Online Counseling Encourages Openness to Help Individuals Dealing with Psychological Disorders

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KEYWORDS	ABSTRACT
Online Counseling, Psychological Disorder, Mental Health	Online counseling can be used to help individuals maintain their mental health. There is a need to test the feasibility and effectiveness of online counseling in treating individuals who experience psychological disorders. The research was carried out through one of the pre-experimental design models, i.e one group pretest-posttest. Participants were twelve individuals consisting of students and communities who were experiencing psychological distress in severe and chronic status who were willing to participate in online counseling programs. Online counseling is administrated through a synchronous and asynchronous format. Feasibility is statistically established based on data on the client's comfort to express himself and his involvement in the counseling process. The technique used is a percentile with a percentile of 75 (P75) as a minimal condition. Data on convenience is measured quantitatively through scale and engagement data is measured quantitatively based on counseling documents. The effectiveness of counseling is statistically established on the basis of whether or not there is a significant decrease in the status of the client's psychological disorder. The statistical technique used is the t test for correlated samples. Psychological disorders are defined as stress, anxiety, and depression which is being experienced by the client and measured through DASS-21 (depression, anxiety, stress scale version 21 items) in Indonesian version. The study produced two main findings as follows.: (1) online counseling can strongly encourage self-exploration and client engagement; and (2) online counseling is significantly effective in lowering the status of the client's psychological disorders, although the rate of decline in this status is varied between clients.

1. Introduction

During the Covid-19 pandemic, many individuals experienced psychological disorders such as distress, anxiety and depression. A person can be identified as having a psychological disorder when he or she is unable to function optimally or normally in daily life both cognitively, emotionally and socially according to his or her age and social expectations. Weiser (2014) puts forward several forms of psychological disorders (Hulloli et al., 2021): anxiety, bad mood, obsessive-compulsiveness, depression, and personality disorders. The Covid-19 pandemic provides valuable lessons for humans. The importance of maintaining mental health is a basic need so that the body's immunity is maintained. After the Covid-19 pandemic passed, it turned out that mental disorders were still common (Akbulut et al., 2022). According to the World Health Organization (2022), 300 million people worldwide experience mental disorders such as depression, bipolar disorder, dementia, including 24 million people who experience schizophrenia. Mental health disorders are not only experienced by adults, but also occur in teenagers. According to the Indonesia-National Adolescent Mental Health Survey 2022, it is known that 2.45 million (5.5 percent) teenagers experience mental disorders and shows that one in three teenagers in Indonesia experiences mental health problems (Malathi et al., 2024). During the pandemic, online help services are the only thing that can be done. However, until now, online counseling services are still in great demand because they are more efficient.

Bloom (1998) describes online counseling as "a professional counseling practice that occurs when clients and counselors are in separate or remote locations and use electronic means to communicate with each other. Sedangkan Mallen and Vogel (2005) define online counseling as a process of mental and behavioral health services, including but not limited to therapy, consulting, and psychological education, by licensed practitioners to clients through non-face-to-face relationships mediated by remote communication technologies such as telephone, asynchronous email, synchronous chat, and video conferencing. In the literature, several terms are found to refer to online counseling such as internet counseling, e-counseling, e-therapy, cyber therapy, email therapy, web counseling, cyber

counseling, synchronous single session counseling, and e-mail therapy (Jalaludin & Abdullah, 2013). Online counseling can be done through virtual face-to-face (synchronous) or via chat and email (asynchronous). Online counseling asynchronously is the most frequently used online counseling service but this model has disadvantages because the counselor cannot observe the client's non-verbal expressions and this can affect accuracy in understanding the authenticity of the client's message and in making a diagnosis about the cause of the client's problem (Beck, 2003; Eaton, 2005; Glass, 2006; Suler, 2000) , especially in highly sensitive (hypersensitive) individuals who are prone to changes in facts and events (Yager, 2003). sangat sensitif (hipersensitif) yang rentan terhadap perubahan fakta dan peristiwa (Yager, 2003). On the other hand, online konseling which is carried out synchronously is an online counseling service that is relatively newer. This model has advantages over asynchronous online counseling, at least with regard to detection of the authenticity of the client's message and the accuracy of the client's problem (Sonya et al., 2022). The counselor can observe the client's non-verbal expressions and use them to interpret the authenticity of verbal messages in addition to the feelings conveyed by the client. However, some potential clients prefer to use the asynchronous format for some reason.

Online counseling, both synchronously and asynchronously has several advantages over conventional counseling. In general, online counseling can improve the accessibility of mental health services for the community, especially during the current pandemic due to social restrictions by the government. In particular, online counseling can be a constructive modality for individuals who have social phobia, are afraid to meet face to face with a counselor, or are reluctant and embarrassed to discuss their personal problems. Some other advantages are that counseling is economically cheaper, for some individuals more convenient, and easily connected with counselors without being limited by time and physical distance (Bailey, Yeger, & Jensen, 2002; Maples & Han, 2008; dalam Jaladin dan Abdullah, 2013), allows clients to reread counselors' messages (Murphy & Mitchell, 1998), allows the counselor to fully reflect on the issues discussed in previous sessions (Manhal-Baugus, 2001) and explore the client's progress at various stages of counseling (Oravec, 2000). Richard (2009) has reported on several studies which has been done by researchers (Barak & Bloch, 2006; Cook & Doyle, 2002; Hari & Schneider, 2002; Efstathiou & Kalantzi-Azizi, 2005; Maercker, 2006; York, 2006; Reynolds, Stiles, & Grohol, 2006; Tangney, 2006; Serfaty, 2001; Serigala et al, 2006) on the application of online counseling both synchronously and asynchronously.

In general, clients in online counseling report that they feel comfortable and satisfied Ricard's own research found that clients in online counseling expressed satisfaction and felt a decrease in the severity of the disorder. But another study conducted   by Zeren et al. in Turkey Zeren et al., 2020) (found no significant difference between online counseling and face-to-face counseling judging by the impact on client well-being. From what has been outlined, theoretically online counseling can be an appropriate solution in providing mental health services to the community during the Covid-19 pandemic. But empirically, there is still a lot of research needed to test its feasibility and effectiveness. Similarly, the need to test the effectiveness of online counseling in Indonesia is still needed given the results of research that provide contradictory findings about its effectiveness. More specifically, testing on the feasibility and effectiveness of online counseling in Indonesia can be based on the fact that this counseling model has not been well known by the lay public in addition to not being widely practiced, especially in the world of guidance and counseling in Indonesia. From what has been stated, This study aims to test the feasibility and effectiveness of the application of online counseling in Indonesia to help individuals deal with various forms of psychological disorders. Specifically, this study aims to collect and analyze data to answer the following three questions.: (1) Can the application of online counseling create a psychological climate that makes clients feel comfortable to open up?, (2) whether clients in online counseling are willing to be actively involved in the entire counseling process ?, and (3) is online counseling effective to lower the status of a client's psychological disorder?

2. Methodology
This research was carried out through one of the pre-experimental designs, namely *one group pretest-*

posttest design. Experimentation was carried out by following the steps of the design of one *group pretest-posttest* as stated by Ary, Jacob, & Razavieh (2008) and Gay (2012), i.e: establish the subject of the experiment (S), take measurements of the status of the subject's psychological disorders (Y_1), administrate online counseling (X), re-measure the status of the subject's psychological disorder (Y2), and analyze the effectiveness of online counseling by statistically comparing the status of the subject's psychological disorders between before and after the implementation of online counseling (H). This design is illustrated on the chart 1.
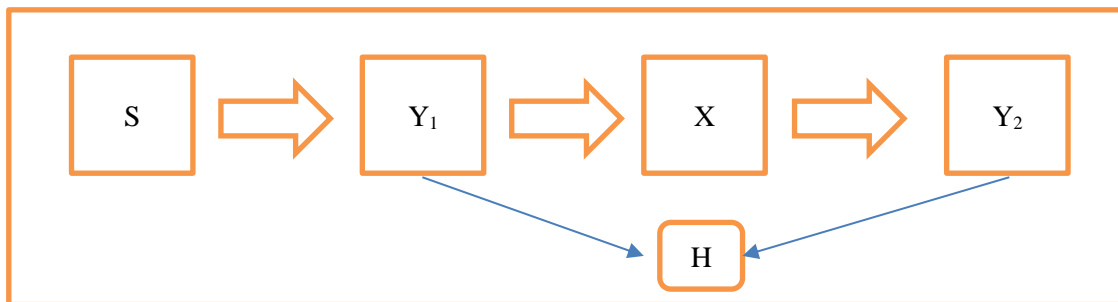

Chart 1. Research steps with pre-experiment design: one group pretest-posttest

The subject of the study is an individual who applies through questionnaires circulated through google form. Of all applicants then selected on the basis of the severity of psychological potential disorders and the number is set to be based on the quota, which is 12 people. This study involved three research variables, namely online counseling, openness, and psychological disorders. Online counseling is positioned as variable independent, while openness and psychological disorders are treated as dependent variables. Online counseling is defined as a counseling process that is carried out by integrating internet technology mediated by computers and *smart phones* into counseling relationships The approach and orientation of counseling theory applied by the counselor is flexible in accordance with the characteristics of age and client problems. Counseling is carried out by experienced professionals. Self-openness is defined as a client's volunteerism to explain the problem being experienced to the counselor as measured through two indicators, i.e.: feeling comfortable to open up and involvement in the counseling process. Psychological disorders are defined as a negative emotional state that causes the individual to be unable to function adaptively in his daily life.

This disorder is measured through three indicators, i.e.: severity of stress, feelings of anxiety, and depression. Synchronous online counseling has been carried out through the google meet or zoom platform. Asynchronous online counseling has been administrated via *Whats App* chat or email. Three indicators of psychological disorders (stress, anxiety, and depression) were measured through DASS 21 (Depression, Anxiety, Stress Scale version 21 items). The essential function of DASS 21 is to assess the severity of symptoms of depression, anxiety, and stress. The results of the reliabelity test through internal consistency techniques obtained a total Cronbach alpha coefficient of 0.912. Cronbach's alpha coefficient per dimension is 0.853 for the depression sub-scale, 0.0776 for the anxiety sub-scale, and 0.905 for the stress subscale. The purpose of data analysis is to establish the level of feasibility and the effectiveness of online counseling. The data analysis method used is statistical. Feasibility testing using descriptive statistical, while effectiveness testing using inferential statistical. The descriptive technique used to establish the feasibility is the percentile. In this case the 75th percentile (P_{75}) is used as a minimum condition criterion. The inferential statistical formula used is a t tes for paired samples. The probability of accepting or rejecting the nul hypothesis is 0.05.

3. Results and discussion

Clients sreening

Based on the results of the selection of registrants obtained as many as 12 potential clients as

presented in Table 1 below.

Table 1. List of individuals who apply for online counseling programs and meet the criteria as potential clients selected in online counseling programs

No.	Client Name (disguised by the applicant)	Identity: age, sex, career, domicile city	Level/status of suffering			Online format options
			Stress	Anxiety	Depression	
1	Lily	24 years old , female, working, Surabaya	Cronic	Cronic	Cronic	Asynchronous
2	Shefia	20 years old, female, student, Surabaya	Severe	Cronic	Severe	Syncrohnous
3	Ida	17 years old, female, student, Pamekasan,	Cronic	Cronic	Cronic	Syncrohnous
4	CMN	17 years old, male, high school student, Surabaya	Severe	Cronic	Cronic	Asynchronous
5	Dewi	18th, SMA/XII, Bangkalan	Severe	Cronic	Cronic	Asynchronous
6	Gani	Ghani, male, 19 years old, student	Cronic	Cronic	Severe	Syncrohnous
7	Angel	female, 25 years old, freelance employee, Surabaya	Severe	Cronic	Severe	Syncrohnous
8	Novi	30 years old, female, civil servant , Surabaya	Cronic	Cronic	Cronic	Asynchronous
9	Yuli	27 years old, female, private employee	Severe	Cronic	Cronic	Asynchronous
10	Tika	26 years old, female, self-employed, Surabaya	Severe	Cronic	Severe	Syncrohnous
11	Dhita	26 years old, private employee, Surabaya	Cronic	Cronic	Cronic	Asynchronous
12	EA	24 years old, working, Surabaya	Cronic	Cronic	Cronic	Syncrohnous

Comfort to open up

The results of measurements of the subject's comfort to open themselves are expressed quantitatively in the form of an average score of self-openness and presented in table 2 below.

Subject Number	Indicator Score					Score Total	Percentile Conversion Score
	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5		
1	4	3	4	3	4	18	90
2	3	4	4	2	4	17	85
3	4	2	2	4	3	15	75
4	3	3	4	4	4	18	90
5	4	4	3	4	3	18	90
6	3	4	3	4	4	18	90
7	4	4	4	3	4	19	95
8	3	3	2	4	3	15	75
9	3	3	4	4	4	18	90
10	4	3	4	3	3	17	85
11	4	4	4	3	4	19	95
12	4	4	4	3	3	18	90

Note:

Indicator 1   : Feeling safe (not anxious) to attend counseling online

Indicator 2   : Feel safe to communicate with a counselor

Indikator 3   : Feel feels safe to explain the problem honestly to the counselor

Indikator 4   : It is safe to provide extensive information to counselors

Indikator 5   : Feel safe to reveal all her personal secrets to the counselor.

Engagement in the counseling process

The results of measurements of client involvement in the counseling process are expressed quantitatively in the form of an average of engagement and presented in table 3 below.

Table 3. Average score of client engagement in the counseling process and its conversion into percentile size

Subject	Indicators				Total Score	Percentile Conversion Score
	Indicator 1	Indicator 2	Indicator 3	Indicator 4		
1	4	4	3	4	15	75
2	5	4	5	5	19	95
3	5	4	5	5	19	95
4	5	4	5	4	18	90
5	4	3	4	4	15	75
6	3	4	4	4	15	75
7	4	3	3	3	13	65
8	3	4	4	3	14	70
9	5	4	5	4	18	90
10	4	3	4	3	14	70
11	5	4	4	4	17	85
12	5	5	3	3	16	80

Note:

Indikator 1   Frequency of attendance, that is, some often clients counsel according to a predetermined schedule (note: for those who use the asynchronus path set on the basis of uploading information on schedule).

Indikator 2   Frequency of the smoothness of speech / speech, namely how often the client seems smooth in intelligence (for the asynchronous is determined on the basis of whether or not the story is easily understood).

Indikator 3   Frequency of does the task, which is how the client does what is given by the counselor and submit it to the counselor as scheduled.

Indikator 4   Frequency of timely execution, namely how often clients can time in following the agreed counseling schedule.

Psychological disorders after the counseling

The results of measurements about the severity status of psychological disorders after the counseling process are expressed quantitatively and qualitatively in the form of average scores and severity status of disorders as presented in the following table 4.

Table 4. Average score and and severity status of client psychological disorders after the online counseling process

Client	Depression		Kecemasan		Stress	
	Score	Status	Score	Status	Score	Status
1	22	Severe	10	Moderat	18	Light
2	18	Moderat	10	Moderat	16	Light
3	18	Moderat	22	Cronic	18	Light
4	10	Light	16	Severe	12	Normal
5	24	Severe	18	Severe	20	Moderat
6	24	Severe	16	Severe	14	Normal
7	10	Light	8	Light	10	Normal
8	26	Severe	20	Cronic	26	Severe
9	20	Moderat	14	Sedang	14	Normal

10	22	Light	14	Light	22	Moderat
11	20	Moderat	11	Moderat	19	Moderat
12	18	Moderat	14	Moderat	23	Moderat

Feasibility analysis

There are two aspects of online counseling eligibility that are tested, i.e: (1) therapeutic value of online counseling to encourage a sense of security or comfort to open up ; and (2) therapeutic value of online counseling to encourage client involvement in the counseling process. The analysis of these two eligibility measures is based on data in tables 2 and 3. By using the 75th Percentile (P75) as a minimum condition to establish the feasibility of counseling, based on the data in tables 2 and 3 can be made two interpretations. First, based on the client's assessment   of the feasibility of online counseling through five indicators as presented in table 2, all clients provide the value that online counseling can provide a conducive climate to encourage client self-openness. Almost all score conversions are above 75. Hanya ada satu klien yang memberikan skor 75. Second, based on the data on table 2 can be checked that there are three clients who are less actively involved in the counseling process, client's number 7, 8, and 10 with consecutive scores of 65, 70, and 70. By paying attention to the ratio between clients who are actively involved and less actively involved, which is 9:3, It can be concluded that 75 percent of clients can be actively involved. From the two analyses, it can be concluded that online counseling deserves to be practiced because it is empirically proven to provide a sense of security for clients to open up and be actively involved in the counseling process.

Effectiveness analysis

Testing of effectiveness is based on data on the severity of psychological disorders in the size before counseling (table 1) and after online consultation (table 4) by using the t test for paired samples. Calculations are carried out through SPSS Version 23 preceded by tests of normality and homogeneity. Test results are presented on tables 5, 6, 7.

Table 5. Results of the data normality test on psychological disorders between before and after counseling

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Depresion befeore Copunseling	,155	12	,200[*]	,943	12	,534
Anxiety before counseling	,154	12	,200[*]	,935	12	,434
Stress before counsleing	,133	12	,200[*]	,941	12	,516
Depression after counseling	,230	12	,080	,886	12	,105
Anxiety after counsleing	,128	12	,200[*]	,964	12	,835
Stress after counsleing	,115	12	,200[*]	,985	12	,996
*. This is a lower bound of the true significance.						
a. Lilliefors Significance Correction						

The results of the normality test on the six data obtained a significance value *of p* greater than 0.05 in both Kolmogorov-Smirnov and Shapiro-Wilk. These results state that the null hypothesis (H0) is accepted, and the working hypothesis (Ha) is rejected. Dapat concluded that the six data were distributed normally. Test results on variant homogeneity on stress, anxiety, and depression data on measures before and after counseling were presented in tables 6 – 8.

Table 6. Test of Homogeneity of Variances on stress before and after counseling

Stress			
Levene Statistic	df1	df2	Sig.
,034	1	22	,856

The results of the variant homogeneity test on the stress data obtained a significance value of *p* of 0.856 or greater than 0.05. These results state that the nihil hypothesis ($_{H0}$) is accepted and the working hypothesis (Ha) is rejected. Thus it can be concluded that the variant of stress data on measurements before and after counseling is homogeneous.

Tabel 7. Test of Homogeneity of Variances on anxiety before and after counseling

Anxiety			
Levene Statistic	df1	df2	Sig.
,639	1	22	,457

The results of the variant homogeneity test on the stress data obtained a significance value of *p* of 0.457 or greater than 0.05. These results state that the nihil hypothesis (H_0) is accepted and the working hypothesis (Ha) is rejected. Thus, it can be concluded that the variant of stress data on measurements before and after counseling is homogeneous.

Tabel 8. Test of Homogeneity of Variances on Depression before and after counseling

Depression			
Levene Statistic	df1	df2	Sig.
,010	1	22	,920

The results of the variant homogeneity test on the stress data obtained a significance value of *p* of 0.920 or greater than 0.05. These results state that the nihil hypothesis (H_0) is accepted and the working hypothesis (Ha) is rejected. Thus, it can be concluded that the variant of stress data on measurements before and after counseling is homogeneous. Because the data is proven to be normal and homogeneous, then hypothesis testing is carried out through the t test for paired samples. There are three null hypotheses tested: (1) "There was no significant difference in stress scores between before and after counseling," (2) "There was no significant difference in anxiety scores between before and after counseling.," dan (3) "There was no significant difference in depression scores between before and after counseling." Test results are presented consecutively on tables 9 to 11.

Based on the results of the analysis as presented in table 9 obtained a significance value of 0.000 which means smaller than the confidence interval of 95% or p 0.05. These results state that the null hypothesis (H0) is rejected and the working hypothesis (Ha) is accepted. It can be concluded that there is a significant difference in stress scores between before and after counseling. Since *the mean* of stress after counseling is smaller than the *mean* of stress before counseling (17,000 < 31,600) it can be concluded that online counseling is effective for lowering individual stress. Based on the results of the analysis as presented in table 10 obtained a significance value of 0.000 which means smaller than the confidence interval of 95% or p 0.05.

These results state that the null hypothesis (Ho) is rejected and the working hypothesis (Ha) is accepted. It can be concluded that there is a significant difference in anxiety scores between before and after counseling. Since *the mean* of anxiety after counseling is smaller than the *mean* of stress before counseling (14,800 < 26,500) it can be concluded that online counseling is effective for lowering individual anxiety. Based on the results of the analysis as presented in table 11 obtained a significance value of 0.000 which means smaller than the confidence interval of 95% or p 0.05. These results state that the null hypothesis (Ho) is rejected and the working hypothesis (Ha) is accepted. It can be concluded that there is a significant difference in depression scores between before and after counseling. Since *the mean* of depression after counseling is smaller than the *mean* of depression before counseling (19,400 < 30,400) it can be concluded that online counseling is effective for lowering individual depression.

Table 9. Result of the analyzes the mean difference in stress between before and after counseling
Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Stres Before	31,6000	12	4,35125	1,37598
	Stres After	17,0000	12	4,83046	1,52753

Paired Samples Test								
Pair 1		Paired Differences				t	df	Sig. (2-tailed)
	Mean	Std. Deviatio	Std. Error	95% Confidence Interval of the				

		n	Mean	Difference				
				Lower	Upper			
	Stres Bfr Stres Aft.	14,60000	5,03764	1,59304	10,99629	18,20371	9,165	11	,000

Table 10. Result of the analyzes the mean difference in   anxiety between before and after counseling Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Anxiety before	26,5000	12	3,53553	1,11803
	Anxiety after	14,8000	12	4,54117	1,43604

Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)
Pair 1	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
				Lower	Upper			
Anxty Before Anxiety after	11,700	5,75519	1,81995	7,58298	15,81702	6,429	11	,000

Table 11. Results of the analysis of the difference in the mean of depression between before and after counseling Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Depr. before	30,4000	12	4,52647	1,43139
	Depr. After	19,4000	12	5,58172	1,76509

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	SD	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
					Lower	Upper			
Pair 1	Depr. Before DepresiB	11,00	6,000	1,89737	6,70786	15,29214	5,798	11	,000

The results of the online counseling feasibility test state that online counseling is feasible to be applied in the context of Indonesian society. At least this is evidenced by the feeling of comfort to open up which is recognized by the clients plus their willingness to be actively involved in the entire counseling process. Although the clients represent a chronological age from adolescence to adulthood, an age in the developmental stages that often experience psychological problems, The feasibility of online counseling still needs to be re-examined through follow-up research that pays attention to the diversity of Indonesian society. As is known, Indonesian society has diversity in culture, ethnicity, religion. Many psychological theories recognize that cultural, ethnic, and religious backgrounds are variables that influence human behavior in a variety of contexts. In general, clients feel more motivated to open up and explain their lives in an authentic (honest) to the counselor, not feeling anxious, and actively involved in the entire counseling process. Whether in clients who follow online counseling synchronously or asynchronously, their response tends to be the same, i.e. positive.

Result of descriptive analysis provides findings that the psychological distress status of all clients is degraded. There are four statuses or levels of psychological disorders identified in this study, i.e: normal, light, severe, and very severe or chronic. Before counseling is carried out the psychological disorder status of all clients is severe and chronic. After clients received counseling their psychological disorder status experienced a significant decrease, even though only four clients experienced a decline to normal status in stress disorder. While the status of depressive and anxiety disorders has not

decreased to normal status. Almost all clients experienced a decrease in depressive status, although there were still three clients who only decreased one level, from chronic to severe. One client is still in a severe status, although quantitatively the score has decreased. The client's appearance experienced a decrease in anxiety status and two did not. Two clients experienced a decline from chronic status to light (down three levels), three clients experienced a decrease from chronic to moderate status (down two levels), three clients experienced a decrease from chronic to severe status (down one level). Two clients have not decreased or are still in chronic status, although quantitatively their scores have decreased. All clients experienced a decrease in stress status, although the level of decline is different. Four clients have experienced a downgrade to normal status, three clients revert to light status, two clients downgraded to medium status, and one client declined to severe status. Based on individual changes in descriptive data, the results obtained can be said to be unsatisfactory for a counseling process. Ideally, the counseling process should be able to lower the status of the disorder from the highest level (chronic) to the normal level.

However, the results achieved from this study can be said to be good to suggest that counseling is only carried out in six sessions so it can be said that the actual counseling process has not been completed. Strictly speaking, the counseling process should be carried out until it is completed, in the sense that the client has achieved the expected change, or the client ends counseling unilaterally for the most obvious reason (Corey, 2017). The number of counseling sessions may vary depending on the characteristics of the client and the difficulty of the problem solved. Beberapa model konseling memang bisa berlangsung lebih singkat, seperti brief counseling, crisis and traumatic counseling, with a meeting length of between six to eight sessions (Sharf, 2012), except for short psychodynamic counseling whose sessions can take place from 20 - 30 (Charman, 2004; Gatta et al., 2019). Statistic' analysis based on quantitative data provides a somewhat different explanation than descriptive analysis. The results of the t test for the paired sample provided a finding that all the client's psychological distress status decreased significantly at a 95 percent confidence interval or a significance level of 0.05. The results of this analysis support the findings of previous studies. As reported by Richard (2009), many studies on the application of online counseling both synchronously and asynchronously proved effective in reducing level (severity) disorders. Many researchers (Bloch, 2006; Doyle, 2002; Schneider, 2002; Kalantzi-Azizi, 2005; Maercker, 2006; York, 2006; Grohol, 2006; Tangney, 2006; dan Serfaty, 2001) which provides positive results from online counseling.

4. Conclusion and future scope

Also, the results of Ricard's own research that resulted in the findings that the clients who were counseled online expressed his satisfaction and experienced a significant decrease in their severity of the disorder. The findings of this study can also be used as a study material to re-match the results of previous research conducted. in Turkey that found no significant difference between online counseling and face-to-face counseling on client satisfaction and well-being. Furthermore, this research can be used as a consideration to use or not to use online counseling more broadly and intensely, especially during the Covid-19 pandemic, or in today's advanced era where almost all individuals have become familiar to utilize internet technology for various purposes.

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