in the number of potential clients for the counselor -as noted above-, health protection during the pandemic, non-use of a medical mask as a facilitator in treatment (ie visible facial features and expressions)

and the use of a more creative speech to counterbalance the negatives due to physical distance. Reference was also made to the optional personal care of the therapist, to the comfort provided by the personal space of the patient and, finally, to the ensurance of therapist's personal protection, especially during the first sessions.

None of the respondents of the present study mentioned the benefits that arise for both the therapist and the patient through the systematic and complete recording of the meeting material offered by the online counseling (Suler, 2011). Regarding the difficulties of online counseling, the majority of the participants reported the lack of observation of nonverbal behavior, which in combination with the lack of physical proximity and immediacy, make the development of a therapeutic alliance difficult (as reported by Leibert et al., 2006).

Four of the participants reported the non-appropriation of the framework by the patient, a fact that has not been mentioned in the existing literature. In particular, it was reported that the lack of a specific physical space as a therapeutic framework affects the treatment process in a negative way. Some participants pointed out the existence of problems related to computer use, such as technical issues, poor internet connection, unfamiliarity with the internet, lack of equipment and the appearance of physical discomfort due to long hours of computer use (e.g. headache). The above, in addition to physical discomfort, are also reported by Zur (2012) and Stoll et al. (2020). According to Sayers (2021), both therapists and patients may not have a private space to perform the session, resulting in interference of outside noises, other people, and distractions. The above were also mentioned by the participants.

The risk of fraud and non-payment of the session were also mentioned in this research. Martin (2013) highlighted, respectively, the issues that arise due to the absence of clear guidelines regarding the payment of therapists and the refund in case of disconnections during the session. At the same time, it was pointed out by the participants that patients may be late for their appointments. However, there was no mention of sudden disconnection due to patient's emotional charge, as Stoll et al. (2020) and Sayers (2021) pointed out.

Finally, one participant argued that online counseling is not suitable for all psychopathologies, which is in agreement with McDonald et al. (2020). No disadvantages were reported by one participant, which is not confirmed by existing research. This is probably due to the normalization of the conditions imposed due to the pandemic. The transfer of in person activities to the digital context is now so common that people may not be involved in an evaluation process.

Regarding the effectiveness of online counseling compared to the in person one, the majority of the respondents rated it as effective, while a small part rated it as less

effective than the in person counseling. In addition to the difficulties already mentioned, this may be due to the lack of training of counselors in online counseling (eg difficulty in crisis management) or their insufficient familiarity with technological means, which is in line with Mallen's et al. findings (2005a). The findings are consistent with Andrews et al. (2011), Kiropoulos et al. (2008), and Papanis & Balasa (2011), however, these studies were only about cognitive-behavioral interventions. At this point, the question of patient's cognitive representation for the effectiveness of the online session poses. As one participant pointed out, patients may be biased against the reduced effectiveness of online sessions. This may be due to their recent appearance in Greece as a complete and not as a complementary form of treatment. Therapists and patients may not be fully familiar with this form of intervention.

Differentiation of the results from those of the existing literature was observed regarding the securing of the therapist's personal data during an online session. In particular, most of the participants said that they were confident about the protection of their personal data, which contradicts the research of Haberstroh et al. (2007). These researchers refer to the increased concern of therapists for a possible recording of the session and disclosure of its contents to other people.

There is also a difference in the predominant way in which online counseling is conducted compared to previous decades. In 2009, Barak pointed out that the predominant way to conduct an online session was the non simultaneous communication via email or text message. Now, new methods have been developed that offer a more direct framework for online interaction. Therefore, the predominant way of conducting online sessions, as mentioned by the participants, is video conferencing. In addition, none of the participants talked about more modern methods of online counseling, such as treatment through avatar, which may, on the one hand, be due to the unfamiliarity with the technological tools, on the other hand, due to that this method is not very widespread in Greece.

Limitations and suggestions

Initially, this is a pilot study and does not aim to generalize the results. In addition, the number of participants was limited (mostly women) with a small variety of demographic characteristics. Most of them live in large urban centers (Athens, Thessaloniki), which may affect the results. In small towns and in the countryside, different conditions may prevail and, consequently, the counseling process may be affected. Regarding the completion of the questionnaire, the conditions were not ideal (online administration), as distractions could not be controlled, while, at the same time, the type of sampling (expediency sampling), that is a non probability sampling technique, may affect the representativeness of the sample. In addition, participants were not asked if they had received training in online counseling, which may affect the validity of their answers. Finally, no specific reference was made to

issues and cases of patients with serious psychopathology, which might affect the views of participants - mental health professionals on the effectiveness of online counseling (especially those who do not deal with psychopathology issues).

In order to address the above limitations, it is therefore proposed to re-conduct the research, with a larger sample and modification of the questionnaire. At the same time, it is necessary to study the effectiveness of online counseling in the long run, as well as to clarify the issues for which it is most appropriate. It is necessary to emphasize whether the duration of an online session (which is significantly shorter than the in person one; Andrews et al., 2011) affects the therapeutic relationship and therefore the therapeutic outcome. It would also be interesting to study the effect of the covid-19 pandemic on the practice of online counseling (new programs, group therapies, adaptation of psychotherapeutic approaches to the Internet environment), as well as the effectiveness of mixed therapeutic interventions, as defined by Erbe et al. (2017), in a number of mental disorders.

Finally, it is important to study in Greece the effectiveness of online counseling with the use of virtual therapist, as well as with the use of avatar in potential environments. In this way, therapists and patients will become familiar with these methods and their use will be widespread. Strengthened curricula (undergraduate, postgraduate, doctoral) to include online counseling, establishing facilities aimed at training specialists in the field of online counseling and ensuring the experience and training of counselors by securing a degree at Online Counseling, as well as strengthening of the Code of Ethics, in order to include clear guidelines for mental health professionals for the online practice of the profession, are considered deliberate in Greece. This enhances the effectiveness of the process and reduces the likelihood of harm to the client.

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Notes on Contributors

Sofia Kiriakaki is an undergraduate psychology student at Panteion University with focus on the fields of multicultural and community psychology and counseling. Through her volunteer work with people experiencing homelessness and mental health difficulties, she expects to come in contact with the personal stories and difficulties of these individuals. She is currently writing her thesis on stress and defense mechanisms in homeless populations. As for her future studies, she finds the principles of person-centered approach interesting and hopes to be further trained in counseling and in early intervention and prevention of mental health disorders. She hopes, through future research, to contribute to highlight the importance of inclusion, destigmatization and empowerment of the mentally ill and mental health activism, so that all people can have equal access to mental health services.

Maria Tzovanou is an undergraduate student in the Department of Psychology at Panteion University of Social and Political Sciences. She is interested in the fields of Social Psychology, Counselling Psychology, and Behaviour Analysis. For her bachelor thesis she will investigate young adults' perception about Social Upwards Mobility and their Attributions of Success or Failure.

Anastasia Sotiriou is in the 4th year of her studies in the Psychology department of Panteion University in Athens, Greece. Her choice of the certain field is due to her will to be able to offer help to people that deal with psychological distress and mental illness. She is currently writing her thesis titled "Positive psychology and compliance of patients with diabetes mellitus". Her academic interests mainly concern clinical psychology and psychopathology, behavior analysis and positive psychology. After she graduates, she mostly wishes to pursue a Master's degree in clinical psychology and to be trained in cognitive-behavioral therapy. She is also intrigued by the dialectical-behavioral therapy. She considers online therapy training as a prerequisite for practicing her profession in the future.

Maria Lampou is an undergraduate student in the Department of Psychology at Panteion University of Social and Political Science. She is interested in the fields of cognitive psychology and clinical neuroscience. Her BA thesis focuses on multisensory integration and specifically on the effect of speech in unity assumption. She offered volunteer work at Amelib (Accessible Multi-modal Electronic Library) and at Summer Centers of Creative Activities for Children. In the context of her internship she works with children and adults who have a

variety of learning and behavioral difficulties and special needs, aiming at their effortless psychosomatic and social development. Her future goal is the study of emotional ability in childhood, alternative educational multisensory learning and parenting strategies. She is looking forward to delving into the correlation of brain paths with human psychology and behavior.

Eleni Varsamidou studies at the Psychology Department of Panteion University. Psychology is a science that combines curiosity and the will to communicate with people, with observation, research, theory and practical support. Through her studies, she hopes to build the foundation for an initial introduction to Psychology and its disciplines, so that she can later delve into the field that interests her most. In her, so far, course at the school she has been involved in research on the effectiveness of psychotherapy methods (e.g. Online Counseling), as well as studies on mild and severe mental disorders, while her thesis is on the relationship between Narcissism and Instagram, a research that connects parts of the individual's psyche to the modern digital world that is decisively invading our lives. In the future she wishes to pursue Clinical Psychology and at a later stage specialize in CBT Psychotherapy